



Royal College  
of Midwives



# MIDIRS Search Pack

## P198

## Perinatal mental health

Encompasses the treatment and experiences of women and partners experiencing mental health problems during the perinatal period. Includes service provision and interventions, rates of mental illness and levels of provision, and the impact on the infant. The pack does not include postnatal depression (PN16, PN115, PN116), antenatal depression (P132) or women with specific diagnosed mental disorders (MS54). Includes records from 2020 onwards; for earlier material please see archive packs.

Prepared for: RCM Conference

Date created: 01/05/2024

**2024-05286**

**Conceptual frameworks of barriers and facilitators to perinatal mental healthcare: the MATRix models.** Webb R, Ford E, Easter A, et al (2023), BJPsych Open vol 9, no 4, 2023, e127

#### Background

Perinatal mental health (PMH) problems are a leading cause of maternal death and increase the risk of poor outcomes for women and their families. It is therefore important to identify the barriers and facilitators to implementing and accessing PMH care.

#### Aims

To develop a conceptual framework of barriers and facilitators to PMH care to inform PMH services.

#### Method

Relevant literature was systematically identified, categorised and mapped onto the framework. The framework was then validated through evaluating confidence with the evidence base and feedback from stakeholders (women and families, health professionals, commissioners and policy makers).

#### Results

Barriers and facilitators to PMH care were identified at seven levels: individual (e.g. beliefs about mental illness), health professional (e.g. confidence addressing perinatal mental illness), interpersonal (e.g. relationship between women and health professionals), organisational (e.g. continuity of carer), commissioner (e.g. referral pathways), political (e.g. women's economic status) and societal (e.g. stigma). The MATRix conceptual frameworks provide pictorial representations of 66 barriers and 39 facilitators to PMH care.

#### Conclusions

The MATRix frameworks highlight the complex interplay of individual and system-level factors across different stages of the care pathway that influence women accessing PMH care and effective implementation of PMH services. Recommendations are made for health policy and practice. These include using the conceptual frameworks to inform comprehensive, strategic and evidence-based approaches to PMH care; ensuring care is easy to access and flexible; providing culturally sensitive care; adequate funding of services and quality training for health professionals, with protected time to complete it. (Author)

**Full URL:** <https://doi.org/10.1192/bjo.2023.510>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-05217

**Child and Maternal Factors Associated with Feeding Practices in Children with Poor Growth.** Almaatani D, Cory E, Gardner J, et al (2023), *Nutrients* vol 15, no 22, November 2023, 4850

The development of adequate growth and healthy eating behaviors depends on nutritious food and responsive feeding practices. Our study examined (1) the relationship between maternal concern about child weight or perceived feeding difficulties and their feeding practices, and (2) the moderating role of child temperament and maternal mental health on their feeding practices. A cross-sectional study included mother–child dyads ( $n = 98$ ) from a tertiary growth and feeding clinic. Children had a mean age of  $12.7 \pm 5.0$  months and a mean weight-for-age z-score of  $-2.0 \pm 1.3$ . Responsive and controlling feeding practices were measured with the Infant Feeding Styles Questionnaire. Spearman correlation and moderation analysis were performed. Maternal concern about child weight and perceived feeding difficulties were negatively correlated with responsive feeding ( $r = -0.40, -0.48, p < 0.001$ ). A greater concern about child weight or perceived feeding difficulties was associated with greater use of pressure feeding practices when effortful control was low ( $B = 0.49, t = 2.47, p = 0.01; B = -0.27, p = 0.008$ ). Maternal anxiety had a significant moderation effect on the relationship between feeding difficulty and pressure feeding ( $B = -0.04, p = 0.009$ ). Higher maternal concern about child weight and perceived feeding difficulties were associated with less responsive satiety feeding beliefs and behaviors. Both child effortful control and maternal anxiety influenced the relationship between weight and feeding concerns and the use of pressure feeding practices. (Author)

Full URL: <https://doi.org/10.3390/nu15224850>

2024-05212

**Mental Health in New Mothers: A Randomised Controlled Study into the Effects of Dietary Flavonoids on Mood and Perceived Quality of Life.** Barfoot KL, Forster R, Lampert DJ, et al (2021), *Nutrients* vol 13, no 7, July 2021, p 2383

The postnatal period is a significant period of physical, physiological and psychological change for mothers, rendering them particularly vulnerable to changes in mood or disorders such as postnatal depression (PND). Previous interventions with foods high in flavonoids have demonstrated beneficial acute and chronic mood effects in healthy child, adolescent and adult populations. It is unclear whether mood effects persist in populations who are potentially at-risk of developing mood disorders, such as postnatal mothers. This exploratory study investigated the effects of a 2-week daily dietary flavonoid intervention on mood (PANAS-NOW), anxiety (STAI), depressive symptoms (PHQ-8) and perceived quality of life (WHOQOL-BREF) in forty-one new mothers in the 0–12-month postnatal period, before and after flavonoid intervention. Mothers either added high flavonoid foods to their daily diet, or did not include additions following a randomised, between-groups, controlled design. Significant effects were observed in the flavonoid group with mothers reporting lower state anxiety and higher perceived quality of physical health at the 2-week timepoint. These findings suggest that regular dietary consumption of flavonoids may benefit mothers' anxiety and perceived quality of life in the postnatal period. Replication of these results may indicate the potential for dietary flavonoids to promote healthy mood regulation in mothers or prevent the onset or severity of symptoms in postnatal psychological disorders, both of which would be beneficial for women's health services and public mental health. (Author)

Full URL: <https://doi.org/10.3390/nu13072383>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-05177

**Factors relating to sustainability and scalability of the 'Food, Move, Sleep (FOMOS) for Postnatal Mental Health' program: Qualitative perspectives from key stakeholders across Australia.** Teychenne M, Apostolopoulos M, France-Ratcliffe M, et al (2024), Health Promotion Journal of Australia vol 35, no 2, April 2024, pp 393-409

Issue Addressed:

Supporting healthy behaviours (quality diet, physical activity, sleep) through home-based interventions is feasible to improve postnatal mental health. Involving stakeholders in developing interventions is essential for maximising accessibility, implementation and scale-up. This study aimed to identify factors affecting the sustainable implementation and scalability of the Food, Move, Sleep (FOMOS) for Postnatal Mental Health program, including strategies to enhance research-practice translation.

Methods:

Stakeholders (n = 13) involved in promoting physical activity, healthy eating, postnatal and mental health, public health and/or policy participated in semi-structured interviews. Interviews, based on PRACTIS Guide recommendations for implementation and scale-up, explored perceptions of program design, implementation and scalability. Reflexive thematic analysis was undertaken. Identified implementation and scale-up strategies were mapped against the Expert Recommendations for Implementing Change compendium and PRACTIS Guide.

Results:

Individual-level: Targeting multiple systems (primary, tertiary, community-based care) and entry points (early, mid-postpartum) for uptake was important. For equity, screening women in public hospitals, engaging with community agencies and targeting most at-risk women, was suggested. Provider-level: Stakeholders identified strategies to enhance future roll-out (organisations assisting with recruitment). Factors impacting sustainability included high demand for the FOMOS program, and governance around screening and funding; online delivery, connecting with partners and providers and integration into existing services may enhance sustainability. Systems-level: Political support and community champions were perceived important for program dissemination. Nine strategies addressing program uptake, reach, implementation, potential scalability and sustainability were identified.

Conclusions:

For sustainable implementation and potential scalability of a home-based multi-behaviour postnatal intervention, multi-level implementation and scale-up strategies, aligned with existing health systems, policies and initiatives to support postnatal mental health should be considered.

So What?

This paper provides a comprehensive list of strategies that can be used to enhance sustainable implementation and scalability of healthy behaviour programs targeting postnatal mental health. Further, the interview schedule, systematically developed and aligned with the PRACTIS Guide, may serve as a useful resource for researchers conducting similar studies in future.

(Author)

Full URL: <https://doi.org/10.1002/hpja.767>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-04975**

**Women's experiences of attempted suicide in the perinatal period (ASPEN-study) – a qualitative study.** De Backer K, Pali A, Challacombe FL, et al (2024), BMC Psychiatry vol 24, no 255, 03 April 2024

#### Background

Suicide is a leading cause of maternal death during pregnancy and the year after birth (the perinatal period). While maternal suicide is a relatively rare event with a prevalence of 3.84 per 100,000 live births in the UK [1], the impact of maternal suicide is profound and long-lasting. Many more women will attempt suicide during the perinatal period, with a worldwide estimated prevalence of 680 per 100,000 in pregnancy and 210 per 100,000 in the year after birth [2]. Qualitative research into perinatal suicide attempts is crucial to understand the experiences, motives and the circumstances surrounding these events, but this has largely been unexplored.

#### Aim

Our study aimed to explore the experiences of women and birthing people who had a perinatal suicide attempt and to understand the context and contributing factors surrounding their perinatal suicide attempt.

#### Methods

Through iterative feedback from a group of women with lived experience of perinatal mental illness and relevant stakeholders, a qualitative study design was developed. We recruited women and birthing people (N = 11) in the UK who self-reported as having undertaken a suicide attempt. Interviews were conducted virtually, recorded and transcribed. Using NVivo software, a critical realist approach to Thematic Analysis was followed, and themes were developed.

#### Results

Three key themes were identified that contributed to the perinatal suicide attempt. The first theme 'Trauma and Adversities' captures the traumatic events and life adversities with which participants started their pregnancy journeys. The second theme, 'Disillusionment with Motherhood' brings together a range of sub-themes highlighting various challenges related to pregnancy, birth and motherhood resulting in a decline in women's mental health. The third theme, 'Entrapment and Despair', presents a range of factors that leads to a significant deterioration of women's mental health, marked by feelings of failure, hopelessness and losing control.

#### Conclusions

Feelings of entrapment and despair in women who are struggling with motherhood, alongside a background of traumatic events and life adversities may indicate warning signs of a perinatal suicide. Meaningful enquiry around these factors could lead to timely detection, thus improving care and potentially prevent future maternal suicides. (Author)

**Full URL:** <https://doi.org/10.1186/s12888-024-05686-3>

---

**2024-04972**

**Perinatal Mental Health: Training [written answer].** Scottish Parliament (2024), Official Report Written question S6W-26234, 18 March 2024

Maree Todd responds to a written question from Carol Mochan to the Scottish Government, regarding what advances in training on perinatal mental health have been made following the recommendations made in the Health, Social Care and Sport Committee's 1st Report, 2022 (Session 6), Inquiry into perinatal mental health (SP Paper 104), which was published on 8 February 2022. (JSM)

**Full URL:** <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-26234>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-04971**

**Perinatal Mental Health [written answer].** Scottish Parliament (2024), Official Report Written question S6W-26237, 18 March 2024

Maree Todd responds to a written question from Carol Mochan to the Scottish Government, asking whether, in light of the recommendation in the Health, Social Care and Sport Committee's 1st Report, 2022 (Session 6), Inquiry into perinatal mental health, which was published on 8 February 2022, it has established a comprehensive strategy to improve communication, collaboration, co-operation and exchanges of best practice between third sector and statutory perinatal mental health support to make sure that women and families are appropriately and adequately supported. (JSM)

Full URL: <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-26237>

---

**2024-04908**

**Mental health as a family experience: Relationship of paternal characteristics with maternal perinatal depressive symptoms in a matched sample.** Simon CD, Bendelow A, Bryan M, et al (2023), Archives of Women's Mental Health vol 26, no 1, February 2023, pp 135-139

The present study investigates the relationship between perinatal maternal depressive symptoms and paternal factors using linked maternal–paternal survey data. From October 2018 to July 2019, among a representative sample and 2–6 months following the birth of an infant, mothers and fathers completed surveys and reported depressive symptoms. Results from the linked dyadic data (n = 243) show the prevalence of maternal depressive symptoms, both overall (16%) and by marital status and paternal health care involvement. Viewing mental health as a family experience may further understanding of postpartum maternal mental illness. (Author)

---

**2024-04667**

**The association between neighborhood deprivation and engagement in mental healthcare after implementation of the perinatal collaborative care model.** Polnaszek BE, Mwenda KM, Nelson LD, et al (2024), American Journal of Obstetrics & Gynecology (AJOG) 24 February 2024, online

This article is a research letter detailing a secondary analysis of a cohort study of birthing people who were eligible for the perinatal collaborative care model (PCCM) and delivered at a single quaternary care hospital from 2017 to 2021. The aim of this secondary analysis was to evaluate if the PCCM's equity-enhanced framework translates into equitable care engagement. (JM2)

---

**2024-04574**

**What is birth trauma and how does it affect people?.** Waterford K (2020), Australian Midwifery News vol 22, no 1, Spring 2020, p 37

The author, Chairperson of the Australasian Birth Trauma Association (ABTA), describes the different types of birth trauma, which include physical and psychological injuries and how midwives can offer support to women affected. (JSM)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-04403**

**State of perinatal mental health care in the WHO region of Europe: a scoping review.** Horakova A, Nemcova H, Hrdlickova K, et al (2024), *Frontiers in Global Women's Health* 13 March 2024, online

**Background:** Although perinatal mental disorders are the most common health complication among women in the perinatal period, there is a huge gap in the implementation of related research findings in the health care system. We mapped the state of perinatal mental health (PMH) care in the WHO Europe region with aim to identify leading countries, which can serve as models for countries with less developed perinatal mental health care.

**Methods:** Guidelines, policies, and documents related to screening and treatment services for PMH were searched as grey literature. Results were analysed to assess the status of PMH care in the WHO European countries and to identify gaps (absence of relevant service or documents). The state of perinatal mental health care was scored on a 0-5 scale.

**Results:** The grey literature search resulted in a total of 361 websites. Seven countries (Belgium, Finland, Ireland, Netherlands, Sweden, UK, Malta) received full points for the presence of relevant PMH services or documents, while five countries received zero points. Most WHO European countries (48/53) have general mental health policies, but only 25 countries have policies specifically on perinatal mental health. Ten countries offer PMH screening, and 11 countries offer PMH service (of any type). Any PMH guidelines were provided in 23/53 countries.

**Conclusions:** Perinatal mental health care is in its infancy in most WHO European countries. Leading countries (Belgium, Finland, Ireland, Netherlands, Sweden, UK, Malta) in PMH care can serve as conceptual models for those less developed and geopolitically close. (Author)

**Full URL:** <https://doi.org/10.3389/fpsy.2024.1350036>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2024-04348**

**CCQI Standards for Community Perinatal mental health services, 6th Ed.** Royal College of Psychiatrists, Lucas R ed. (2023), June 2023

This report has been compiled to draw attention to recommendations designed to improve psychiatric services for women following childbirth. Postnatal psychiatric disorders are common and can be serious. After childbirth, women are at increased risk of depression and those with pre-existing psychiatric disorders may have a recurrence. Prompt, knowledgeable treatment is important because the illness is likely to have adverse effects not only on the mother but on the marriage or partnership, the family and the future development of the baby.

The first set of community standards for the Perinatal Quality Network were published in 2012. The past 13 years have seen a huge expansion of specialist community teams across all countries of the UK, bringing us closer to the gold standard that all women, wherever they live, have access to high quality perinatal mental health care. But teams do not develop in isolation. They are set in a landscape of increasing service complexity, of different service evolution in each of the four UK nations, and of national and worldwide environmental change. In its own way, this new edition of the standards reflects, and attempts to address, these challenges.

The report recommends that every Health Authority (HA) should have a Perinatal Mental Health Strategy to provide the appropriate skills for detection and treatment. Every HA should identify a consultant psychiatrist with a special interest in perinatal psychiatry, who should take a lead role in establishing a specialist multidisciplinary team. Mother and Baby Units should be established to serve the needs of a wide area. In England, recommendations from the Long Term Plan on service extension to 24 months and the consequent need for increased staffing, have been acknowledged in the sections on Access and Staffing. This allows teams to be recognised where they have responded to this need but does not oblige services in other jurisdictions to follow suit. New core (that is, applicable to all quality networks) standards also emphasise the importance of sustainability in service provision and access for patients to green spaces. Coming out of the pandemic, the new standards also recognise the use of virtual consultations, emphasising the importance of patient choice. Covid has led to significant changes in practice and a number of new challenges for teams. That our services continue to provide responsive, highly specialised care is a testament to the dedication of staff working through what have been very difficult times. Increasing service complexity is reflected in the development of specific psychological interventions services in maternity settings (Maternal Mental Health Services in England; Maternity and Neonatal Psychological Interventions Services in Scotland) and in the need to adapt the standard model of community team provision to meet the needs of more rural and remote areas. Addressing the consequences of these changes for our standards will likely challenge the Network's Advisory Group over the coming year. (Author, edited)

**Full URL:** [https://maternalmentalhealthalliance.org/media/filer\\_public/bb/74/bb745600-1a24-41ed-b9ed-9c8484e12f28/104302\\_pqn-community-standards-6th-edition.pdf](https://maternalmentalhealthalliance.org/media/filer_public/bb/74/bb745600-1a24-41ed-b9ed-9c8484e12f28/104302_pqn-community-standards-6th-edition.pdf)

**2024-04347**

**Briefing: Perinatal Mental Health and Domestic Abuse.** Maternal Mental Health Alliance (2023), January 2023. 11 pages

Domestic Abuse affects 1 in 4 women in their lifetime. On average 2 women are killed every week in the UK as a result of domestic abuse. Young women are more commonly affected than older women, including by domestic homicide and severe, repeated abuse. Government estimates in 2016 found that domestic abuse costs £77bn per year, 2.3bn of which are costs to health services. Yet it is rarely seen as a public health priority. (Author, edited)

**Full URL:** [https://maternalmentalhealthalliance.org/media/filer\\_public/79/63/79635e45-1797-4729-a18b-2ab4c46f4cde/mma-briefing-perinatal-mental-health-and-domestic-abuse-jan-23.pdf](https://maternalmentalhealthalliance.org/media/filer_public/79/63/79635e45-1797-4729-a18b-2ab4c46f4cde/mma-briefing-perinatal-mental-health-and-domestic-abuse-jan-23.pdf)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



#### 2024-04346

**A sound investment: Increasing access to treatment for women with common maternal mental health problems.** Maternal Mental Health Alliance, Centre for Mental Health (2022), February 2022. 22 pages

Commissioned by the MMHA, this policy briefing summarises the latest maternal mental health-related economic research from LSE and the case for action. It explores the current policy context for perinatal mental health care and how the case for investment can be implemented in practice. (Author)

**Full URL:** [https://maternalmentalhealthalliance.org/media/filer\\_public/e2/79/e27962f1-cd9c-42e9-a0e2-827a2c71f8c4/a-sound-investment-report-centre-for-mental-health-2022-mmha.pdf](https://maternalmentalhealthalliance.org/media/filer_public/e2/79/e27962f1-cd9c-42e9-a0e2-827a2c71f8c4/a-sound-investment-report-centre-for-mental-health-2022-mmha.pdf)

---

#### 2024-04285

**Therapy Delivered by Nonspecialists Improved Postpartum Mental Health.** Harris E (2024), JAMA (Journal of the American Medical Association) 22 March 2024, online

A news item briefly discusses results of a study which showed that nonspecialist professionals can provide support to women with mental health disorders, especially in low-resource settings when more specialized clinicians are not accessible. (AS)

**Full URL:** <https://doi.org/10.1001/jama.2024.2090>

---

#### 2024-04283

**Digitally enabled perinatal mental health programmes' role in contemporary maternity care.** McEwan T, Balment M, Farrow L, et al (2024), British Journal of Midwifery vol 32, no 4, April 2024, pp 208–212

This article explores the use of digitally enabled programmes to support perinatal mental healthcare in the NHS. Focusing on the Perinatal Wellbeing Programme from SilverCloud® by Amwell®, participant experiences drawn from published case studies are considered. With mental health conditions recognised as a continued and significant cause of maternal death in the UK, the need for innovative, flexible and effective interventions and support has never been more important. Exploring the place of digitally enabled programmes in contemporary midwifery practice, and the need for further evidence of their efficacy, this article continues the discourse of a previously published article on digital mental health platforms. (Author)

---

#### 2024-04241

**Perinatal mental health [written answer].** Welsh Assembly Government (2024), Record of Proceedings Written question WQ91946 (e), 12 March 2024

Lynne Neagle responds to a written question from Buffy Williams asking the Minister to outline how the Welsh Government's mental health strategy supports perinatal mental health sufferers in Wales. (EA)

**Full URL:** <https://record.senedd.wales/WrittenQuestion/91946>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-04168**

**Briefing: Sustaining Specialist Perinatal Mental Health Services in Scotland.** Parent and Infant Mental Health Scotland, Maternal Mental Health Alliance (2024), February 2024. 13 pages

In November of last year, Parent and Infant Mental Health Scotland (PIMHS) and the Maternal Mental Health Alliance (MMHA) held a joint roundtable event at the Scottish Parliament, 'Perinatal Mental Health is Everyone's Business'. The event brought together MSPs, clinicians, health professionals, third sector organisations and lived experience experts. All participants have an interest in specialist Perinatal Mental Health (PMH) services in Scotland and their aim was to take stock of the position of Scotland's specialist PMH services currently, whilst also honouring the remarkable progress made in recent years. A key theme was to identify the outstanding barriers, gaps and challenges facing this area, and to begin to consider the best course of action for the future.

This briefing paper details the key learning points from the roundtable discussion. In summary, these are:

- 1) The work must continue to address the inconsistency in specialist PMH provision across Scotland.
- 2) We must tackle the additional barriers to specialist care and the disparities in outcomes for women.
- 3) There is much more to be done to address persistent workforce challenges in specialist services.
- 4) Stronger collaboration between statutory services and the third sector will lead to better quality care.
- 5) Scotland needs a long-term vision and strategy for specialist PMH services.

At a time when there is substantial demand for mental health services and a freeze on Government funding for mental health, there is real concern that the focus on PMH will weaken, and resources will be diverted to other services. To avoid stalling or even going backwards, sustained effort and investment in specialist PMH services is essential to ensure all women, babies and families receive this life-changing, and at times lifesaving, care wherever and whenever they need it.

Working closely with colleagues from all areas of this work, we will continue to coordinate efforts towards a long-term vision and strategy for specialist PMH services in Scotland. (Author, edited)

**Full URL:** [https://maternalmentalhealthalliance.org/media/filer\\_public/fc/07/fc07914b-45f1-449f-8daa-6325d746bec8/mmha-pimhs-briefing-perinatal-mental-health-scotland-feb24.pdf](https://maternalmentalhealthalliance.org/media/filer_public/fc/07/fc07914b-45f1-449f-8daa-6325d746bec8/mmha-pimhs-briefing-perinatal-mental-health-scotland-feb24.pdf)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-04117**

**A consensus statement on perinatal mental health during the COVID-19 pandemic and recommendations for post-pandemic recovery and re-build.** Jackson L, Greenfield M, Payne E, et al (2024), *Frontiers in Global Women's Health* 21 February 2024, online

**Introduction:** The COVID-19 pandemic posed a significant lifecourse rupture, not least to those who had specific physical vulnerabilities to the virus, but also to those who were suffering with mental ill health. Women and birthing people who were pregnant, experienced a perinatal bereavement, or were in the first post-partum year (i.e., perinatal) were exposed to a number of risk factors for mental ill health, including alterations to the way in which their perinatal care was delivered.

**Methods:** A consensus statement was derived from a cross-disciplinary collaboration of experts, whereby evidence from collaborative work on perinatal mental health during the COVID-19 pandemic was synthesised, and priorities were established as recommendations for research, healthcare practice, and policy.

**Results:** The synthesis of research focused on the effect of the COVID-19 pandemic on perinatal health outcomes and care practices led to three immediate recommendations: what to retain, what to reinstate, and what to remove from perinatal mental healthcare provision. Longer-term recommendations for action were also made, categorised as follows: Equity and Relational Healthcare; Parity of Esteem in Mental and Physical Healthcare with an Emphasis on Specialist Perinatal Services; and Horizon Scanning for Perinatal Mental Health Research, Policy, & Practice.

**Discussion:** The evidence base on the effect of the pandemic on perinatal mental health is growing. This consensus statement synthesises said evidence and makes recommendations for a post-pandemic recovery and re-build of perinatal mental health services and care provision. (Author)

**Full URL:** <https://doi.org/10.3389/fgwh.2024.1347388>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-04027

**Intersectionality in Black Maternal Health Experiences: Implications for Intersectional Maternal Mental Health Research, Policy, and Practice.** Gilliam SM, Hylick K, Taylor EN, et al (2024), Journal of Midwifery & Women's Health 6 February 2024, online

#### Introduction

Black women experience significant maternal mortality and morbidity disparities in the United States. Although emerging research has focused on reducing maternal mortality rates among Black birthing individuals, we must explore structural and social factors contributing to mental health outcomes during the perinatal period. Gaps exist where intersectional identities and experiences in maternal and child health are examined. This study explores the intersectional stress experiences of Black perinatal women in the South.

#### Methods

We collected qualitative data through virtual semistructured interviews with 9 pregnant and 7 postpartum participants (N = 16). These interviews assessed feelings, attitudes, and perceptions about psychological stress due to their intersectional experiences of being Black, pregnant, and a woman in the United States. Findings were analyzed through the lens of critical race theory and intersectionality.

#### Results

We identified 5 overarching themes: (1) perinatal mental health experiences, (2) birthing and parenting while Black, (3) socioeconomic factors, (4) how we cope, and (5) community and social support.

#### Discussion

Overall, this study revealed how the layers of race, gender, pregnancy, and socioeconomic status influence mental health during the perinatal period. These findings show the need for antiracist and intersectional maternal mental health policies and practices. (Author)

**Full URL:** <https://doi.org/10.1111/jmwh.13609>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-03981**

**The perceived mental health experiences and needs of postpartum mothers living in the United Arab Emirates : A focus group study.** Hanach N, Radwan H, Issa WB, et al (2024), *Midwifery* vol 132, May 2024, 103977

#### Background

After childbirth, mothers are particularly vulnerable to mental health problems including anxiety and depression, which often remain undetected and untreated. In the United Arab Emirates (UAE), recent figures revealed a substantial prevalence of postpartum depression. However, postpartum mental health remains largely understudied in the country's clinical and research settings. Therefore, given the paucity of literature in the UAE and building upon previous epidemiological findings, this study aimed to explore the perceived mental health experiences and needs of mothers during the postpartum period to guide the development of targeted interventions that address mothers' unique mental health challenges.

#### Methodology

Four focus groups were conducted, involving a total of 27 Emirati and multicultural expatriate mothers aged  $32.47 \pm 4.56$  years old, living in the UAE and within their first year postpartum. Descriptive interpretive thematic analysis was employed to analyze the data.

#### Analysis

Six themes were generated that capture the mothers postpartum experiences and mental health needs: (1) distinct postpartum experiences of primiparous and multiparous mothers, (2) experiences of emotional distress in the initial postpartum stage, (3) multifaceted challenges in breastfeeding, (4) multifactorial influences on postpartum mental health, (5) postpartum social support resources and providers, and (6) the need for formal and informal resources.

#### Conclusions

The findings highlight the importance of considering the unique cultural and societal factors that impact maternal mental health in the UAE, given its diverse population. A collaborative multidisciplinary approach, integrating culture sensitivity, is vital to address the mental health needs of postpartum mothers and to guide the development of tailored evidence-based interventions. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2024.103977>

---

**2024-03720**

**PsyNBIOSis: Investigating the Association between Maternal Gestational Diabetes, Mental Health, Diet and Childhood Obesity Risk: Protocol for a Prospective, Longitudinal, Observational Study.** Gilbert L, Raubenheimer D, Hibbert EJ, et al (2024), *Nutrients* vol 16, no 1, January 2024, 124

**Background:** Gestational diabetes mellitus (GDM) is associated with poorer maternal mental health (depression and anxiety). Maternal mental health and GDM are likely to influence diet, which in turn impacts the course of GDM. Maternal diet may also be directly or indirectly associated with changes in infant anthropometry. The aims of this study are to (1) examine the associations between maternal GDM, mental health and diet, and (2) evaluate the associations between these maternal factors, breastmilk composition and infant anthropometry. **Methods:** This prospective, observational, longitudinal cohort study compares a cohort of women with and without GDM. Maternal mental health and diet are assessed using validated questionnaires. Breastmilk composition is measured with the Human Milk Analyzer, and infant body composition is measured with air displacement plethysmography. **Significance and Impact:** Once data have been collected, PsyNBIOSis will provide evidence for the associations between maternal mental health, GDM status and diet, and their impact on breastmilk composition and early infant growth. The results may inform the Developmental Origins of Health and Disease framework and provide data on which to build cost-effective interventions to prevent both the development of mental health issues in mothers and adverse growth patterns in infants. (Author)

Full URL: <https://doi.org/10.3390/nu16010124>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-03336**

**Women's Experiences of Perinatal Anxiety: A Critical Feminist Approach.** Powell Z, Harris N, Francis A (2023), International Journal of Childbirth vol 13, no 4, November 2023

**OBJECTIVE:** Perinatal anxiety is a prevalent mental health issue with implications for the well-being of women and their children. There is a scarcity of research that considers perinatal anxiety as a standalone mental health issue or explores the lived experiences of women with perinatal anxiety.

**METHODS:** In-depth interviews were carried out with nine mothers who had a lived experience of perinatal anxiety. The women were recruited from South East Queensland, Australia, and were either pregnant and/or parenting a child under the age of five. Data from the interviews were analyzed through a process of thematic analysis to identify key themes in the lived experiences of anxious mothers. Critical feminist theory informed all the aspects of the study.

**RESULTS:** Analysis of the data revealed four key themes: Good Motherhood, Warning Signs, Mental Health Literacy, and Strengths and Support, and seven subthemes: The Birthing Experience, Irritable Infants, Sleep, Breastfeeding, Social Isolation, Barriers to Help Seeking, and Social Roles. Anxiety was found to complicate the experience of motherhood, with the pressure to present as a "good mother" resulting in a reluctance to seek help. Experiences such as birthing, feeding, and sleeping were risk factors for triggering or exacerbating anxiety. Experiences of perinatal anxiety were further complicated by poor mental health literacy and inconsistencies in the care provided by health professionals. Anxious mothers expressed a need for holistic, multidisciplinary mental healthcare, with residential options during times of struggle or crisis.

**CONCLUSION:** Findings reveal the complex context of motherhood and mental illness and identify barriers and opportunities for the multidisciplinary mental healthcare of anxious mothers. A holistic, multidisciplinary response to perinatal anxiety is recommended. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-03307**

**Mother's Emotional Experiences of Breastfeeding with Primary Low Milk Supply in the First Four Months Postpartum: An Interpretative Phenomenological Analysis.** Whelan C, O'Brien D, Hyde A (2024), *Breastfeeding Medicine* vol 19, no 3, March 2024, pp 197–207

Background: Primary low milk supply (PLMS) prevents mothers from producing sufficient milk to breastfeed exclusively. However, limited evidence exists regarding women's experiences of breastfeeding with PLMS.

Objective: This article aims to investigate the emotional experiences of mothers breastfeeding with PLMS in the first 3 months postpartum.

Materials and Methods: The study was conducted in Ireland and used a phenomenological methodology to investigate the lived experiences of breastfeeding mothers with PLMS. Nine first-time breastfeeding mothers with PLMS participated, and data collection took the form of unstructured interviews. Data analysis was completed using Interpretative Phenomenological Analysis.

Results: Being in the Whirlwind is one of four superordinate themes identified in this study. This theme relates to participants' internalized experiences of breastfeeding with PLMS in the first 3 months postpartum. During this time, participants struggled to come to terms with having PLMS and became caught up in all-consuming efforts to increase their milk supply. They experienced guilt, sadness, confusion, anger, and anxiety, with many describing the early months postpartum as traumatic. Participants revealed how triple-feeding (a regime of breastfeeding, pumping, and supplementing) negatively affected their mental health and reported that supplementing with infant formula was emotionally upsetting.

Conclusions: Our findings reveal that the combination of PLMS and triple feeding can negatively impact a mothers' mental health. A greater understanding among health care professionals of the emotional impact of having PLMS and triple-feeding could enhance the provision of sensitive and person-centered support for those with PLMS. Antenatal breastfeeding education should acknowledge that PLMS is a challenge for a small cohort of women and place greater emphasis on the emotional aspects of breastfeeding challenges. (Author)

---

**2024-03205**

**Increased rates of perinatal mental illness following COVID-19: the call for sufficient midwifery provision.** Terry R, Hudson T (2024), *British Journal of Midwifery* vol 32, no 3, March 2024, pp 136–145

The perinatal period is a known time of increased vulnerability to mental health illnesses, which are associated with significant morbidity and mortality. The COVID-19 pandemic saw rates of perinatal mental illness increase, remaining elevated ever since. In this article, postnatal depression is considered a specific perinatal mental health illness, which demonstrates the unique challenges in defining and diagnosing perinatal mental illness, and mitigating the long-term consequences to the infant. As public health practitioners, midwives are effective in preventing postnatal depression, yet may be limited in their ability to support women because of service constraints. Key drivers in the UK are mandating the parity of esteem of mental health and the improved provision of perinatal services, with the recruitment and retention of a sufficient midwifery service highlighted as priority. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2024-03121**

**Hope amidst crisis: exploring perinatal mental health and family dynamics in out-of-home care through virtual assessments during the UK COVID-19 response.** Iyengar U, Heller-Bhatt J (2024), *Frontiers in Global Women's Health* 12 February 2024, online

Caring for a young child exposed to early trauma, along with caregiving stress and heightened by the impact of lockdowns as a result of the COVID-19 response, may compromise the development of the parent-child relationship. Understanding a foster carer's attachment history and considering relational dynamics through an attachment lens may shed light on areas they need support in, to enhance their parenting capacity for vulnerable children. The feasibility of collecting and coding observational data and attachment interviews of foster carers and their children, when conducted remotely during COVID-19, needs to be explored. This perspective piece considers the impact on infant and perinatal health in the context of COVID-19 with particular emphasis on relational dynamics and attachment assessments, using a case study of a foster carer and her child in an out-of-home-care placement. Understanding these dynamics is crucial for safeguarding the well-being of both caregivers and vulnerable children during this challenging time. (Author)

Full URL: <https://doi.org/10.3389/fgwh.2024.1343944>

---

**2024-03120**

**Gestational diabetes and risk of perinatal depression in low- and middle-income countries: a meta-analysis.** Jin Y, Wu C, Chen W, et al (2024), *Frontiers in Global Women's Health* 12 February 2024, online

Background: The relationship between gestational diabetes (GDM) and the risk of depression has been thoroughly investigated in high-income countries on their financial basis, while it is largely unexplored in low- and middle- income countries. This meta-analysis aims to assess how GDM influences the risk of perinatal depression by searching multiple electronic databases for studies measuring the odds ratios between them in low- and middle-income countries.

Methods: Two independent reviewers searched multiple electronic databases for studies that investigated GDM and perinatal mental disorders on August 31, 2023. Pooled odds ratios (ORs) and confidence intervals (CIs) were calculated using the random effect model. Subgroup analyses were further conducted based on the type of study design and country income level.

Results: In total, 16 observational studies met the inclusion criteria. Only the number of studies on depression (n=10) satisfied the conditions to conduct a meta-analysis, showing the relationship between mental illness and GDM has been overlooked in low- and middle-income countries. Evidence shows an elevated risk of perinatal depression in women with GDM (pooled OR 1.92; 95% CI 1.24, 2.97; 10 studies). The increased risk of perinatal depression in patients with GDM was not significantly different between cross-sectional and prospective design. Country income level is a significant factor that adversely influences the risk of perinatal depression in GDM patients.

Conclusion: Our findings suggested that women with GDM are vulnerable to perinatal depressive symptoms, and a deeper understanding of potential risk factors and mechanisms may help inform strategies aimed at prevention of exposure to these complications during pregnancy. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2024.1331415>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-03060

**Helping Us Grow Stronger (HUGS)/Abrazos: a community-based initiative improved perinatal mental health in an urban cohort.** Siegel MR, Simione M, James KE, et al (2024), American Journal of Obstetrics & Gynecology MFM vol 6, no 2, February 2024, 101264

#### BACKGROUND

Targeted programs aimed at improving maternal mental health, particularly among those exposed to social determinants of health, are increasingly critical since the onset of the COVID-19 pandemic, yet the impact of such programs is poorly understood.

#### OBJECTIVE

This study aimed to evaluate the impact of a novel, language-concordant community-based program on perinatal mental health.

#### STUDY DESIGN

We conducted a prospective cohort study of peripartum individuals referred to a new community-based intervention known as Helping Us Grow Stronger (HUGS/Abrazos). Participants received up to 4 remote sessions with a cognitive behavioral therapy trained social worker, up to 3 resource navigation sessions with a community health worker, and direct relief with a grocery gift card and care package. Before and after the program, participants completed validated survey instruments to assess mental health and social determinants of health.

#### RESULTS

A total of 178 participants were assessed after program completion, including 133 who were assessed before and after the program. The cohort was composed of 62.9% Hispanic or Latinx participants with a mean age of 29.8 year (standard error of mean, 0.46). There were high rates of food insecurity (111/178; 62.4%), experiences of discrimination (119/178; 66.9%), and SARS-CoV-2 infection (105/178; 59.0%). The program was associated with statistically significant improvements in the Edinburgh Postnatal Depression scores (baseline [mean±standard error of mean], 8.44±0.55 vs 6.77±0.51 after program completion; P=.0001) and Perceived Stress Scale scores (baseline, 15.2±0.74 vs 14.0±0.71; P=.035). Participants exposed to stressors including food insecurity and experiences of discrimination had higher baseline depression, stress, and anxiety scores. Those with experiences of discrimination, food insecurity, and SARS-CoV-2 infection during pregnancy were more likely to have improvements in mental health scores postintervention.

#### CONCLUSION

In this diverse urban cohort, a novel community-based intervention was associated with improvements in depressive symptoms, perceived stress, and anxiety, particularly among those with social determinants of health. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-03002**

**Feeding Difficulties in Late Preterm Infants and Their Impact on Maternal Mental Health and the Mother–Infant Relationship: A Literature Review.** Vizzari G, Morniroli D, D’Auria A, et al (2023), *Nutrients* vol 15, no 9, April 2023, 2180

Late preterm infants constitute the largest subset of premature infants and are more likely to experience feeding issues leading to delayed oral feeding independence and low breastfeeding rates. Considering the increased parental concern about their infants’ nutrition and growth, we performed a literature review to provide an update on the feeding challenges faced by late preterm infants and the impact of these issues on maternal mental health and the mother–infant relationship. Based on our findings, late preterm infants have a high prevalence of feeding difficulties which need to be addressed by targeted support interventions to promote breastfeeding success and the establishment of a harmonious dyadic interaction between the mother and her infant, all of which contribute to the prevention of altered feeding behavior later in life. There is still a need for additional research to develop a standardized and shared strategy that can be proven to be effective. Should this be accomplished, it will be possible to offer appropriate support for mothers, encourage the oral skills and maturation of late preterm infants, and improve the relationship quality within the dyad. (Author)

**Full URL:** <https://doi.org/10.3390/nu15092180>

---

**2024-02678**

**Perinatal Mental Health Skills: Teaching and Learning Activities for Midwifery Students.** Solanki K, Brown G, Fox D (2024), *The Practising Midwife Australia* vol 2, no 3, February 2024, pp 8-12

Supporting women with their emotional wellbeing is a core midwifery skill. Midwives have a pivotal role in early intervention and prevention by screening for mental health and psychosocial vulnerabilities, providing women with resources and referring them on to appropriate services as needed. It has been identified that midwives frequently lack the confidence and perceived competence to offer emotional care to women and require ongoing professional development in their knowledge of perinatal mental health, communication and assessment skills, and their attitudes to mental illness. (Author)

---

**2024-02667**

**Trauma-Informed Maternity System: A Service Evaluation.** Thomas R (2024), *The Practising Midwife* vol 27, no 1, January 2024, pp 21-25

Past traumas can significantly affect a person’s mental health and maternity experiences. With this in mind we reviewed service and adopted a trauma-focused two-stage approach: offering trauma-informed care plans and mandating staff training. The intention was to equip staff to recognise and respond to trauma signs and symptoms, while enabling service users to feel more secure and in control. Feedback from staff and patients has been positive, but more research is needed to examine the impact on physical and mental health outcomes. (Author)

---

**2024-02460**

**Perinatal and Infant Mental Health Programme Board/ Infant Mental Health Implementation and Advisory Group Final Report.** Scottish Government (2024), January 2024. 21 pages

This document outlines the breadth of work overseen by the Perinatal and Infant Mental Health Programme Board/Infant Mental Health Implementation and Advisory Group. Includes a summary of achievements, and an update on progress made. (JSM)

**Full URL:** <https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2024/01/perinatal-infant-mental-health-programme-board-infant-mental-health-implementation-advisory-group-final-report/documents/perinatal-infant-mental-health-programme-board-infant-mental-health-implementation-advisory-group-final-report/perinatal-infant-mental-health-programme-board-infant-mental-health-implementation-advisory-group-final-report/govscot%3Adocument/perinatal-infant-mental-health-programme-board-infant-mental-health-implementation-advisory-group-final-report.pdf>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-02303**

**Perinatal Depression Screening Among Sexual Minority Women.** Lapping-Carr L, Dennard A, Wisner KL, et al (2023), JAMA Psychiatry vol 80, no 11, November 2023, pp 1142-1149

Importance: A substantial number of births in the US are to sexual minority women (17% based on a nationally representative survey), yet there is little research on perinatal depression screening rates or symptom endorsement among sexual minority women (including women who identify as lesbian, bisexual, queer, pansexual, asexual, demisexual, and kinky as well as other-identified women who have sex with women). High rates of risk factors for perinatal depression (eg, intimate partner violence and history of mental illness) among sexual minority individuals magnify this gap in the literature.

Objective: To describe the prevalence of female-identified sexual minority people giving birth in an academic medical center and compare perinatal depression screening rates and scores among sexual minority women and heterosexual cisgender women.

Design, setting, and participants: This retrospective cohort study used deidentified medical record review of 18 243 female-identified individuals who gave birth at an academic medical center in Chicago, Illinois, between January 1 and December 31, 2019. Data were analyzed from April 5, 2021, to August 1, 2022.

Main outcomes and measures: Proportion of women identified as having sexual minority status in the medical record, rates of standard care administration of the 9-item Patient Health Questionnaire between sexual minority women and heterosexual women, and depression screening scores and rates of positive depression screening results for sexual minority and heterosexual women.

Results: Among 18 243 women (mean [SD] age, 33.8 [5.1] years; 10 453 [57.3%] of non-Hispanic White race and ethnicity), only 280 (1.5%; 95% CI, 1.3%-1.7%) were identified as having sexual minority status in the medical record. Significantly more sexual minority women vs heterosexual women attended at least 1 prenatal care visit (56 [20.0%] vs 2459 [13.7%];  $P = .002$ ) and at least 1 postpartum care visit (52 [18.6%] vs 2304 [12.8%];  $P = .004$ ). Sexual minority women were more likely to be screened for depression during postpartum care (odds ratio, 1.77; 95% CI, 1.22-2.52;  $P = .002$ ) and more likely to screen positive for depression during the postpartum period (odds ratio, 2.38; 95% CI, 0.99-5.02;  $P = .03$ ) than heterosexual women.

Conclusions and relevance: In this cohort study, sexual minority women identified in the medical record were highly engaged in obstetric care yet at high risk of postpartum depression. In addition, their sexual orientation was largely undocumented in medical records. These results highlight the need for investigations that include strategies for measuring sexual orientation because medical record review is unlikely to reliably capture these sexual identities during the perinatal period. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-02297**

**Prevalence of Perinatal Depression in Low- and Middle-Income Countries A Systematic Review and Meta-analysis.** Roddy Mitchell A, Gordon H, Lindquist A, et al (2023), JAMA Psychiatry vol 80, no 5, May 2023, pp 425-431

Importance: Women who experience depression during or within a year of pregnancy are at increased risk of morbidity and mortality. Although those living in low- and middle-income countries are thought to be at increased risk of perinatal depression, the true prevalence remains unclear.

Objective: To determine the prevalence of depression among individuals living in low- and middle-income countries during pregnancy and up 1 year post partum.

Data sources: MEDLINE, Embase, PsycINFO, CINAHL, Web of Science, and the Cochrane Library were searched from database inception until April 15, 2021.

Study selection: Studies were included that reported the prevalence of depression using a validated method during pregnancy or up to 12 months post partum in countries defined by the World Bank as low, lower-middle, and upper-middle income.

Data extraction and synthesis: This study followed Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) reporting guideline. Two reviewers independently assessed study eligibility, extracted data, and assessed studies for bias. Prevalence estimates were calculated using a random-effects meta-analysis model. Subgroup analyses were performed among women who were considered at increased risk of developing perinatal depression.

Main outcomes and measures: Point prevalence of perinatal depression was the main outcome measured as percentage point estimates with corresponding 95% CIs.

Results: The search identified 8106 studies, of which data were extracted from 589 eligible studies reporting outcomes of 616 708 women from 51 countries. The pooled prevalence of perinatal depression across all studies was 24.7% (95% CI, 23.7%-25.6%). The prevalence of perinatal depression varied slightly by country income status. The highest prevalence was found in lower-middle-income countries, with a pooled prevalence of 25.5% (95% CI, 23.8%-27.1%; 197 studies from 23 countries including 212 103 individuals). In upper-middle-income countries, the pooled prevalence was 24.7% (95% CI, 23.6%-25.9%; 344 studies from 21 countries including 364 103 individuals) and in low-income countries, the pooled prevalence was 20.7% (95% CI, 18.4%-23.0%; 50 studies from 7 countries including 40 502 individuals). The East Asia and the Pacific region had the lowest prevalence of perinatal depression at 21.4% (95% CI, 19.8%-23.1%) and was significantly increased in the Middle East and North Africa at 31.5% (95% CI, 26.9%-36.2%; between-group comparison:  $P < .001$ ). In subgroup analyses, the highest prevalence of perinatal depression was found among women who experienced intimate partner violence, at 38.9% (95% CI, 34.1%-43.6%). prevalence of depression was also high among women with HIV (35.1% [95% CI, 29.6%-40.6%]) and those who had experienced a natural disaster (34.8% [95% CI, 29.4%-40.2%]).

Conclusions and relevance: This meta-analysis found that depression was common in low- and middle-income countries, affecting 1 in 4 perinatal women. Accurate estimates of the prevalence of perinatal depression in low- and middle-income countries are essential in informing policy, allocating scarce resources, and directing further research to improve outcomes for women, infants, and families. (Author)

**Full URL:** <https://doi.org/10.1001/jamapsychiatry.2023.0069>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2024-02139

**Anxiety and associated factors in Northwest Ethiopian pregnant women: a broad public health concern.** Haile TT, Kebede AA, Gessesse DN, et al (2024), *Frontiers in Public Health* 8 January 2024, online

Introduction: Pregnancy-related anxiety is a prevalent mental health issue that mostly affects women in low-income countries such as Ethiopia. It has been linked to unfavorable pregnancy outcomes, such as miscarriage, prematurity, and low birth weight. However, it has often received less attention, and community-based evidence lacks its prevalence and associated factors. Thus, the purpose of this study was to assess the prevalence and associated factors of anxiety in Northwest Ethiopian pregnant women in Gondar city.

Methods: A community-based cross-sectional study was conducted from 1 July to 30 August 2021 in Gondar city. A cluster sampling technique was used to select a sample of 872 pregnant women, and in-person interviews were conducted to gather data. Descriptive and analytical statistical procedures were carried out.

Results: Of the participants, pregnancy-related anxiety was reported in 29.4% (95% CI: 26.3, 32.4) of women. The likelihood of having anxiety was higher among women who had known medical illness (AOR = 3.16; 95% CI: 1.8, 5.35), loneliness (AOR = 2.52; 95% CI: 1.34, 4.73), depression (AOR = 2.38; 95% CI: 1.48, 3.85), poor social support (AOR = 1.93; 95% CI: 1.21, 3.07), and intimate partner violence (AOR = 2.87; 95% CI: 2.04, 4.04).

Conclusion: In this study, three out of ten women have suffered from anxiety. It is strongly advised to identify and treat known medical illnesses early in pregnancy, enhance social support, diagnose and treat depression, and limit intimate partner violence through multimodal and integrative activities with concerned bodies. (Author)

Full URL: <https://doi.org/10.3389/fpubh.2023.1300229>

---

## 2024-01925

**Improving Perinatal Maternal Mental Health Starts With Addressing Structural Inequities.** Shuffrey LC, Thomason ME, Brito NH (2022), *JAMA Psychiatry* vol 79, no 5, May 2022, pp 387-388

This Viewpoint discusses the effect of the COVID-19 pandemic on perinatal maternal mental health and its potential consequences on child development. (Author)

Full URL: <https://doi.org/10.1001/jamapsychiatry.2022.0097>

---

## 2024-01902

**Maternity survey 2023.** Care Quality Commission (2024), 9 February 2024

This survey looked at the experiences of women and other pregnant people who had a live birth in early 2023, including ethnic minorities in January and March. We found that:

All areas of antenatal care improved from 2022.

Mental health support has shown improvement during antenatal and postnatal care.

Availability of staff has worsened in during labour and birth, in hospital after birth and during postnatal care.

Those who had poor continuity of care, report worse experiences during antenatal care, labour and birth and postnatal care. (Author)

Full URL: <https://www.cqc.org.uk/node/1245>

---

## 2024-01854

**Pregnancy: Mental Health [written answer].** House of Lords (2024), Hansard Written question HL2117, 31 January 2024

Lord Markham responds to a written question from Baroness Wyld to His Majesty's Government, regarding what systems are in place to ensure pregnant women are screened for existing or potential mental health difficulties. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-01-31/HL2117>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



The Royal College of Midwives Trust  
10-18 Union Street  
London  
SE1 1SZ



Open 24 hours a day, 7 days a week  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2024-01847

**Indian immigrants' constructions of mental health and mental illness in the perinatal period: A qualitative study.** Philip B, Kemp L, Taylor C, et al (2024), Journal of Advanced Nursing 24 January 2024, online

### Aim

The aim of this study is to explore how immigrant women and men from India construct mental health and mental illness in the perinatal period.

### Design

Qualitative interpretive design.

### Methods

Data were collected by conducting in-depth interviews with 19 participants. Photo elicitation, free listing and pile sorting were used during the interviews. Purposive sampling was used, and data were collected in 2018 and 2019. Data were analysed using thematic analysis.

### Finding/Results

One major theme and three subthemes were identified. 'We do not talk about it' was the major theme and the subthemes: (1) 'living peacefully and feeling happy' described the views on mental health; (2) 'that's the elephant in the room still' captures how participants felt when talking about mental illness; and (3) 'why don't we talk about it' offers reasons why the Indian community does not talk about mental health and illness.

### Conclusion

The findings of this study have highlighted the importance of understanding the impact of immigration and being culturally sensitive when assessing mental health in the perinatal period.

### Impact

The findings of this study identify some of the reasons for non-disclosure of mental health issues by immigrants. Incorporating these findings during psychosocial assessment by health professionals in the perinatal period will help translate the cultural aspects into more effective communication.

### Patient or Public Contribution

Patient and public contribution to the study was provided by the Community Stakeholders Group; these were members of the immigrant community from India who had expertise in mental health. They contributed to the study design and the key terms and phrases for the free list used in interviews. (Author)

**Full URL:** <https://doi.org/10.1111/jan.16064>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2024-01840**

**Do glycaemic treatment targets affect the perinatal mental health status of women with gestational diabetes? – Data from the TARGET Trial.** Ohene-Agyei P, Tran T, Harding JE, et al (2023), BMC Pregnancy and Childbirth vol 23, no 869, December 2023

#### Background

Gestational diabetes mellitus is associated with perinatal mental disorders. Effective management may reduce this risk, but there is little evidence on effects of different glycaemic treatment targets. We assessed whether tight glycaemic treatment targets compared with less-tight targets reduce the risk of poor mental health outcomes in women with gestational diabetes.

#### Methods

This was a secondary analysis of data from women who consented to complete perinatal mental health questionnaires as participants in the TARGET Trial, a stepped-wedge cluster randomized trial in 10 hospitals in New Zealand. All hospitals initially used less tight glycaemic targets for management of gestational diabetes and were sequentially randomized, in clusters of two at 4-monthly intervals, to using tighter glycaemic targets.

Data were collected from 414 participants on anxiety (6-item Spielberger State Anxiety scale), depression (Edinburgh Postnatal Depression Scale), and health-related quality of life (36-Item Short-Form General Health Survey) at the time of diagnosis (baseline), 36 weeks of gestation, and 6 months postpartum. The primary outcome was composite poor mental health (any of anxiety, vulnerability to depression, or poor mental health-related quality of life). Generalized linear mixed models were used to determine the main treatment effect with 95% confidence intervals using an intention-to-treat approach.

#### Results

We found no differences between randomised glycaemic target groups in the primary outcome at 36 weeks' (relative risk (RR): 1.07; 95% confidence interval 0.58, 1.95) and 6 months postpartum (RR: 1.03; 0.58, 1.81). There were similarly no differences in the components of the primary outcome at 36 weeks' [anxiety (RR: 0.85; 0.44, 1.62), vulnerability to depression (RR: 1.10; 0.43, 2.83), or poor mental health-related quality of life (RR: 1.05; 0.50, 2.20)] or at 6 months postpartum [anxiety (RR: 1.21; 0.59, 2.48), vulnerability to depression (RR: 1.41; 0.53, 3.79), poor mental health-related quality of life (RR: 1.11; 0.59, 2.08)].

#### Conclusion

We found no evidence that adoption of tighter glycaemic treatment targets in women with gestational diabetes alters their mental health status at 36 weeks' gestation and at 6 months postpartum. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-06190-4>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-01707**

**Peer support and mobile health for perinatal mental health: A scoping review.** Liblub S, Pringle K, McLaughlin K, et al (2023), Birth 24 January 2024, online

#### Background

Up to one in five women experience perinatal depression and/or anxiety with profound negative consequences for mothers and families. Peer support interventions have the potential to effectively prevent perinatal mental health conditions. Meanwhile, mobile health has gained popularity and plays a significant role in enhancing maternal health services. However, little is known about the availability of mobile health combined with peer support for supporting perinatal mental health. This scoping review aimed to map the relevant literature and gain insights into the available evidence on mobile health and peer support for perinatal mental health, to identify gaps and inform opportunities for future research.

#### Methods

A scoping review of the literature was conducted. The search strategy included five databases: CINAHL, Scopus, PsycInfo, PubMed, and ScienceDirect for the period from 2007 to 2022.

#### Results

Eight studies met the inclusion criteria, including features of online support strategies, effectiveness, and attitudes of women about peer support with mobile health. The results showed decreased depressive scores and provided a positive experience for women. Strong satisfaction with accessibility and flexibility of mobile health was found when combined with the peer support features. Additional emotional support tools (e.g., mindfulness-based activities) were likely to be acceptable to women and beneficial to mobile health.

#### Conclusions

Understanding the context of peer support and mobile health informs the potential to support perinatal mental health. Further research in this growing area is needed to test the effectiveness of peer support in combination with mobile health intervention for supporting perinatal mental health. (Author)

**Full URL:** <https://doi.org/10.1111/birt.12814>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-01700**

**Prospective analysis of factors associated with perinatal depression.** Al-abri K, Edge D, Armitage CJ (2024), Midwifery vol 128, January 2024, 103871

#### Background

Perinatal depression is a significant public health problem that has adverse effects on both mothers and infants. Little research has been conducted on how depressive symptoms change throughout the perinatal period, especially in the Middle East. This study examines changes in depressive symptoms from pregnancy to the postnatal period, and what explains these changes.

#### Methods

This prospective study recruited 306 Omani women in the third trimester of pregnancy and followed them up two to eight weeks after delivery. The Edinburgh Postnatal Depression Scale (EPDS), with a cut-off of  $\geq 12$ , was used to assess depressive symptoms in both the antenatal and postnatal periods. Independent t-tests, one-way ANOVA, Tukey's honestly significant difference test and Chi-square tests were used to analyse the data.

#### Results

The prevalence of depressive symptoms was 27.12 % (n = 83) during late pregnancy and 29.30 % (n = 81) during the postnatal period. Four groups of women were identified based on the EPDS scores: 1) antenatal depression group (8.82 %; n = 27); 2) ante- and postnatal depression group (14.38 %; n = 44); 3) postnatal depression group (12.09 %; n = 37); and 4) non-depression group (54.90 %; n = 168). Depressive symptoms were associated with low birth weight babies (d = 0.50), which confirms the negative effects of depression on perinatal health outcomes. When compared to the non-depression group, the three depressed groups had higher antenatal Perceived Stress Scale (PSS) scores (ds > 0.52), while the non-depression group had higher antenatal and postnatal Maternity Social Support Scale (MSSS) scores (ds > 0.63), and better relationships with the mother-in-law antenatally (d = 0.57).

#### Conclusion

The present study of this Middle Eastern cohort shows that there were distinct groups of women experiencing perinatal depressive symptoms, influenced by various psychosocial and obstetric factors, which were comparable to those identified in more regularly studied populations. However, this study also identified other novel factors, such as the quality of family relationships. There is a need for additional research into the factors associated with these groups in order to develop appropriate interventions. (Author)

**Full URL:** <https://doi.org/10.1016/j.midw.2023.103871>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2024-01690

**Association of Postpartum Mental Illness Diagnoses with Severe Maternal Morbidity.** Attanasio L, Jeung C, Geissler KH (2023), Journal of Women's Health 28 December 2023, online

Background: This study aimed to determine whether birthing people who experience severe maternal morbidity (SMM) are more likely to be diagnosed with a postpartum mental illness.

Materials and Methods: Using the Massachusetts All Payer Claims Database, this study used modified Poisson regression analysis to assess the association of SMM with mental illness diagnosis during the postpartum year, accounting for prenatal mental illness diagnoses and other patient characteristics.

Results: There were 128,161 deliveries identified, with 55.0% covered by Medicaid. Of these, 3.1% experienced SMM during pregnancy and/or delivery hospitalization, and 20.1% had a mental illness diagnosis within 1 year postpartum. In adjusted regression analyses, individuals with SMM had a 10.6% increased risk of having any mental illness diagnosis compared to individuals without SMM, primarily due to an increased risk of a depression or post-traumatic stress disorder diagnosis among people with SMM than those without SMM.

Conclusions: Individuals who experienced SMM had a higher risk of a mental illness diagnosis in the postpartum year. Given increases in SMM in the United States in recent decades, policies to mitigate mental health sequelae of SMM are urgently needed. (Author)

---

## 2024-01663

**Depression and perceived stress among perinatal women living with HIV in Nigeria.** Akinsolu FT, Abodunrin OR, Lawale AA, et al (2023), Frontiers in Public Health 20 November 2023, online

Background: Pregnancy and postpartum periods are crucial stages for women's mental health, and women living with HIV are particularly susceptible to depression and psychological stress due to various factors. This study investigated the prevalence and associated factors of depression and perceived stress among women living with HIV during their perinatal period in Ibadan, Nigeria.

Methods: A cross-sectional survey was conducted in three HIV treatment centers in Ibadan, Nigeria, among women living with HIV between the ages of 19 and 49 who were either pregnant or had given birth within the last 2 years. The study was conducted from September 2022 to December 2022. An interviewer-administered questionnaire was used to collect the data from the participants. Ethical approval and informed consent were obtained, and data were analyzed using the Statistical Package for Social Science version 26.

Results: The study included 402 participants, of whom 69.0 and 78.0% reported symptoms of depression and perceived stress, respectively. However, 15.2% of the participants have comorbid depression and stress. Positive partner status was significantly associated with lower perceived depression, while gestational age between 29 and 40 weeks was significantly associated with lower perceived stress. The co-occurrence of depression and perceived stress was associated with partner status, income level, family support, gestational age, and years on antiretroviral therapy.

Conclusion: The high prevalence of depression, perceived stress, and their co-occurrence among women living with HIV during the perinatal period call for incorporating mental health care into routine maternal healthcare for all women, particularly those living with HIV. This finding emphasizes the need for public health efforts to prioritize perinatal mental health and improve access to care and support for women and their partners. (Author)

Full URL: <https://doi.org/10.3389/fpubh.2023.1259830>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-01559

**Longitudinal impact of an online interdisciplinary perinatal mental health module on Healthcare Professionals' knowledge, skills, attitudes and confidence: A qualitative evaluation.** Byrne A (2024), Nurse Education in Practice vol 75, February 2024, 103879

#### Aim/objective

The current study aimed to explore the following research question; 'What is the longitudinal impact, if any, of an online interdisciplinary perinatal mental health module on HCP knowledge, skills, attitudes and confidence'.

#### Background

Research suggests that one in five women/people will experience a mental health issue during the perinatal period. Healthcare Professionals (HCPs) play a critical role in identifying, supporting and referring those who disclose health or psychosocial concerns in pregnancy or after birth and consistent research findings highlight the need for appropriate targeted perinatal mental health education among this cohort. To address this need, a thirteen-week (Masters Level) interdisciplinary online module in perinatal mental health was collaboratively developed between one Irish Higher Education Institution and national mental healthcare specialists. The module aims to develop HCP knowledge, skills, attitude and confidence in sustainably supporting women/people and families experiencing perinatal mental health issues. However, a recent scoping review concluded that there was insufficient evidence with respect to the longitudinal impact of such courses on HCP practice.

#### Design/methods

The study design adopted a qualitative descriptive design that used online individual interviews for data collection. The evaluation was informed by the Kirkpatrick and Kirkpatrick Evaluation Model. The study group consisted of six voluntarily self-selected perinatal mental health module participants. Longitudinal impacts of the module were explored 8–10 months following module completion. Thematic Analysis was undertaken using Braun and Clarkes Framework. Ethical approval for the study was obtained from the author's Higher Education Institution (HEI).

#### Results

Findings revealed several interrelated and reinforcing themes that had an impact on the longer-term application of enhanced knowledge, skills, attitude and confidence in practice. These were; pedagogical features of the interdisciplinary perinatal mental health education module, sociocultural and professional influences, persistent enthusiasm and commitment to improve care in spite of systemic obstacles and, ongoing need for perinatal mental health education.

#### Conclusions

Provision of targeted, agile and manageable professional education courses on perinatal mental health care will continue to be required. However, despite sustained commitment and enthusiasm to implement enhanced knowledge and skills, systemic obstacles continue to exist and these may have an impact on the efficacy of such courses in the longer term. (Author)

Full URL: <https://doi.org/10.1016/j.nepr.2024.103879>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-01401**

**Psychological intervention priorities according to perinatal women who experienced suicidal thoughts and perinatal mental health professionals: a Q-methodology study.** Reid HE, Pratt D, Edge D, et al (2023), *Frontiers in Global Women's Health* 21 December 2023, online

**Introduction:** Suicide is the leading direct cause of maternal death in the year following birth and the second leading cause during pregnancy, in the UK and Ireland. Currently no evidence-based psychological interventions exist specifically designed to reduce mothers' suicidal experiences during the perinatal period. Reducing suicidal ideation and behaviour in mothers is a priority to prevent deaths and lessen the distress felt by mothers and their families. As Q-methodology measures the consensus and disagreement between individuals on a given topic, the current study used Q-methodology to elicit the priorities for a future psychological intervention aimed at reducing suicidal ideation and behaviour during the perinatal period, from the collective perspectives of both mothers and professionals.

**Method:** As part of this Q-methodology study, we developed a Q-set of 75 statements pertaining to possible elements of a psychological intervention that might help reduce a mother's suicidal ideation and behaviour during the perinatal period. Mothers and professionals were recruited via perinatal mental health services and social media advertisements.

**Results:** Twenty-one mothers and 11 perinatal mental health professionals ranked each Q-set statement depending on its perceived importance in developing a new intervention. A centroid factor analysis was conducted and two factors, which accounted for 42% of the overall variance, were identified: Factor 1 "supporting the mother to create distance between herself and the appeal of suicide" and Factor 2 "establishing positive connections with the therapist, the baby and motherhood." All participants believed that developing plans to keep the mother safe from suicide was the most important aspect for inclusion in a future intervention. Participants who loaded onto Factor 1 also prioritised supporting mothers to learn more about triggers for their suicidal ideation and behaviour. Ensuring a robust therapeutic alliance was more important for those who loaded onto Factor 2.

**Conclusion:** This is the first study using Q-methodology to explore the psychological intervention priorities of mothers and professionals. Findings indicate clear priorities in terms of planning and coping during a crisis, endorsed by all participants, and provide an initial step in the development of a new perinatal suicide prevention intervention. (Author)

**Full URL:** <https://doi.org/10.3389/fpsy.2023.1286500>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-01386**

**Evaluation of a pilot online education program to develop midwives' knowledge, skill and confidence in perinatal mental health in rural South Australia.** McKellar L, Martinez L, De Sousa Machado T, et al (2024), *Women and Birth: Journal of the Australian College of Midwives* vol 37, no 2, March 2024, pp 355-361

#### Abstract

One in five women will experience perinatal anxiety and/or depression. In South Australia, a rural health service identified a high proportion of women with risk of perinatal mental health challenges and sought additional education for midwives. In response, a six-week facilitated, online perinatal mental health education program (e-PMHEP) was piloted.

#### Aim

The aim of this study was to evaluate the effectiveness of the (e-PMHEP) for rural midwives, nurses and Aboriginal maternal infant care practitioners.

#### Method

Program evaluation incorporated a validated online pre/post survey to assess self-reported knowledge, skill and confidence regarding perinatal mental healthcare. Additional questions sought feedback on satisfaction and feasibility.

#### Findings

Sixteen participants from rural South Australia engaged in the project from June to August 2022. Twelve participants completed the online pre/post survey. The overall pre/post knowledge scores were statistically significant ( $t = 2.73$ ,  $8df$ ,  $p = 0.025$ ) with improvement from the pre to post-test. Pre/post data also showed a measurable increase in confidence and skills. All respondents agreed that the content addressed their learning needs and would recommend this program to other practitioners.

#### Discussion

The e-PMHEP appeared beneficial in developing knowledge, skills and confidence regarding perinatal mental healthcare in rural midwives and practitioners. Only a third of practitioners routinely developed a mental health care plan with women. Key strengths of the program included the accessible content, and the combination of an experienced mental health clinician and a facilitator with lived experience.

#### Conclusion

Providing an accessible, facilitated online perinatal mental health education program could be beneficial for rural midwives.  
(Author)

**Full URL:** <https://doi.org/10.1016/j.wombi.2023.11.005>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2024-01153**

**Screening for perinatal depression and stress: a prospective cohort study.** Papapetrou C, Zouridis A, Eleftheriades A, et al (2023), Archives of Gynecology and Obstetrics 13 December 2023, online

**Purpose**

There is currently a heightened need for perinatal medical services to timely recognize and accurately meet the psychological needs of pregnant women. Psychological disturbances a mother experiences during pregnancy, such as depression and anxiety, can be later associated with inadequate maternal capacity for antenatal care for herself and the baby, and may lead to subsequent mental health problems later in the mother's life. Routine prenatal assessment could significantly benefit from being proactively enriched with early prevention mental health screening tools to assess, appropriately manage vulnerable populations, and subsequently implement preventive actions.

**Methods**

178 pregnant women, under routine prenatal medical assessment, were measured regarding depressive symptomatology and stress, through the use of two validated psychometric tools (the Edinburgh Postnatal Depression Scale (EPDS) and the Perceived Stress Scale (PSS-14)).

**Results**

Heightened perceived stress and depressive symptomatology levels were associated with younger maternal age, an obstetrical record of more than one births and a history of abortion. Results additionally showed a connection between the requirement for a psychiatric referral—based on the levels of symptomatology recorded through the psychometric assessment and a clinical interview—and currently running the earlier stages (weeks) of pregnancy.

**Conclusion**

Our revised proposed prenatal screening protocol for depression and stress suggests an amplified follow-up assessment including all pregnant women scoring high in both depression and in perceived stress, regardless of previous history of prenatal depression or of suicidality, to detect earlier or less manifest expressions of distress during pregnancy, in vulnerable perinatal populations. (Author)

---

**2024-01139**

**Mental Health Services: Women [written answer].** House of Commons (2024), Hansard Written question 10169, 17 January 2024

Maria Caulfield responds to a written question from Rachael Maskell to the Secretary of State for Health and Social Care, regarding what steps her Department is taking to ensure that mental health services are accessible to women in all regions. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2024-01-17/10169>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00945**

**A review and analysis of the components of potentially effective perinatal mental health interventions for infant development and mother-infant relationship outcomes.** Newton K, Taylor Buck E, Weich S, et al (2022), Development and Psychopathology vol 34, no 1, February 2022, pp 37-54

Children of mothers with serious mental health difficulties are at increased risk of developing mental health difficulties themselves in their own lifetime. Specialist interventions delivered in perinatal mental health services offer an opportunity to support the infant's development and long-term mental health. This review aimed to systematically evaluate the shared elements of successful perinatal mental health interventions that underpin improved outcomes for infants whose mothers experience perinatal mental health difficulties. Nine electronic databases were searched comprehensively for relevant controlled studies of perinatal mental health interventions, and a narrative synthesis undertaken to assess whether statistically significant benefits were noted. Sixteen studies, trialing 19 interventions, were analyzed using a narrative approach and grouped according to reported effectiveness. Eight interventions demonstrated significant improvements in infant outcomes and/or mother-infant relationship outcomes and were used to inform the analysis of the included interventions' components. While the interventions identified were diverse, there were common components which potentially underpin successful interventions for infants whose mothers are experiencing mental health difficulties, including: facilitation of positive Mother×Infant interactions; helping mothers to understand their infant's perspective or inner world; and the use of video feedback. (Author)

---

**2024-00941**

**'The left hand doesn't know what the right is doing': the barriers to UK maternal mental healthcare.** Demming A (2024), The Observer 20 January 2024

Mental health problems affect up to 20% of new mothers, but provision of mother-and-baby support is patchy. (Author)

**Full URL:** <https://www.theguardian.com/society/2024/jan/20/maternal-mental-health-care-nhs-postpartum-psychosis-depression-mother-baby-unit>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-00934

**Identification of depression and anxiety during pregnancy: A systematic review and meta-analysis of test accuracy.** Rondung E, Massoudi P, Nieminen K, et al (2024), *Acta Obstetrica et Gynecologica Scandinavica* vol 103, no 3, March 2024, pp 423-436

## Introduction

Depression and anxiety are significant contributors to maternal perinatal morbidity and a range of negative child outcomes. This systematic review and meta-analysis aimed to review and assess the diagnostic test accuracy of selected screening tools (Edinburgh Postnatal Depression Scale [EPDS], EPDS-3A, Patient Health Questionnaire [PHQ-9]-, PHQ-2, Matthey Generic Mood Question [MGMQ], Generalized Anxiety Disorder scale [GAD-7], GAD-2, and the Whooley questions) used to identify women with antenatal depression or anxiety in Western countries.

## Material and methods

On January 16, 2023, we searched 10 databases (CINAHL, Cochrane Library, CRD Database, Embase, Epistemonikos, International HTA Database, KSR Evidence, Ovid MEDLINE, PROSPERO and PsycINFO); the references of included studies were also screened. We included studies of any design that compared case-identification with a relevant screening tool to the outcome of a diagnostic interview based on the Diagnostic and Statistical Manual of Mental Disorders, fourth or fifth edition (DSM-IV or DSM-5), or the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10). Diagnoses of interest were major depressive disorder and anxiety disorders. Two authors independently screened abstracts and full-texts for relevance and evaluated the risk of bias using QUADAS-2. Data extraction was performed by one person and checked by another team member for accuracy. For synthesis, a bivariate model was used. The certainty of evidence was assessed using Grading of Recommendations Assessment, Development and Evaluation (GRADE). Registration: PROSPERO CRD42021236333.

## Results

We screened 8276 records for eligibility and included 16 original articles reporting on diagnostic test accuracy: 12 for the EPDS, one article each for the GAD-2, MGMQ, PHQ-9, PHQ-2, and Whooley questions, and no articles for the EPDS-3A or GAD-7. Most of the studies had moderate to high risk of bias. Ten of the EPDS articles provided data for synthesis at cutoffs  $\geq 10$  to  $\geq 14$  for diagnosing major depressive disorder. Cutoff  $\geq 10$  gave the optimal combined sensitivity (0.84, 95% confidence interval [CI]: 0.75–0.90) and specificity (0.87, 95% CI: 0.79–0.92).

## Conclusions

Findings from the meta-analysis suggest that the EPDS alone is not perfectly suitable for detection of major depressive disorder during pregnancy. Few studies have evaluated the other instruments, therefore, their usefulness for identification of women with depression and anxiety during pregnancy remains very uncertain. At present, case-identification with any tool may best serve as a complement to a broader dialogue between healthcare professionals and their patients. (Author)

**Full URL:** <https://doi.org/10.1111/aogs.14734>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-00923

**Global prevalence of perinatal depression and anxiety during the COVID-19 pandemic: An umbrella review and meta-analytic synthesis.** Caffieri A, Gómez-Gómez I, Barquero-Jimenez C, et al (2024), *Acta Obstetrica et Gynecologica Scandinavica* vol 103, no 2, February 2024, pp 210-224

#### Introduction

The prevalence of depression and anxiety symptoms in pregnant and postpartum women during the COVID-19 pandemic was assessed by several systematic reviews (SRs) and meta-analyses which provided contrasting and different results. We aimed to summarize the evidence relating to the global prevalence of anxiety and depression among pregnant and postpartum women during the COVID-19 pandemic.

#### Material and methods

An umbrella review of SRs and meta-analyses was performed. Searches were conducted in electronic databases up to April 2023. SRs and meta-analyses reporting the prevalence of perinatal anxiety and depression during the COVID-19 pandemic were selected for eligibility. Primary studies extracted from eligible meta-analyses were included in the quantitative synthesis. The research protocol was registered on PROSPERO (CRD42020173125).

#### Results

A total of 25 SRs (198 primary studies) and 12 meta-analyses (129 primary studies) were included in the qualitative and quantitative synthesis, respectively. Studies involved data from five continents and 45 countries. The pooled prevalence of antenatal and postpartum depression was 29% (n = 55; 95% CI: 25%–33%) and 26% (n = 54; 95% CI: 23%–30%), respectively. In the case of anxiety, the pooled antenatal and postnatal prevalence was 31% (n = 44; 95% CI: 26%–37%; n = 16; 95% CI: 24%–39%). Differences emerged between continents, with Africa having the highest prevalence of perinatal depression and Oceania and Europe having the highest prevalence of antenatal and postnatal anxiety. The prevalence also varied depending on the assessment tools, especially for antenatal anxiety. A medium-high quality of the studies was observed. One SR assessed strength-of-evidence, reporting very low strength.

#### Conclusions

During the COVID-19 pandemic, depression and anxiety were common, affecting almost one in three perinatal women globally. A high heterogeneity and a risk of publication bias were found, partially due to the variety of assessment tools and cut-offs. The results may not be generalized to minorities. Studies on the prevalence of clinical diagnoses are needed. Based on our results it is not possible to firmly affirm that the COVID-19 pandemic was the main factor that directly increased perinatal depression and anxiety during the past few years. Future studies should study other factors' impact. (Author)

**Full URL:** <https://doi.org/10.1111/aogs.14740>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00887**

**Perinatal mental health screening for women of refugee background: Addressing a major gap in pregnancy care.** Willey SM, Gibson ME, Blackmore R, et al (2024), *Birth* vol 51, no 1, March 2024, pp 229-241

#### Background

Perinatal mental health disorders affect up to 20% of all women. Women of refugee background are likely to be at increased risk, yet little research has explored this. This study aimed to assess if women of refugee background are more likely to screen risk positive for depression and anxiety than non-refugee women, using the Edinburgh Postnatal Depression Scale (EPDS); and if screening in pregnancy using the EPDS enables better detection of depression and anxiety symptoms in women of refugee background than routine care.

#### Methods

This implementation study was conducted at an antenatal clinic in Melbourne, Australia. Women of refugee and non-refugee backgrounds were screened for depression using English or translated versions of the EPDS and a psychosocial assessment on a digital platform. The psychosocial assessment records of 34 women of refugee background receiving routine care (no screening) were audited.

#### Results

Overall, 274 women completed the EPDS; 43% of refugee background. A similar proportion of women of refugee and non-refugee backgrounds had EPDS scores of  $\geq 9$  (39% vs. 40%  $p = 0.93$ ). Women receiving the combined EPDS and psychosocial screening were more likely to receive a referral for further support than women receiving routine care (41% vs. 18%,  $p = 0.012$ ).

#### Conclusion

Similarly, high proportions of women of refugee and non-refugee backgrounds were at increased risk of experiencing a current depressive disorder in early pregnancy, suggesting pregnancy care systems should acknowledge and respond to the mental health needs of these women. Screening appeared to facilitate the identification and referral of women compared to routine care. (Author)

**Full URL:** <https://doi.org/10.1111/birt.12782>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00853**

**Validation of the anxiety subscale of the Spanish version of the Edinburgh Postnatal Depression Scale (EPDS-A).** Gomà M, Gordo L, Cozodoy E, et al (2023), *Frontiers in Global Women's Health* 11 December 2023, online

Introduction: There is a need to implement routine perinatal mental health screening in Spain. Therefore, it is necessary to systematise the detection of depressive and anxious symptoms in pregnancy and postpartum using the same instrument. The Edinburgh Postnatal Stress Depression Scale (EPDS) is frequently used as a rapid, effective and cross-culturally validated screening tool for perinatal depression. In several countries, an Anxiety subscale, the EPDS-A, was identified within the EPDS. Although the factorial structure of the EPDS has been investigated in Spanish population, the EPDS-A has not yet been validated. This study aimed to validate the EPDS-A as a measure of perinatal anxiety in Spanish population.

Methods: 161 women were evaluated with the EPDS and the State-Trait Anxiety Inventory (STAI) during pregnancy and postpartum. Confirmatory factor analysis (CFA) was used to confirm the trifactorial structure of the EPDS, comprising the dimensions of Depression, Anhedonia and Anxiety. Likewise, the invariance of the trifactorial model between pregnancy and postpartum was tested. Finally, the correlations between the EPDS-A and the STAI subscales (State Anxiety and Trait Anxiety) were calculated.

Results: The Exploratory factor analysis (EFA) driven three-factor structure of the EPDS, consisting of an Anhedonia factor (Items 1, 2, and 10), an Anxiety factor (Items 3, 4, 5, and 6) and a Depression factor (Items 7, 8, and 9), was the best measurement model for the current data compared to the alternative model tested [ $\chi^2 = 34.592$ ,  $df = 32$ ,  $p = 0.34$ ;  $\chi^2/df = 1.08$ ; RMSEA = 0.023, 90% Confidence Interval [CI] [0.000, 0.064], CFI = 0.996, GFI = 0.960]. The model's invariance between pregnant and postpartum women was confirmed. The existence of an Anxiety subscale within the EPDS was also confirmed. The scores obtained with the EPDS-A correlated moderately with scores on both subscales of the STAI during pregnancy and after delivery. Using the STAI as a criterion and prioritising the instrument's sensitivity, a cut-off point of 4 points was established for the EPDS-A.

Conclusion: Our results confirm the trifactorial structure of the EPDS in Spanish population. The Anxiety subscale was validated for routine perinatal mental health screening. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2023.1294206>

---

**2024-00827**

**Mental illness stigma among perinatal women in low- and middle-income countries: early career psychiatrists' perspective.**

Pokharel A, Philip S, Khound M, et al (2023), *Frontiers in Global Women's Health* 5 December 2023, online

This article is a opinion piece and review into the stigma of mental illness among perinatal women in low- and middle-income countries from the perspective of an early career psychiatrists. (JM2)

Full URL: <https://doi.org/10.3389/fpsy.2023.1283715>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00768**

**The impact of fetal surgical procedures on perinatal anxiety and depression.** Liseth O, Weng J, Schenone M, et al (2024), American Journal of Obstetrics & Gynecology MFM vol 6, no 1, January 2024, 101244

#### BACKGROUND

Perinatal mental illness presents a significant health burden to both patients and families. Many factors are hypothesized to increase the incidence of perinatal depression and anxiety in the fetal surgical population, including uncertain fetal prognosis and inherent risks of surgery and preterm delivery.

#### OBJECTIVE

This study aimed to determine the incidence and disease course of postpartum depression and anxiety in the fetal surgery population.

#### STUDY DESIGN

A retrospective medical record review study was conducted of fetal surgery patients delivering between November 2016 and November 2021 at an academic level IV perinatal healthcare center. Demographics and surgical, obstetrical, and psychiatric diagnoses were abstracted. Standard descriptive analyses were performed.

#### RESULTS

Eligible patients were identified (N=119). Fetal surgery was performed at a mean gestational age of 22.8 weeks (standard deviation, 4.11). Laser ablation of placental anastomoses (n=51) and in utero myelomeningocele repair (n=22) were the most common procedures. Of 119 patients, 34 (28.6%) were diagnosed with preexisting depression or anxiety, with 19 (55.9%) and 17 (50.0%) on baseline medication for depression or anxiety, respectively, before surgery. Of 85 patients, 23 (27.1%) without a history of anxiety or depression had new identification of one or both after delivery. Of note, 2 patients experienced suicidal ideation after delivery. Of the 119 patients, 8 (6.7%) and 12 (10.1%) initiated a new psychiatric medication during or after pregnancy, respectively, and 19 (16.0%) received a therapy referral. Among patients with baseline anxiety or depression, 20 of 34 patients (58.8%) experienced an exacerbation after delivery, 9 of 34 patients (26.5%) were referred for therapy, 9 of 34 patients (26.5%) were changing dose or medication for anxiety, and 11 of 34 patients (32.4%) were changing dose or medication for depression. Of the 119 patients, 24 (20.2%) experienced new or worsening depression or anxiety after the standard 6-week postpartum visit.

#### CONCLUSION

Among patients undergoing fetal surgery, a high incidence of postpartum depression and anxiety was identified, with most patients with prepregnancy anxiety or depression experiencing exacerbation after delivery. The timeframe to clinical presentation with depression or anxiety symptoms may be delayed beyond the traditional 6-week postpartum period and into the first postpartum year. This observation could be attributed to de novo postpartum exacerbation or a lack of standardized treatment approaches earlier in the disease course or antepartum period. Understanding effective longitudinal supportive interventions is an essential next step. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2024-00755

**Prenatal maternal cortisol, stress and anxiety, and childhood obesity at 5 years: a nested case–control study.** Matvienko-Sikar K, Butler E, O' Keeffe L, et al (2023), Journal of Reproductive and Infant Psychology 29 November 2023, online

### Background

Paediatric obesity is a global public health issue. Prenatal maternal mental health is potentially implicated in the development of childhood obesity. This study examined associations between prenatal maternal cortisol, self-reported stress, anxiety and depression in the second trimester, and childhood overweight and obesity at 5 years of age.

### Methods

A nested case–control study was conducted using data from the Irish prospective longitudinal birth cohort SCOPE BASELINE. Cases were children with overweight or obesity, operationalised as having a BMI z-score above +2 standard deviations. Controls were children with a BMI z-score between –0.5 and 0.5 standard deviations at 5 years of age. Two to one matching by sex was conducted. Thirty-eight cases and 83 sex-matched controls were included. Maternal serum cortisol concentration and self-reported stress, anxiety and depression were measured at  $15 \pm 1$  and  $20 \pm 1$  weeks gestation. Conditional logistic regression analyses were conducted to examine associations between prenatal maternal cortisol and self-reported stress, anxiety and depression, and childhood overweight and obesity.

### Results

Despite some evidence for associations between anxiety and depression, and child BMI z-scores in univariate analyses, adjusted models indicated no associations between prenatal maternal stress (OR: 1.02, 95% CI: 0.94–1.12), anxiety (OR: 1.03, 95% CI: 0.97–1.09), depression (OR: 1.04, 95% CI: 0.91–1.19), or cortisol concentration (OR: 0.99, 95% CI: 0.99–1.00) and child BMI z-score.

### Conclusion

Our findings do not provide support for associations between foetal exposure during the second trimester of pregnancy and maternal cortisol, stress and anxiety, and childhood overweight or obesity at 5 years of age. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00720**

**Perinatal depression and risk of mortality: nationwide, register based study in Sweden.** Hagatulah N, Bränn E, Oberg AS, et al (2024), BMJ vol 384, January 2024, e075462

Objective To determine whether women with perinatal depression are at an increased risk of death compared with women who did not develop the disorder, and compared with full sisters.

Design Nationwide, register based study.

Setting Swedish national registers, 1 January 2001 to 31 December 2018.

Participants 86 551 women with a first ever diagnosis of perinatal depression ascertained through specialised care and use of antidepressants, and 865 510 women who did not have perinatal depression were identified and matched based on age and calendar year at delivery. To address familial confounding factors, comparisons were made between 270 586 full sisters (women with perinatal depression (n=24 473) and full sisters who did not have this disorder (n=246 113)), who gave at least one singleton birth during the study period.

Main outcome measures Primary outcome was death due to any cause. Secondary outcome was cause specific deaths (ie, unnatural and natural causes). Multivariable Cox regression was used to estimate hazard ratios of mortality comparing women with perinatal depression to unaffected women and sisters, taking into account several confounders. The temporal patterns of perinatal depression and differences between antepartum and postpartum onset of perinatal depression were also studied.

Results 522 deaths (0.82 per 1000 person years) were reported among women with perinatal depression diagnosed at a median age of 31.0 years (interquartile range 27.0 to 35.0) over up to 18 years of follow-up. Compared with women who did not have perinatal depression, women with perinatal depression were associated with an increased risk of death (adjusted hazard ratio 2.11 (95% confidence interval 1.86 to 2.40)); similar associations were reported among women who had and did not have pre-existing psychiatric disorder. Risk of death seemed to be increased for postpartum than for antepartum depression (hazard ratio 2.71 (95% confidence interval 2.26 to 3.26) v 1.62 (1.34 to 1.94)). A similar association was noted for perinatal depression in the sibling comparison (2.12 (1.16 to 3.88)). The association was most pronounced within the first year after perinatal depression but remained up to 18 years after start of follow up. An increased risk was associated with both unnatural and natural causes of death among women with perinatal depression (4.28 (3.44 to 5.32) v (1.38 (1.16 to 1.64))), with the strongest association noted for suicide (6.34 (4.62 to 8.71)), although suicide was rare (0.23 per 1000 person years).

Conclusions Even when accounting for familial factors, women with clinically diagnosed perinatal depression were associated with an increased risk of death, particularly during the first year after diagnosis and because of suicide. Women who are affected, their families, and health professionals should be aware of these severe health hazards after perinatal depression. (Author)

Full URL: <https://doi.org/10.1136/bmj-2023-075462>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00706**

**General practitioner perceptions and experiences of managing perinatal mental health: a scoping review.** Frayne J, Seddon S, Lebedevs T, et al (2023), BMC Pregnancy and Childbirth vol 23, no 832, December 2023

#### Background

General Practitioners (GPs) are involved in preconception, pregnancy, and postnatal care. Overall, mental health remains a significant contributor to disease burden affecting 1 in 4 pregnant women. Psychotropic medication prescribing occurs in almost 1 in 12 pregnancies, and appears to be increasing, along with the prevalence of mental health disorders in women of reproductive age. Perinatal mental health management is therefore not an unlikely scenario within their clinical practice. This scoping review aims to map current research related to GPs perceptions and experiences of managing perinatal mental health.

#### Method

A comprehensive search strategy using nine electronic databases, and grey literature was undertaken between December 2021 and February 2023. Relevant studies were sourced from peer review databases using key terms related to perinatal mental health and general practitioners. Search results were screened on title, abstract and full text to assess those meeting inclusion criteria and relevance to the research question.

#### Results

After screening, 16 articles were included in the scoping review. The majority focused on perinatal depression. Findings support that GPs express confidence with diagnosing perinatal depression but report issues of stigma navigating a diagnosis. Over the last two decades, prescribing confidence in perinatal mental health remains variable with concerns for the safety profile of medication, low level of confidence in providing information and a strong reliance on personal experience. Despite the establishment of perinatal guidelines by countries, the utilisation of these and other existing resources by GPs appears from current literature to be infrequent. Many challenges exist for GPs around time pressures, a lack of information and resources, and difficulty accessing referral to services.

#### Conclusion

Recommendations following this scoping review include targeted perinatal education programs specific for GPs and embedded within training programs and the development of practice guidelines and resources specific to general practice that recognises time, services, and funding limitations. To achieve this future research is first needed on how guidelines and resources can be developed and best delivered to optimise GP engagement to improve knowledge and enhance patient care. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-06156-6>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00591**

**Mode of birth and long-term maternal mental health: A follow-up study in the Danish National Birth Cohort.** Hjorth S, Skov SK, Kirkegaard H, et al (2023), Birth 11 December 2023, online

#### Background

Cesarean birth has been associated with increased risks of short-term mental health problems. Little is known about whether these associations persist in the long term. This study aimed to estimate the associations between mode of birth and maternal mental health in midlife while considering mental health before and during pregnancy.

#### Methods

Cohort study among mothers in the Danish National Birth Cohort. Birth mode for each woman's entire reproductive history was obtained from Danish national registries. Symptoms of depression and stress in midlife were self-reported using validated scales. Log binomial regression was used to calculate risk ratios (RR) with 95% confidence intervals (CI) for the association between birth mode and depressive symptoms. Linear regression was used to calculate mean difference in stress score by birth mode.

#### Results

Among 42,872 women, 15.5% reported depressive symptoms at follow-up, where they were, on average, 43.9 years and 11.2 years after their last birth. Compared with women who only ever had spontaneous vaginal births, women who only had cesarean births, or had both cesarean and vaginal births with the last birth by cesarean, reported slightly more symptoms of depression (RR 1.10, 95% CI 1.01;1.20) and stress (mean difference 0.68 on a 100-point scale, 95% CI 0.10;1.26).

#### Conclusion

Whether due to the birth experience or underlying factors, depression and stress in midlife were more frequent in women with only cesarean births or whose last birth was by cesarean compared with women with vaginal births. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00584**

**The prevalence of perinatal mental health disorders and psychosocial characteristics of women in Malta: A cross-sectional study.** Buhagiar R, Bettenzana K, Grant KA (2024), Birth 11 January 2024, online

#### Background

Perinatal mental health disorders (PMHDs) are associated with a myriad of negative outcomes for women, infants, and the rest of the family unit. Understanding the prevalence of these conditions is important to guide prevention and treatment pathways. Indeed, the burden of PMHDs has been studied in many countries, but for Malta, an island with an annual birth rate of 4500 births, this burden is still to be determined. The main objective of this study was to address this gap, determine the prevalence of PMHDs among postpartum women in Malta, and study associated psychosocial determinants for this population.

#### Methods

A cross-sectional epidemiological study was conducted between March and April 2022 to determine the point prevalence of postpartum PMHDs in Malta. A representative, random sample of 243 postnatal mothers were recruited and screened for mental health issues using a two stage approach incorporating symptom scales and a diagnostic interview.

#### Results

The point prevalence of postnatal PMHDs in Malta, according to a diagnostic interview, was found to be 21.4%. Anxiety disorders were the most prevalent conditions (16.8%), followed by obsessive-compulsive disorder (6.1%) and borderline personality disorder (5.6%), respectively. A higher rate of 32.1% was identified with self-report measures.

#### Conclusions

PMHDs are highly prevalent, affecting approximately 20% of women in Malta across the first postnatal year. The value of this finding accentuates the need for service availability and the implementation of perinatal mental health screening programs.

(Author)

---

**2024-00489**

**Family Hubs: Pregnancy [written answer].** House of Commons (2024), Hansard Written question 8478, tabled on 8 January 2024

David Johnston responds to a written question from Rachael Maskell to the Secretary of State for Education, regarding whether she will take steps to help ensure that family hubs provide therapeutic interventions to pregnant mothers who are at risk of having their baby removed. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2024-01-08/8478>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2024-00471

**Impact of trauma, support, and control perceptions during childbirth on post-traumatic stress disorder among Syrian immigrant adolescent pregnant women.** Cevik A, Aksut Akcay E, Gozuyesil E, et al (2023), Midwifery vol 127, December 2023, 103870

#### Objective

The probability of experiencing mental health problems in the perinatal period is high for adolescent women. Immigration is a complicated phenomenon that increases the risk of encountering temporary or permanent psychological problems. This study aims to determine Syrian immigrant adolescent women's support and control perception levels during childbirth, birth trauma levels, and posttraumatic stress disorder incidence and affecting factors.

#### Methods

This study used a prospective cohort design and was conducted in a hospital in Adana, a city in southern Turkey, between February and April 2022. It included 122 Syrian adolescent immigrant women, and data were collected in two interviews. While the first interview was conducted within the first 24 hours following birth, the second interview was conducted one month after birth. Data were collected through structured interviews using standardized questionnaires, including the Personal Information Form, the City Birth Trauma Scale, the Support and Control in Birth Scale, and the Post-traumatic Stress Disorder Checklist for DSM-5.

#### Findings

The average age of participating women was  $17.40 \pm 0.94$ . The participants' Perceived Support and Control in Birth Scale total score was  $100.55 \pm 20.12$ , the City Birth Trauma Scale total score was  $43.11 \pm 13.29$ , and the Post-traumatic Stress Disorder Checklist total score was  $30.36 \pm 16.86$ . Of all the participating women, 26% were found to have post-traumatic stress disorder symptoms in the postpartum period. A relationship was found between support and control perceptions during childbirth and post-traumatic stress disorder symptoms.

#### Conclusion

This study found that immigrant adolescent women's support and control perceptions during childbirth were better than expected, and they had a high level of perceived trauma during childbirth. The presence of birth trauma emerged as a robust predictive factor for posttraumatic stress disorder, underscoring its critical role in maternal mental health. A positive childbirth experience, which is important for all women, has become an increasing need for immigrant women. There is a need for developing and sustaining health policies guaranteeing culturally sensitive care to prevent immigrant women from having a traumatic birth experience. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2024-00374**

**Prevalence and determinants of perinatal mental disorders in women with gestational diabetes in New Zealand: Findings from a national longitudinal study.** Ohene-Agyei P, Gamble GD, Harding JE, et al (2024), *Acta Obstetrica et Gynecologica Scandinavica* vol 103, no 3, March 2024, pp 459-469

#### Introduction

Concurrent diagnosis of gestational diabetes mellitus and mental disorders is associated with adverse outcomes for mother and child, but there is limited information about prevalence or which women are at risk.

#### Material and methods

This study was a prospective cohort study of women with gestational diabetes from 10 hospitals in New Zealand who reported anxiety (6-item Spielberger State-Trait Anxiety Inventory), depression (Edinburgh Postnatal Depression Scale) and health-related quality of life (36-Item Short-Form General Health Survey) at time of gestational diabetes diagnosis (baseline), 36 weeks' gestation, and 6 months postpartum. Potential predictors were assessed using multivariable logistic regression.

#### Results

Among 414 respondents, 17% reported anxiety, 16% vulnerability to depression and 27% poor mental health-related quality of life at time of gestational diabetes diagnosis. At 36 weeks' gestation, prevalence decreased for vulnerability to depression (8%) and poor mental health-related quality of life (20%). Younger maternal age, Pacific ethnicity, previous history of gestational diabetes, and older gestational age at time of gestational diabetes diagnosis were associated with poorer mental health outcomes. At 6 months postpartum the prevalence of mental disorders did not differ from in late pregnancy and they were associated with later gestational age at time of gestational diabetes diagnosis and elevated 2-hour postprandial glucose concentrations.

#### Conclusions

Perinatal mental disorders are common at time of diagnosis among women with gestational diabetes in New Zealand and had decreased by late pregnancy and at 6 months after birth. These disorders are more common among women with specific risk factors who may therefore benefit from additional support. (Author)

**Full URL:** <https://doi.org/10.1111/aogs.14738>

---

**2024-00308**

**Pregnancy: Mental Health Services [written answer].** House of Commons (2022), Hansard Written question 7732, 19 December 2023

Maria Caulfield responds to a written question asked by Liz Twist to the Secretary of State for Health and Social Care, regarding whether she has made an estimate of the number of people accessing perinatal mental health services by NHS inclusion groups since 2017. (MB)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-12-19/7732>

---

**2024-00225**

**Perinatal mental health [written answer].** Scottish Parliament (2023), Official Report Written question S6W-23725, 8 December 2023

Maree Todd responds to a written question asked by Oliver Mundell to the Scottish Government, regarding what consideration it has given to extending the NHS perinatal treatment period to two years. (MB)

**Full URL:** <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-23725>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2024-00182**

**Update on Perinatal Mental Health Conditions.** Bernstein SL (2023), MCN - American Journal of Maternal/Child Nursing vol 48, no 6, November/December 2023, p 341

Updated information on screening for and treatment of perinatal mental health conditions has been published. Our maternity nurse expert, Dr. Bernstein, reviews the most recent evidence and clinical practice guidelines. (Author)

---

**2024-00147**

**Effectiveness of two systems-level interventions to address perinatal depression in obstetric settings (PRISM): an active-controlled cluster-randomised trial.** Byatt N, Brenckle L, Sankaran P, et al (2024), The Lancet Public Health vol 9, no 1, January 2024, pp e35-e46

#### Background

Perinatal depression is a common and undertreated condition, with potential deleterious effects on maternal, obstetric, infant, and child outcomes. We aimed to compare the effectiveness of two systems-level interventions in the obstetric setting—the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms and the PRogram In Support of Moms (PRISM)—in improving depression symptoms and participation in mental health treatment among women with perinatal depression.

#### Methods

In this cluster-randomised, active-controlled trial, obstetric practices across Massachusetts (USA) were allocated (1:1) via covariate adaptive randomisation to either continue participating in the MCPAP for Moms intervention, a state-wide, population-based programme, or to participate in the PRISM intervention, which involved MCPAP for Moms plus a proactive, multifaceted, obstetric practice-level intervention with intensive implementation support. English-speaking women (aged  $\geq 18$  years) who screened positive for depression (Edinburgh Postnatal Depression Scale [EPDS] score  $\geq 10$ ) were recruited from the practices. Patients were followed up at 4–25 weeks of gestation, 32–40 weeks of gestation, 0–3 months postpartum, 5–7 months postpartum, and 11–13 months postpartum via telephone interview. Participants were masked to the intervention; investigators were not masked. The primary outcome was change in depression symptoms (EPDS score) between baseline assessment and 11–13 months postpartum. Analysis was done by intention to treat, fitting generalised linear mixed models adjusting for age, insurance status, education, and race, and accounting for clustering of patients within practices. This trial is registered with ClinicalTrials.gov, NCT02760004.

#### Findings

Between July 29, 2015, and Sept 20, 2021, ten obstetric practices were recruited and retained; five (50%) practices were randomly allocated to MCPAP for Moms and five (50%) to PRISM. 1265 participants were assessed for eligibility and 312 (24.7%) were recruited, of whom 162 (51.9%) were enrolled in MCPAP for Moms practices and 150 (48.1%) in PRISM practices. Comparing baseline to 11–13 months postpartum, EPDS scores decreased by 4.2 (SD 5.2;  $p < 0.0001$ ) among participants in MCPAP for Moms practices and by 4.3 (SD 4.5;  $p < 0.0001$ ) among those in PRISM practices (estimated difference between groups 0.1 [95% CI  $-1.2$  to  $1.4$ ];  $p = 0.87$ ).

#### Interpretation

Both the MCPAP for Moms and PRISM interventions were equally effective in improving depression symptoms. This finding is important because the 4-point decrease in EPDS score is clinically significant, and MCPAP for Moms has a lower intensity and greater population-based reach than does PRISM.

#### Funding

US Centers for Disease Control and Prevention. (Author)

**Full URL:** [https://doi.org/10.1016/S2468-2667\(23\)00268-2](https://doi.org/10.1016/S2468-2667(23)00268-2)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2024-00142

**Perinatal Mental Health Task Force: Integrating Care Across a Pediatric Hospital Setting.** Jarvis L, Long M, Theodorou P, et al (2021), Pediatrics vol 148, no 6, December 2021, e2021050300

Perinatal mood and anxiety disorders (PMADs) are the most common complication of childbirth, with suicide a leading cause of postpartum deaths. PMADs are associated with poor maternal, infant, and family outcomes. Identification and early intervention are imperative for successful treatment. This case study describes the implementation and outcomes of a multidisciplinary Perinatal Mental Health Task Force (“Task Force”) at one urban academic children’s hospital that was created to promote systems change and health care policy solutions for improved identification and treatment of PMADs. Using the social ecological model as a framework, the Task Force addressed care at the individual, interpersonal, organizational, community, and policy levels. The Task Force applied lessons learned from division-specific screening initiatives to create best practices and make hospital-wide recommendations. This foundational work enabled us to build community bridges and break down internal barriers to shift our pediatric hospital toward prioritizing perinatal mental health. As a result, screening expanded to multiple hospital locations and became a hospital corporate goal, the Perinatal Mental Health Screening Tool Kit was created and disseminated within the community, Task Force members testified in governmental hearings and joined national organizations to inform policy, and Task Force and community collaborations resulted in significant grant funding. Lessons learned have been disseminated nationally. Moving forward, we aim to expand our program and partnerships to ensure that caregivers of infants receive appropriate mental health support to strengthen family well-being. The Task Force can serve as a model for advocates looking to expand and integrate PMAD care. (Author)

---

## 2024-00016

**Systematic Screening for Perinatal Anxiety and why it Matters.** Johnston C, Fairbrother N, Butska L, et al (2024), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 46, no 2, February 2024, 102240

In this research letter, we discuss the challenges, implications and opportunities for action when assessing and reporting perinatal mental health conditions, in particular anxiety disorders (ADs). We present a case study from British Columbia (BC) to explore the challenges and potential inaccuracies that can arise when mental health difficulties are recorded inconsistently on perinatal records and in perinatal databases, rather than systematically using valid and reliable measures. (Author)

---

## 2023-13562

**Mental Health Services: Pregnancy [written answer].** House of Commons (2023), Hansard Written question 6685, 12 December 2023

Maria Caulfield responds to a written question asked by Abena Oppong-Asare to the Secretary of State for Health and Social Care, regarding what assessment she has made of the adequacy of maternal mental health services; and what steps she is taking to improve mental health services for women (a) during pregnancy, (b) post-pregnancy and (c) in cases of baby loss or birth trauma. (MB)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-12-12/6685>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-13551**

**The Better Start Bradford Perinatal Support Service Peer – Support Changing Lives.** Brown A, James K (2023), The Practising Midwife vol 26, no 11, December 2023, pp 37-39

Better Start Bradford (BSB) is one of five 'A Better Start' programmes in England set up and funded by The National Lottery Community Fund. Sister sites are in Southend, Blackpool, Lambeth and Nottingham.

Our aim is to improve the life chances of babies and very young children in the three most deprived wards in Bradford by changing the way services are commissioned and delivered, involving parents as equal partners.

In partnership with parents, we are developing and testing ways to improve children's diet and nutrition, social and emotional development, speech, language and communication.

As well as this, we aim to bring about systems change – change, for the better, the way that local health, public services and the voluntary and community sector work together with parents to improve outcomes for children.

We are finding out what works so we can share it to promote wider change. To do this we have commissioned and set up over 20 individual projects during the eight years which the programme has run and we are evaluating their impact with colleagues at Born In Bradford. The perinatal support service is one of these projects. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-13205

**Psychological distress in pregnancy and postpartum: a cross-sectional study of Babol pregnancy mental health registry.** Barat S, Ghanbarpour A, Mirtabar SM, et al (2023), BMC Pregnancy and Childbirth vol 23, no 793, November 2023

### Background

Psychological distress (PD) is a significant issue during pregnancy and postpartum, adversely affecting both children and mothers. This study aims to determine PD's prevalence and risk factors in a large Iranian population sample during pregnancy and postpartum.

### Methods

A cross-sectional study was conducted using data from the Babol Pregnancy Mental Health Registry (located in the north of Iran) between June 2020 and March 2021. A total of 2305 women were included, with 1639 during pregnancy and 666 during postpartum. Psychological distress was assessed using the Brief Symptoms Inventory (BSI-18), and data were analyzed using independent t-tests and multiple logistic regressions.

### Results

The prevalence of psychological distress, defined by a cut-off score of BSI  $\geq 13$ , was 19% during pregnancy and 15% during postpartum. Multivariate logistic analysis revealed that high-risk pregnancy was the leading risk factor for psychological distress during the antenatal period ( $\beta = 1.776$ ,  $P < 0.001$ ), as well as its three subscales: somatization ( $\beta = 1.355$ ,  $P = 0.019$ ), anxiety symptoms ( $\beta = 2.249$ ,  $P < 0.001$ ), and depressive symptoms ( $\beta = 1.381$ ,  $P = 0.028$ ). Additionally, women with a gestational age  $< 20$  weeks had a higher risk of psychological distress ( $\beta = 1.344$ ,  $P = 0.038$ ) and the somatization subscale ( $\beta = 1.641$ ,  $P < 0.001$ ). During the postpartum period, women residing in urban areas were at higher risk of psychological distress ( $\beta = 1.949$ ,  $P = 0.012$ ), as well as two subscales: anxiety symptoms ( $\beta = 1.998$ ,  $P = 0.012$ ) and depressive symptoms ( $\beta = 1.949$ ,  $P = 0.020$ ).

### Conclusion

The high prevalence of psychological distress emphasizes detecting and treating PD during pregnancy and postpartum, particularly in women with high-risk pregnancies. This study suggests that obstetricians and midwives should implement programs to identify women experiencing psychological distress during early pregnancy through postpartum visits. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-06024-3>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-13122**

**Prevalence of Perinatal Anxiety and Related Disorders in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis.** Mitchell AR, Gordon H, Atkinson J, et al (2023), JAMA Network Open vol 6, no 11, November 2023, e2343711

Importance Anxiety disorders are associated with poor maternal and neonatal outcomes. Women in low- and middle-income countries (LMICs) are thought to be disproportionately burdened by these disorders, yet their prevalence is unclear.

Objective To conduct a systematic review and meta-analysis to determine the prevalence of 6 anxiety and related disorders among perinatal women in LMICs.

Data Sources Embase, MEDLINE, PsycINFO, Cochrane Library, CINAHL, and Web of Science databases were searched from inception until September 7, 2023.

Study Selection Studies conducted in World Bank–defined LMICs and reporting prevalence of generalized anxiety disorder, obsessive-compulsive disorder, social anxiety disorder, posttraumatic stress disorder, panic disorder, or adjustment disorder during the perinatal period (conception to 12 months post partum) using a validated method were included.

Data Extraction and Synthesis This study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses reporting guideline. Study eligibility, extracted data, and risk of bias of included studies were assessed by 2 independent reviewers. Random-effects meta-analysis was used to estimate pooled point prevalence. Subgroup analyses were performed by specific anxiety disorder.

Main Outcomes and Measures Main outcomes were prevalence estimates of each anxiety disorder, measured as percentage point estimates and corresponding 95% CIs.

Results At total of 10 617 studies were identified, 203 of which met the inclusion criteria and reported the outcomes of 212 318 women from 33 LMICs. Generalized anxiety disorder was the most reported (184 studies [90.6%]) and most prevalent disorder at 22.2% (95% CI, 19.4%-25.0%; n = 173 553). Posttraumatic stress disorder was the second most prevalent (8.3%; 95% CI, 5.0%-12.2%; 33 studies; n = 22 452). Adjustment disorder was least prevalent (2.9%; 95% CI, 0.0%-14.1%; 2 studies; n = 475). The prevalence of generalized anxiety varied by country income status, with the highest prevalence among lower-middle–income countries (27.6%; 95% CI, 21.6%-33.9%; 59 studies; n = 25 109), followed by low-income (24.0%; 95% CI, 15.3%-33.8%; 11 studies; n = 4961) and upper-middle–income (19.1%; 95% CI, 16.0%-22.4%; 110 studies; n = 138 496) countries.

Conclusions and Relevance These findings suggest that 1 in 5 women living in LMICs experience anxiety disorders during pregnancy and post partum. Targeted action is needed to reduce this high burden. (Author)

Full URL: <https://doi.org/10.1001/jamanetworkopen.2023.43711>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-13119**

**Improving perinatal depression screening and management: results from a federally qualified health center.** Bruneley TL, Zhang X (2022), Journal of Public Health vol 44, no 4, December 2022, pp 910–917

#### Introduction

Perinatal depression affects 8.5–20% of women. In a systematic review 22% of women with a positive depression screen use mental health services. The objective of this study was to examine the effectiveness of on-site management in the perinatal setting and barriers to care.

#### Methods

This is a retrospective chart review of 1042 women who received perinatal care between 1 January to 31 December 2019. Primary outcome was percentage of patients who were assessed after a positive depression screen. The secondary outcome was to determine factors affecting patients' receptiveness to assessment/treatment.

#### Results

9.52% of women screened positive. Sixty-two (63.9%) met with an on-site social worker for assessment, 6 (6.2%) misunderstood the screening questions, and 33 (34.0%) met criteria for depression. Of those, 9 (27.3%) attended at least one follow-up, 8 (24.2%) were referred to or already in care, 7 (21.2%) no-showed, and 9 (27.3%) declined further care. English speaking patients were more likely to meet with a social worker for diagnostic assessment (69.9% versus 45.8%,  $P = 0.033$ ).

#### Conclusion

On-site management of a positive depression screen yielded a follow-up rate of 64% versus 49% in other studies. Non-English language may be a barrier to accessing mental health care. (Author)

**Full URL:** <https://doi.org/10.1093/pubmed/fdab317>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-13112**

**Suicidal ideation in the perinatal period: findings from the Thailand–Myanmar border.** Fellmeth G, Nosten S, Khirikoekkong N, et al (2022), *Journal of Public Health* vol 44, no 4, December 2022, pp e514–e518

#### Background

Suicide is a leading cause of maternal death globally. Migrant and refugee populations may experience higher risk of suicide. We report data on suicidal ideation from migrant and refugee women living on the Thailand–Myanmar border.

#### Methods

Women were recruited in their first trimester of pregnancy. Depression status was assessed by diagnostic interview in the first, second and third trimesters and at 1 month post-partum. We calculated prevalence of suicidal ideation and used logistic regression to identify associated socio-demographic factors.

#### Results

During the perinatal period, 5.3% (30/568) women experienced suicidal ideation. Refugee women were more likely to experience suicidal ideation than migrant women (8.0 versus 3.1%;  $P = 0.01$ ). Most women with suicidal ideation did not have severe depression. Previous trauma (OR 2.32; 95% CI: 1.70–3.15) and unplanned pregnancy (OR 2.74; 95% CI: 1.10–6.86) were significantly associated with suicidal ideation after controlling for all other variables.

#### Conclusions

Suicidal ideation represents an important symptom among migrant and refugee women on the Thailand–Myanmar border. Screening only those with severe depression may be insufficient to identify women at risk of suicide. Community-level interventions addressing social and gender inequalities and prioritization of family planning programmes are needed alongside targeted suicide prevention initiatives to help lower the rates of people dying by suicide. (Author)

**Full URL:** <https://doi.org/10.1093/pubmed/fdab297>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2023-13081

**Perinatal mental health in India: protocol for a validation and cohort study.** Fellmeth G, Kishore MT, Verma A, et al (2021), Journal of Public Health vol 43, suppl 2, October 2021, pp ii35–ii42

### Background

Common mental disorders (CMD) are among the largest contributors to global maternal morbidity and mortality. Although research on perinatal mental health in India has grown in recent years, important evidence gaps remain, especially regarding CMD. Our study aims to improve understanding of CMD among perinatal and non-perinatal women of reproductive age across two settings in India: Bangalore (Karnataka) and Tanda (Himachal Pradesh).

### Methods

The study is embedded within the Maternal and Perinatal Health Research Collaboration India (MaatHRI). This mixed-methods observational study comprises three consecutive phases: (i) focus group discussions and individual interviews to explore women's knowledge and seek feedback on CMD screening tools; (ii) validation of CMD screening tools; and (iii) prospective cohort study to identify CMD incidence, prevalence and risk factors among perinatal and non-perinatal women. Results of the three phases will be analyzed using inductive thematic analysis, psychometric analysis and multivariable regression analysis, respectively.

### Conclusion

Improving understanding, detection and management of CMD among women is key to improving women's health and promoting gender equality. This study will provide evidence of CMD screening tools for perinatal and non-perinatal women in two diverse Indian settings, produce data on CMD prevalence, incidence and risk factors and enhance understanding of the specific contribution of the perinatal state to CMD. (Author)

Full URL: <https://doi.org/10.1093/pubmed/fdab162>

---

## 2023-12970

**Mental Health Context for Minoritised Ethnic Individuals.** Goh K (2023), The Practising Midwife vol 26, no 10, November 2023, pp 37-39

Perinatal birthing minoritised ethnic women and people are known to suffer from poorer outcomes and are particularly disadvantaged when it comes to mental health (MH) care in the United Kingdom. This brings about the question of identifying contextual factors that contribute towards this and how they play an important role when delivering interventions. The context not only reveals the reasons behind the health inequalities that birthing minoritised ethnic women and people face directly, but also plays an essential role in shaping the experiences and needs of birthing women and people to achieve positive MH outcomes. (Author)

---

## 2023-12804

**Emotion regulation during pregnancy: a call to action for increased research, screening, and intervention.** Penner F, Rutherford HJV (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 527-531

This paper serves as a call to action for increased focus on emotion regulation during pregnancy. We make this case by summarizing the limited research to date on this topic, which has demonstrated that emotion regulation in pregnant people has important mental health, caregiving, and developmental correlates throughout the perinatal period. Given its crosscutting and modifiable nature, bolstering emotion regulation during pregnancy has the potential for considerable intergenerational consequences, and it is critical to further investigate this construct. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

### 2023-12803

**Allopregnanolone and depression and anxiety symptoms across the peripartum: an exploratory study.** Standeven LR, Osborne LM, Betz JF, et al (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 521-526

Recent research has implicated allopregnanolone (ALLO), a neuroactive steroid and metabolite of progesterone, in perinatal mood and anxiety symptoms. We sought to add to the limited literature examining ALLO and mood and anxiety at multiple time points across the peripartum. We measured mood and anxiety symptoms and ALLO levels by ELISA at the second and third trimester (T2 and T3) and week 6 postpartum (W6) in N = 73 women with prior histories of mood and/or anxiety disorders and N = 38 healthy controls. Analytic methods included multivariate and logistic regressions with linear mixed effect models. Among all participants (N = 111), higher ALLO levels at W6 were associated with higher depression and anxiety scores: each one unit increase in log ALLO at W6 was associated with a 2.54 point increase on the Edinburgh Postnatal Depression Scale (EPDS) (95% CI: 0.73 to 4.33) and an 8.0 point increase on the Perinatal Anxiety Screening Scale (PASS) (95% CI: 3.82 to 12.6). In addition, the nature of the relationship between log ALLO level and psychological measures changed across time; from T2 to W6 for EPDS,  $\beta = 3.73$  (95% CI: 1.16, 6.30),  $p = 0.0045$ ; for PASS  $\beta = 9.78$  (95% CI: 3.77, 15.79),  $p = 0.0014$ ; from T3 to W6, for (EPDS,  $\beta = 2.52$  (95% CI: 0.08, 4.96),  $p = 0.043$ ; for PASS  $\beta = 7.33$  (95% CI: 1.63, 13.02),  $p = 0.018$ ). The relationship of log ALLO to mood and anxiety symptoms was the same among women with and without psychiatric histories. Our exploratory findings indicate that the relationship between ALLO and mood and anxiety symptoms may change across the peripartum. (Author)

---

### 2023-12797

**20 years on: the legacy of Daksha Emson for perinatal psychiatry.** Dias MC, Güngör ES, Dolman C, et al (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 507-510

The tragedy of Daksha's death illustrates both the importance of perinatal mental health and the stigma associated with doctors seeking help. With this letter, we express our hope that the lasting legacy of her and others' tragic stories lies in the continuing improvement and worldwide expansion of perinatal psychiatric services and training so that those in greatest need receive the best care possible wherever — and whoever — they are. (Author)

Full URL: <https://doi.org/10.1007/s00737-021-01146-z>

---

### 2023-12796

**Psychiatric training in perinatal mental health across Europe.** Dias MC, Güngör ES, Naughton S, et al (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 501-506

Perinatal mental illness is associated with considerable maternal and infant morbidity and mortality. However, there are currently no specific guidelines on the standards and structure of postgraduate perinatal psychiatric training in Europe. We describe the characteristics of available and desired specialist perinatal psychiatry training from the perspective of European psychiatrists in training. An online survey was conducted among 34 national psychiatric trainee association representatives of the European Federation of Psychiatric Trainees (EFPT). Participants from the countries in which perinatal psychiatry training was available were invited to participate in in-depth follow-up interviews. Six countries out of 34 (18%) reported that specialist training in perinatal mental health was available (Finland, France, Germany, Ireland, Malta, and the UK). The nature of available training varied in duration, the supervision and assessment model employed, and the training scheme context. Of the 28 countries where specialist perinatal psychiatry training was unavailable, the majority of national representatives (22 countries, 76%) wanted specialist perinatal psychiatry training to be included in their national training curricula. There is a gap between the expected skills and the available training for psychiatrists to meet the mental healthcare needs of women in the perinatal period. Given the prevalence and impact of perinatal mental illness and the expressed desires of trainees themselves for specialist training, this finding should prompt urgent action. (Author)

Full URL: <https://doi.org/10.1007/s00737-022-01216-w>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-12778**

**Routine enquiry about domestic abuse: empowering midwives, good practice and compliance with the Domestic Abuse Act 2021.** Bull C (2023), MIDIRS Midwifery Digest vol 33, no 4, December 2023, pp 332-333

This article was originally a presentation, which was given at the Royal College of Midwives conference in March 2023. On average, a woman is killed every three days in the UK (Ingala-Smith 2020). The devastating impact of domestic abuse (DA) cuts across every aspect of maternity care from reproductive coercion and perinatal mental health, right through to birth choices that are not the woman's own but are dictated by a perpetrator through coercive control (Grace & Miller 2023). (Author)

**2023-12758**

**Using self-report RDoC measures to identify transdiagnostic translational targets for perinatal affective disorders.** Wenzel ES, Eisenlohr-Moul T, Nagelli U, et al (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 411-420

Perinatal depression affects 6.5–12.9% of women, with high rates in women of color and comorbid perinatal anxiety in up to 50% of cases. The Research Domain Criteria (RDoC) provides a translational framework for identifying transdiagnostic psychiatric symptoms, but its application in perinatal affective disorders (PNAD) is yet limited. Here, we identified RDoC-based transdiagnostic features of PNAD in 140 primarily low-income Black and Hispanic women at 272 total longitudinal visits across the perinatal period. Women completed RDoC self-report measures of potential threat and reward valuation—Behavioral Inhibition System/Behavioral Activation System scale (BIS/BAS) and Intolerance of Uncertainty Scale (IUS)—and measures of depression (Patient Health Questionnaire-9; PHQ-9) and anxiety (Generalized Anxiety Disorder-7; GAD-7). Longitudinal mixed effects models assessed associations of between-person (“trait-like”) and within-person (“state-like”) measures of potential threat (BIS/IUS) and reward valuation (BAS-Drive) with depression and anxiety symptoms. Higher “trait-like” BIS (standardized  $b = 2.33$ ,  $p < .001$ ) and IUS ( $b = 2.97$ ,  $p < .001$ ) scores, higher “state-like” BIS ( $b = .71$ ,  $p < .001$ ), and lower “state-like” BAS-Drive ( $b = -.58$ ,  $p = .04$ ) scores were associated with worse depressive symptoms. Higher “trait-like” BIS ( $b = 2.22$ ,  $p < .001$ ) and IUS ( $b = 2.73$ ,  $p < .001$ ) and higher “state-like” BIS scores ( $b = .92$ ,  $p < .001$ ) were associated with worse anxiety symptoms. Potential threat may be a prominent, transdiagnostic feature of perinatal anxiety and depression, whereas reward valuation may be a non-transdiagnostic, weaker feature of perinatal depression. Potential threat is important as both a “trait-like” feature that is sustained across the perinatal period and a “state-like” feature that varies within a woman across pregnancy. Grounded in RDoC, this work reveals neurobiological targets for translational research into PNAD. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-12750**

**The prevalence of borderline personality features and borderline personality disorder during the perinatal period: a systematic review and meta-analysis.** Prasad D, Kuhathasan N, de Azevedo Cardoso T, et al (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 277-289

Borderline personality disorder (BPD) is a psychiatric disorder marked by severe affective instability and poor interpersonal functioning. Existing literature has highlighted that individuals with BPD are at greater risk for a wide range of adverse physiological and psychosocial outcomes in the perinatal period compared to perinatal individuals without BPD. However, to date, no systematic review has addressed the prevalence of BPD and borderline personality features (BPF) in pregnant and postpartum individuals. A systematic review and meta-analysis was conducted by searching three databases (PubMed, PsycINFO, and Embase) on April 6th, 2021. Research articles and conference abstracts that evaluated BPF or BPD in pregnant, postpartum, or mixed perinatal populations were included. Sixteen publications were included in the systematic review (n = 14 research articles, n = 2 conference abstracts), seven of which were included in the meta-analysis. Among non-clinical samples, prevalence rates of BPF during pregnancy ranged from 6.9 to 26.7%, while rates of BPD across the perinatal period ranged from 0.7 to 1.7%. Among clinical samples, rates of BPF and BPD across the perinatal period spanned 9.7–34% and 2.0–35.2%, respectively. Results from the meta-analysis revealed that the pooled prevalence rate of BPD in clinical samples during the perinatal period is 14.0% (95% CI [7.0, 22.0]). Among clinical perinatal samples, there is a high prevalence of borderline personality pathology. This review highlights the need for appropriate validated screening methods to identify and treat BPD in the perinatal population. (Author)

---

**2023-12749**

**Burden of severe maternal peripartum mental disorders in low- and middle-income countries: a systematic review.** Kalra H, Tran T, Romero L, et al (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 267-275

Peripartum severe mental disorders (PSMDs) encompass schizophrenia, affective psychosis, and psychotic and non-psychotic forms of bipolar disorders. PSMDs are well documented in high-income countries. However, much less is known about the prevalence of PSMDs in low- and middle-income countries (LMICs). The aim was to review the available literature systematically and estimate the prevalence of PSMDs among women in LMICs. We searched the Ovid MEDLINE, Embase, PsycINFO, CINAHL and Maternity and Infant Care databases systematically from the date of inception to Dec 31, 2020, for English-language publications with data on the prevalence of PSMDs among women in World Bank-defined LMICs. Selection of studies, extraction of data and assessment of study quality were each undertaken independently by at least two of the investigators. A total of five studies (completed in three countries spanning two continents) met the inclusion criteria. Five studies reported cumulative incidence of postpartum psychosis (ranging from 1.1 to 16.7 per 1000 births). We found no studies on the prevalence of severe mental disorder during pregnancy in these settings. Marked heterogeneity in methodology precluded meta-analysis. These findings indicate that PSMDs occur at a similar prevalence in low- and middle-income to high-income countries. However overall, there is a paucity of high-quality evidence from these settings. There is a need for rigorous studies with standardized methods to increase knowledge of the nature, prevalence, and determinants of PSMDs among women in resource-constrained LMICs to inform policies, service development, program planning and health professional training. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-021-01201-9>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-12620

**A review of placenta accreta spectrum and its outcomes for perinatal mental health.** Ayalde J, Epee-Bekima M, Jansen B (2023), *Australasian Psychiatry* vol 31, no 1, February 2023, pp 73-75

### Objectives

Placenta accreta spectrum conditions are rare, life-threatening disorders of placentation encountered in the perinatal period, with lasting impacts on maternal quality of life and psychological wellbeing. Although the obstetric outcomes are well-known, further review is warranted to explore the psychological sequelae that may accompany these conditions.

### Conclusions

The occurrence of placenta accreta spectrum during pregnancy is a major life stressor that can contribute to the development of psychiatric co-morbidity including posttraumatic stress disorder, depression and anxiety disorders. Early recognition of psychological distress and symptomatic profile is recommended at all stages of perinatal care complicated by this rare spectrum of conditions. (Author)

---

## 2023-12618

**The single-item Self-Rated Mental Health Question in women with gestational diabetes mellitus.** Maguire PA, Reay RE, Nolan CJ, et al (2022), *Australasian Psychiatry* vol 30, no 4, August 2022, pp 472-475

### Objective

This study aims to explore whether the single-item Self-Rated Mental Health Question (SRMHQ) may be an indicator of the need for further mental health assessment and investigation in women with gestational diabetes mellitus (GDM).

### Method

Women with GDM (n = 159) were recruited from outpatient clinics in the Australian Capital Territory prior to a GDM information session (mean gestational age = 26, SD = 4.5). Participants were aged 20–45 (mean = 33, SD = 4.2) and completed a single-item Self-Rated Health Question (SRHQ), single-item Self-Rated Mental Health Question (SRMHQ), Kessler 10-item Psychological Distress Scale (K-10), and Edinburgh Depression Scale (EDS), as well as demographic, psychiatric, and general health items. Multiple regression was used to explore whether there was an association between SRMHQ responses and K-10 or EDS total scores.

### Results

Regression analysis revealed that the SRMHQ was a statistically significant predictor of K-10 and EDS total scores, while controlling for key potential confounders. When mental health was rated as “poor” compared to “excellent,” this was associated with an additional 12 and 9 points on K-10 and EDS total scores, respectively.

### Conclusion

The SRMHQ may have a role as an indicator of the need for further mental health assessment and investigation in women with gestational diabetes mellitus. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-12617**

**Maternal Depression and Early Parenting: A Comparison Between Culturally and Linguistically Diverse and Australian born Mothers.** Eatt J, Watson SJ, Ball HL, et al (2022), Australasian Psychiatry vol 30, no 1, February 2022, pp 119-125

**Objective:**

To examine the risk of perinatal depression, parenting stress and infant sleep practices in Australian culturally and linguistically diverse (CaLD) women.

**Method:**

Within the Mercy Pregnancy and Emotional Wellbeing Study, we examined 487 pregnant women of whom 52 were CaLD and 435 non-CaLD. Depression was measured using the Structured Clinical Interview for DSM-IV and the Edinburgh Postnatal Depression Scale. In addition, Parenting Stress Index and infant sleep measures were collected.

**Results:**

Fewer CaLD women had a depression diagnosis but there were no differences between CaLD and non-CaLD women for perinatal mental health symptoms. More mothers in the CaLD group were bed sharing with their infant during the night at six months; however, bedsharing was only associated with higher parenting stress for non-CaLD mothers.

**Conclusions:**

Findings suggest both differences in infant sleep parenting practices and in parenting stress but not general emotional wellbeing. Future research is required to replicate these findings. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-12157**

**Association of breastfeeding with mental disorders in mother and child: a systematic review and meta-analysis.** Bugaeva P, Arkusha I, Bikaev R, et al (2023), BMC Medicine vol 21, no 393, October 2023

#### Background

Breastfeeding has long been associated with numerous benefits for both mothers and infants. While some observational studies have explored the relationship between breastfeeding and mental health outcomes in mothers and children, a systematic review of the available evidence is lacking. The purpose of this study is to systematically evaluate the association between breastfeeding and mental health disorders in mothers and children.

#### Methods

We systematically searched MEDLINE and EMBASE from inception to June 2, 2023. The inclusion criteria consisted of all studies evaluating links between breastfeeding and development of mental health disorders in children and mothers. Risk of bias was assessed using the Newcastle–Ottawa Scale (NOS) while grading of Recommendations Assessment, Development and Evaluation (GRADE) was used to assess the certainty of evidence. A random-effects meta-analysis was used if possible, to estimate the odds ratio for the association between breastfeeding and mental health outcomes. The Mantel–Haenszel method was utilised for pooling ORs across studies. Study heterogeneity was assessed using the I<sup>2</sup> statistic.

#### Results

Our review identified twenty-one original study. Of these, 18 focused on the association between breastfeeding and child health, assessing depressive disorders, schizophrenia, anxiety disorders, eating disorders and borderline personality disorder. Three studies evaluated the associations between breastfeeding and maternal mental health disorders. Three studies looking at outcomes in children showed no significant association between breastfeeding and occurrence of schizophrenia later in life (OR 0.98; 95% CI 0.57–1.71; I<sup>2</sup> = 29%). For depressive disorders (5 studies) and anxiety disorders (3 studies), we found conflicting evidence with some studies showing a small protective effect while others found no effect. The GRADE certainty for all these findings was very low due to multiple limitations. Three studies looking at association between breastfeeding and maternal mental health, were too heterogeneous to draw any firm conclusions.

#### Conclusions

We found limited evidence to support a protective association between breastfeeding and the development of mental health disorders in children later in life. The data regarding the association between breastfeeding and maternal mental health beyond the postnatal period is also limited. The methodological limitations of the published literature prevent definitive conclusions, and further research is needed to better understand the relationship between breastfeeding and mental health in mothers and children. (Author)

**Full URL:** <https://doi.org/10.1186/s12916-023-03071-7>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



2023-12150

**Healthcare professionals' views on the accessibility and acceptability of perinatal mental health services for South Asian and Black women: a qualitative study.** Bains K, Bicknell S, Jovanović N, et al (2023), BMC Medicine vol 21, no 370, October 2023

## Background

Perinatal mental illness affects one third of new and expectant mothers. Individuals from ethnic minority groups experience higher rates of mental health problems and higher suicide rates. Despite this, women from ethnic minorities—Black and South Asian women in particular—are less likely to receive support from mental health services in the perinatal period. Healthcare professionals (HCPs) who have contact with women during this period have a unique perspective, and their views may provide insights to understand and remedy this health inequality. This study aimed to identify healthcare professionals' views on the current accessibility and acceptability of perinatal mental health services, and ways of improving services by addressing the barriers for these women.

## Methods

Semi-structured interviews were conducted with twenty-four healthcare professionals who work with patients in the perinatal period. Purposive sampling was used to select HCPs from a range of different professions (including mental health staff, midwifery, primary care, social care). The data were analysed using Framework Analysis.

## Results

Three main themes were identified from the data: (1) lack of awareness and understanding of perinatal mental illness and service structure in both healthcare professionals and patients; (2) patients' relationships with family, friends and healthcare professionals can both hinder and facilitate access to services; (3) healthcare professionals encourage raising awareness, flexibility, developing shared understandings and questioning assumptions to improve the accessibility and acceptability of services.

## Conclusion

Key insights into explaining and remedying the health inequalities observed between ethnic groups were proposed by healthcare professionals. Recommendations included sharing information; taking steps to ensure each woman was considered as an individual in her relationship with her culture, ethnicity and childrearing practices; and healthcare professionals addressing their possible unconscious biases through engaging in personal reflexive practices. Reasons these are currently not being implemented deserve further research, and the potential of novel roles such as peer support workers in bridging the space between ideals and practice needs further investigation. (Author)

**Full URL:** <https://doi.org/10.1186/s12916-023-02978-5>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-12087

**Cohort profile: the U-BIRTH study on peripartum depression and child development in Sweden.** Tu HF, Fransson E, Kallak TK, et al (2023), *BMJ Open* vol 13, no 11, November 2023, e072839

**Purpose** The current U-BIRTH cohort (Uppsala Birth Cohort) extends our previous cohort *Biology, Affect, Stress, Imaging and Cognition (BASIC)*, assessing the development of children up to 11 years after birth. The U-BIRTH study aims to (1) assess the impact of exposure to peripartum mental illness on the children's development taking into account biological and environmental factors during intrauterine life and childhood; (2) identify early predictors of child neurodevelopmental and psychological problems using biophysiological, psychosocial and environmental variables available during pregnancy and early post partum.

**Participants** All mothers participating in the previous BASIC cohort are invited, and mother-child dyads recruited in the U-BIRTH study are consecutively invited to questionnaire assessments and biological sampling when the child is 18 months, 6 years and 11 years old. Data collection at 18 months (n=2882) has been completed. Consent for participation has been obtained from 1946 families of children having reached age 6 and from 698 families of children having reached age 11 years.

**Findings to date** Based on the complete data from pregnancy to 18 months post partum, peripartum mental health was significantly associated with the development of attentional control and gaze-following behaviours, which are critical to cognitive and social learning later in life. Moreover, infants of depressed mothers had an elevated risk of difficult temperament and behavioural problems compared with infants of non-depressed mothers. Analyses of biological samples showed that peripartum depression and anxiety were related to DNA methylation differences in infants. However, there were no methylation differences in relation to infants' behavioural problems at 18 months of age.

**Future plans** Given that the data collection at 18 months is complete, analyses are now being undertaken. Currently, assessments for children reaching 6 and 11 years are ongoing. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2023-072839>

---

## 2023-12076

**(Re)Framing Strength: How Superwoman Schema May Impact Perinatal Anxiety and Depression among African American Women.** Nelson T, Tomi CL, Gebretensay SB (2023), *Women's Health Issues* vol 33, no 6, November-December 2023, pp 568-572

Examines the links between the Strong Black Woman or Superwoman Schema and perinatal anxiety and depression in African American women. (MB)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-11906

**The relationship between body mass index and perceived control over labor.** Whelan AR, Polnaszek BE, Recabo O, et al (2023), BMC Pregnancy and Childbirth vol 23, no 752, October 2023

### Background

Individuals with an increased body mass index (BMI) ( $\geq 30$  kg/m<sup>2</sup>) experience higher rates of perinatal mental health disorders than individuals with BMI  $< 30$ . Personal experience of decreased control over labor has been associated with the development postpartum mood and anxiety disorders. However, no studies have investigated the association between BMI and experience of control over labor. This study aimed to assess perceived control over labor and compare patients with BMI  $\geq 30$  to those with BMI  $< 30$ .

### Methods

We performed a secondary analysis of a cross-sectional study of postpartum patients who delivered at term (37–41 weeks gestation). Postpartum, participants completed the Labour Agency Scale (LAS), a validated tool to assess perceived control over labor/birth. Demographic, maternal health history and obstetric/neonatal outcomes were abstracted from the patient chart. Bivariate analyses were performed between those with BMI  $< 30$  and those with BMI  $\geq 30$  using Fisher's exact test. Continuous LAS scores were compared between patients with BMI  $< 30$  and BMI  $\geq 30$  using Wilcoxon rank-sum tests. Higher LAS scores indicate higher perceived control over labor. Multivariable linear regression was then performed to account for confounding factors identified a priori.

### Results

There was no difference in LAS between those with BMI  $\geq 30$  and BMI  $< 30$ . When stratified by World Health Organization (WHO) class of BMI, those with BMI  $\geq 40$  had a significantly lower LAS scores than those with BMI  $< 30$  (147 vs. 163,  $p = 0.02$ ), however, this finding was no longer significant after controlling for length of labor and cesarean birth.

### Conclusion

Only participants with the highest BMI experienced decreased control over labor, and this finding was no longer significant after controlling for mode of delivery and length of labor. Further research into the experience of birthing people with BMI  $\geq 30$  is critical to understand the increased risk of perinatal mood disorders among this population. (Author)

Full URL: <https://doi.org/10.1186/s12884-023-06063-w>

## 2023-11870

**An Evaluation of Perinatal Mental Health Treatment Experiences Using Patient Rated Experience and Outcome Measure (POEM).** Davies S, Ison R, McEntegart L, et al (2023), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 37, no 2, Summer 2023, pp 6-23

Since 2016, policymakers in the UK have invested heavily in specialist services for women presenting with moderate to severe mental health difficulties during the perinatal period, funding new perinatal community teams. This study aimed to explore the experiences of clients, their partners, and families using a new Perinatal Community Mental Health team in the East of England between 2017-2019. Both quantitative and qualitative data from the Patient-rated Outcome and Experience Measure (POEM) were analyzed. While most service users and their families reported a positive experience of using the service, a small number reported negative experiences. The researchers used framework analysis for qualitative data and identified five themes: Containing, responsive, and attuned; Minding the gap; Let down, misattuned, and unsupported; Falling through the gap; Praise and gratitude—changing lives. The psychometric properties, reliability, and validity of the POEM are discussed alongside the important implications for the service and future research into the service user experience of perinatal services. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11859**

**Association Between Perinatal Mental Health and Pregnancy and Neonatal Complications: A Retrospective Birth Cohort Study.** Runkle JD, Risley K, Roy M, et al (2023), Women's Health Issues vol 33, no 3, May-June 2023, pp 289-299

**Background:** Maternal mental health as an important precursor to reproductive and neonatal complications remains understudied in the United States, particularly in the Southeastern region, despite high medical costs, maternal morbidity, and infant burden. This study sought to estimate the incidence of perinatal mental health disorders and the associated increased risk of leading pregnancy and infant complications.

**Methods:** A population-based retrospective birth cohort of childbirth hospitalizations and readmissions was constructed for women in South Carolina, 1999 to 2017. Prevalence rates were calculated for perinatal mood and anxiety disorders (PMAD), severe mental illness, and mental disorders of pregnancy (MDP). Poisson regression models using generalized estimating equations were used to estimate adjusted relative risks for the association between mental health conditions and severe maternal morbidity, hypertensive disorders of pregnancy, gestational diabetes, cesarean section, preterm birth, and low birthweight.

**Results:** The most prevalent maternal mental condition was MDP (3.9%), followed by PMAD (2.7%) and severe mental illness (0.13%). PMAD was associated with a higher risk of severe maternal morbidity, hypertensive disorders of pregnancy, and cesarean section, as well as a higher risk of preterm birth and low birthweight infants. Severe mental illness was associated with low birthweight, hypertensive disorders of pregnancy, and cesarean section. Pregnant populations with MDP were more at risk for severe maternal morbidity, preterm birth, hypertensive disorders of pregnancy, low birthweight, and cesarean section. Each maternal mental health outcome was associated with an increased risk for hospital readmissions up to 45 days after childbirth.

**Conclusions:** Results demonstrate the escalating burden of PMAD and MDP for pregnant populations over time, with important consequences related to maternal and infant morbidity.

Copyright © 2022 Jacobs Institute of Women's Health, George Washington University. Published by Elsevier Inc. All rights reserved. (Author)

---

**2023-11847**

**Mother and Baby Units [written answer].** Scottish Parliament (2023), Official Report Written question S6W-22130, 10 October 2023

Maree Todd responds to a written question asked by Tess White to the Scottish Government, regarding whether the report from NHS National Services Scotland on the options appraisal process on mother and baby unit provision in Scotland is still anticipated to be delivered in October 2023, and when the findings will be made publicly available. (MB)

**Full URL:** <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-22130>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11804**

**Perinatal Telehealth: Meeting Patients Where They Are.** Kissler K, Brie Thumm E, Smith DC, et al (2024), Journal of Midwifery & Women's Health vol 69, no 1, January/February 2024, pp 9-16

### Introduction

Prior to the coronavirus disease 2019 (COVID-19) pandemic, studies of innovative telehealth perinatal care models showed similar clinical outcomes and perceived quality of care between groups receiving a combination of virtual video and in-person visits. However, these studies included primarily White, English-speaking participants, excluding those who were economically disenfranchised or did not speak English. The purpose of this qualitative study was to describe perinatal patients' and providers' experiences with telehealth during and after the acute phase of the COVID-19 pandemic to inform future utilization of telehealth to drive the delivery of high-quality, accessible, and equitable perinatal care to diverse communities.

### Methods

This descriptive qualitative study included a purposive sample of 14 patients and 17 providers who received or provided perinatal care via telehealth in either a certified nurse-midwifery practice or the nurse-family partnership care model between March 2020 and April 2022. Maximum variation sampling offered a diverse population based on race, ethnicity, and rurality. Researchers conducted 2 rounds of semistructured interviews with a focus on understanding social and geographic context.

### Results

Six themes were identified through inductive analysis: (1) unexpected advantages of telehealth, (2) patient empowerment, (3) providers' fear of adverse outcomes, (4) concern for equitable care, (5) strategies to enhance the telehealth experience, and (6) strategies to address access to perinatal telehealth. Patients appreciated the increased ease and reduced cost of accessing visits, which led to fewer missed appointments. Health care providers saw great opportunity in telehealth but expressed concerns about accessibility for patients with language barriers or limited resources.

### Discussion

This study provides insight into priorities for continued telehealth utilization focused on providing equitable access to perinatal care. Rather than returning to practices from before the COVID-19 pandemic formed from longstanding routines and perceived limitations, providers are encouraged to capitalize on the rapid innovations in telehealth to build a more effective, equitable, and patient-centered approach to perinatal care. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11656**

**Mental Health and Postpartum Care in California: Implications from California's Provisional Postpartum Care Extension.**

Eliason EL, Gordon SH (2022), Women's Health Issues vol 32, no 2, March-April 2022, pp 122-129

**Background:** California's Provisional Postpartum Care Extension (PPCE) extended Medicaid eligibility through 1 year postpartum for women enrolled in Medi-Cal with annual household incomes of 138%-322% of the federal poverty level and maternal mental health diagnoses.

**Methods:** For this cross-sectional descriptive study, we used the 2017 Listening to Mothers in California survey of postpartum women to identify those potentially eligible for PPCE. We then sought to describe their demographic characteristics, self-reported mental health, and utilization of postpartum care and mental health services compared with those with Medi-Cal during pregnancy who did not meet PPCE eligibility criteria.

**Results:** Overall, potentially PPCE-eligible women comprised 6.8% of respondents. Among those who did not qualify for PPCE, the primary reason was the absence of self-reported maternal mental health symptoms. Potentially PPCE-eligible women were approximately two-thirds Hispanic/Latina and more than one-third were ages 25 to 29. The most common self-reported mental health symptom was anxiety during pregnancy (78.9%). Among potentially PPCE-eligible women, 8.4% were taking medicine for anxiety/depression postpartum and 16.0% were receiving postpartum counseling/treatment for emotional or mental well-being.

**Conclusions:** Our analyses suggest that PPCE could have extended postpartum coverage eligibility for approximately 30,360 women statewide. However, our findings demonstrate how narrowly defined PPCE eligibility criteria likely excluded many postpartum women in Medi-Cal who would have been left with limited benefits or more cost-sharing under alternative coverage options. This research could inform state and federal policymakers considering other proposals to extend postpartum Medicaid eligibility.

Copyright © 2021 Jacobs Institute of Women's Health, George Washington University. All rights reserved.(Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11620**

**Perceived Racial Discrimination and Depressed Mood in Perinatal Women: An Extension of the Domain Specific Stress Index.**

Segre LS, Mehner BT, Brock RL, et al (2021), Women's Health Issues vol 31, no 3, May-June 2021, pp 254-262

**Purpose:** The negative impact of stress on the mental health of perinatal women is well-established. Prior research using data from the Pregnancy Risk Assessment Monitoring System (PRAMS) confirms three distinct stress domains: financial, relationship, and trauma. In 2013, an item assessing perceived racial discrimination was added to the Iowa PRAMS. Using the first phase of available data, we examine whether perceived racial discrimination represents an independent stress domain and assess its association with postpartum depressed mood.

**Methods:** A principal component analysis of the Iowa PRAMS data (2013-2015: N = 2,805) evaluated stress and perceived racial discrimination. Logistic regression examined the effect of racial discrimination on postpartum depressed mood.

**Results:** In Iowa, 4.4% of respondents perceived racial discrimination, with higher rates among non-Hispanic Black women and Hispanic women. The principal component analysis identified five stress domains: financial, relational, traumatic, emotional, and displacement. Perceived racial discrimination did not load onto any of these domains, suggesting that it represents an independent stress component. Logistic regression indicated that those who experienced perceived racial discrimination were twice as likely to have experienced depressed mood.

**Conclusions:** Racism, in the form of perceived racial discrimination among pregnant women, is a unique domain of stress that is significantly associated with an increased risk for depressed postpartum mood. Decreasing discrimination's effects on perinatal mental health could begin with ensuring respectful and compassionate health care during pregnancy and the postpartum period.

Copyright © 2021 Jacobs Institute of Women's Health. All rights reserved. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



2023-11614

**Feasibility and acceptability of an online mental health intervention for pregnant women and their partners: a mixed method study with a pilot randomized control trial.** Canfield SM, Canada KE, Rolbiecki AJ, et al (2023), BMC Pregnancy and Childbirth vol 23, no 739, October 2023

#### Background

Untreated perinatal mood and anxiety disorders (PMAD) have short- and long-term health and social consequences; online cognitive behavioral therapy (CBT) interventions can reduce symptoms. Despite partner support being protective online interventions rarely target couples. This study builds on research on an existing CBT-based intervention, the Mothers and Babies Online Course (eMB), by testing its feasibility with prenatal couples.

#### Methods

We conducted a pilot, randomized, controlled feasibility trial using a 1:1 parallel design. To be eligible, participant dyads were pregnant people (between 13–30 weeks gestation and with a score of 10 or greater on either the GAD-7 or PHQ-9 scale indicating elevated symptoms of anxiety or depression) and their cohabitating partners, living in Missouri, with access to the internet; both in the dyad consented to participate. Recruitment occurred via Facebook ads, flyers, and a snowball approach. The intervention group received eMB, and the control group received a list of community resources. We examined retention and adherence data extracted from eMB analytics and study databases. All participants were given depression and anxiety scales at baseline, 4 and 8 weeks to test preliminary efficacy; satisfaction and acceptability were measured at trial end (i.e., eight weeks) and via interview.

#### Results

There were 441 people who responded to recruitment materials, 74 pregnant people were screened; 19 partners did not complete enrolment, and 25 dyads were ineligible. There were 15 dyads per group (N = 30) who enrolled; all completed the study. The survey response rate was 90% but partners required nearly twice the number of reminders. No participant completed all lessons. Mean depression and anxiety scores dropped over time for dyads in control (M = -1.99, -1.53) and intervention (M = -4.80, -1.99). Intervention pregnant people's anxiety significantly decreased (M = -4.05; 95% CI [0.82, 7.27]) at time two compared to control. Twelve pregnant people and four partners participated in post-intervention interviews and suggested improvements for eMB.

#### Conclusion

Online dyadic interventions can potentially reduce PMAD symptoms. However, to feasibly study eMB with couples, strategies to increase program adherence are necessary. Tailoring interventions to overtly include partners may be advantageous.

#### Trial registration

ClinicalTrials.gov NCT05867680, 19/05/2023. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-06031-4>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11612**

**Development and evaluation of the psychometric properties of a digital questionnaire for the evaluation of perinatal psychosocial needs.** Bully P, Artieta-Pinedo I, Paz-Pascual C, et al (2023), BMC Pregnancy and Childbirth vol 23, no 736, October 2023

#### Background

If the purpose of maternal education is for women to take control of their own health and that of their family in the process, it is essential to have a simple instrument that allows them to self-assess, globally, how prepared they are to face future childbirth and maternity. As there is nothing similar in our area, the objective of this study was to design a complete, specific measurement questionnaire, with good metric quality and in digital format, for the assessment of perinatal psychosocial needs.

#### Methods

A cross-sectional study was carried out, to evaluate the psychometric properties of a digital measurement questionnaire. The questionnaire was developed in 4 steps following the recommendations of the International Test Commission. The participants were 263 pregnant women who were recruited in primary health care appointments in the Basque Healthcare Service (Osakidetza); they completed the newly created questionnaire and all the test selected as gold standard. Their mean age was 33.55 (SD = 4.73). The analysis of the psychometric characteristics was based on mixed expert judgment procedures (focus group of healthcare professionals, item assessment questionnaire and interviews with users) and quantitative procedures (EFA, CFA, association with the gold standard and classification agreement index, ordinal alpha and McDonald's omega).

#### Results

The final version of the questionnaire was made up of 55 items that evaluate 8 aspects related to perinatal psychosocial well-being (anxious-depressive symptoms, pregnancy acceptance, partner support, coping, internal locus of control, childbirth self-efficacy, perception of childbirth as a medicalized event, and fear of childbirth). Various tests were made of the validity and reliability of the scores, providing metric guarantees for their use in our context.

#### Conclusions

The use of this complete, quick-to-use tool with good psychometric properties will allow pregnant women to take stock of their situation, assess whether they have the necessary resources in the psychological and social sphere, and work together with midwives and other health professionals in the areas that are lacking. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-06050-1>

---

**2023-11485**

**Mental Health Services: Mothers [written answer].** House of Commons (2023), Hansard Written question 201371, 13 October 2023

Maria Caulfield responds to a written question from Caroline Nokes to the Secretary of State for Health and Social Care, regarding what steps he is taking to increase the uptake of perinatal mental health services among ethnic minority communities. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-10-13/201371>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-11387

**Association between nonbirthing parent's perinatal education and mental health support desires and perinatal anxiety among either parent.** Lewkowitz AK, Guille C, Rubin-Miller L, et al (2023), American Journal of Obstetrics & Gynecology MFM vol 5, no 11, November 2023, 101177

### Background

While perinatal anxiety is common in birthing and non-birthing parents, little is known about the mental health or educational needs of non-birthing parents during the perinatal period, and whether perinatal anxiety in the birthing parent is associated with non-birthing parent educational preferences.

### Objective(s)

To examine the desired digital perinatal educational preferences of non-birthing parents and whether these preferences differed by: 1) endorsement of high parenthood-related anxiety in the non-birthing partner, and 2) mental health of the birthing parent (including both identified mental health conditions and presence of pregnancy-related anxiety)

### Study Design

In this cross-sectional study, non-birthing and birthing parents using Maven, a digital perinatal health platform, selected the areas in which they wanted education or support from a list of options. Participants also reported their experience of parenthood or pregnancy-related anxiety through a 5-item Likert scale in response to the prompt, "On a scale of 1=None to 5=Extremely, how anxious are you feeling about parenthood / pregnancy?" High-parenthood or pregnancy-related anxiety was defined as being very (4) or extremely (5) anxious. Birthing parents also reported whether they had a current or prior mood disorder, but this information was not reported by non-birthing parents. Survey responses for birthing and non-birthing parents were linked through the digital platform. Descriptive analyses were used to assess non-birthing parent demographics and perinatal support interests, stratified by high parenthood-related anxiety, high pregnancy-related anxiety in their partner, and perinatal mood disorders or high pregnancy-related anxiety in their partner.

### Results

Among 382 non-birthing parents, most (85.6%) desired to receive digital support during their partner's pregnancy: the most commonly endorsed support interests were infant care (327 (85.6%)) and understanding their partner's emotional (313 (81.9%)) or physical (294 (77.0%)) experience during pregnancy. Overall, 355 (93.9%) of non-birthing parents endorsed any parenthood-related anxiety, and 63 (16.5%) were categorized as having high parenthood-related anxiety. Those with high parenthood-related anxiety were more likely to desire digital support for each topic. Among birthing parents, 124 (32.4%) had a mental health condition and 45 (11.8%) had high pregnancy-related anxiety. When non-birthing parents were stratified by presence of their partner having a mental health condition or high pregnancy-related anxiety alone, no differences in desired perinatal education were identified. Though non-birthing parents had higher rates of high parenthood-related anxiety if the birthing parent reported high pregnancy anxiety (17 (27.0%) versus 28 (8.8%);  $p < 0.001$ ), no difference was found with other conditions within the mental health composite.

### Conclusion

In this cross-sectional study, many non-birthing parents who engaged with a perinatal digital platform desired education on their or their partner's emotional health during the perinatal period, and most endorsed parenthood-related anxiety. These findings suggest that perinatal mental health support is needed for nearly all parents and that non-birthing parents who utilize digital health platforms are amenable to receiving comprehensive perinatal education via these platforms. (Author)

---

## 2023-11379

**One in five.** Various (2023), Midwives vol 26, October 2023, pp 54-62

Midwives working on the front lines of perinatal mental health care talk about the work they do, the level of need they're seeing, the challenges they face and what it would take to improve care. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-11370

**Perinatal mental health.** Anon (2023), *Midwives* vol 26, October 2023, p 53

Poor mental health during the perinatal period (from pregnancy to a year post-birth) is common and, if left undiagnosed and unsupported, can have devastating effects. It is important at every antenatal and postnatal interaction to talk openly about mental health and the feelings the mother may be experiencing - and to offer reassurance that it is common and nothing to be ashamed about. (Author)

---

## 2023-11320

**The maternal mental health experiences of young mums.** Children and Young People's Mental Health Coalition, Maternal Mental Health Alliance (2023), October 2023. 27 pages

'The Maternal Mental Health Experiences of Young Mums' report, created by Children and Young People's Mental Health Coalition (CYPMHC) and the Maternal Mental Health Alliance (MMHA) published in October 2023 includes both a literature review and first-hand insights from young mums impacted by maternal mental health problems. This collaboration began from a shared desire to spotlight the needs of young mums and their mental health and how to improve perinatal mental health provision in an inclusive way.

Postnatal depression is up to twice as prevalent in teenage mothers compared to those over 20 and 1 in 4 births in England and Wales were to young people aged 16-24. Additionally, there has been a tragic rise in teenage maternal suicides.

This report shines a light on the urgent needs of young mums and how across the UK, we must make the report's recommendations a positive reality.

Based on the experiences and insights received from young mothers and the evidence collated in the literature review, the briefing identifies 4 priority areas for action to better support the needs of young mothers:

1. Listen and respond to the needs of young mothers in national and local systems
2. Resource and invest in universal and preventative services
3. Ensure access to specialist mental health services
4. Research and listen to the voices of young mums.

For too long, young mums' needs and views have been ignored. It is time their experiences were listened to, and their needs centred in the planning of perinatal mental health support. This report is an important starting point; it is vital that we listen to their voices in order to build effective systems of support. (Author, edited)

**Full URL:** <https://cypmhc.org.uk/wp-content/uploads/2023/10/Final-The-maternal-mental-health-experiences-of-young-mums.pdf>

---

## 2023-11292

**Mental Health: Ethnic Groups [written answer].** House of Commons (2023), Hansard Written question 200065, 18 September 2023

Maria Caulfield responds to a written question from Marsha De Cordova to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to reduce disparities in maternal health outcomes experienced by black women and women from Asian and Ethnic Minority groups. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-09-18/200065>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-11211

**Maternal mental health: a briefing for integrated care systems.** Maternal Mental Health Alliance (2023), July 2023. 13 pages

One woman in five experiences a mental health problem during pregnancy or after they have given birth. The most common mental health problems during pregnancy and after giving birth are depression and anxiety. Maternal mental health problems can have a devastating impact on the women affected and their families.

Guidance for the NHS states that perinatal mental health problems always require a speedy and effective response, including rapid access to psychological therapies when they are needed (NICE, 2014). Integrated care systems (ICSs) have a unique opportunity to ensure that all women who need support for their mental health during the perinatal period get the right level of help at the right time, close to home.

This briefing was commissioned by the Maternal Mental Health Alliance who are dedicated to ensuring all women, babies and their families across the UK have access to compassionate care and high-quality support for their mental health during pregnancy and after birth. (Author)

**Full URL:** [https://maternalmentalhealthalliance.org/media/filer\\_public/2b/61/2b61574e-7f63-4ace-9b47-66ee1f3ab90d/maternal-mental-health-ics-briefing-2023.pdf](https://maternalmentalhealthalliance.org/media/filer_public/2b/61/2b61574e-7f63-4ace-9b47-66ee1f3ab90d/maternal-mental-health-ics-briefing-2023.pdf)

---

## 2023-11175

**Pregnancy-Related Anxiety and Associated Coping Styles and Strategies: A Cross-Sectional Study.** Brosens C, van Gils Y, Van den Branden L, et al (2023), International Journal of Childbirth vol 13, no 3, September 2023, pp 159-173

**BACKGROUND:** Pregnancy-related anxiety is a distinct psychological construct during pregnancy, requiring adequate coping behavior.

**METHOD:** A cross-sectional survey was performed among 420 pregnant Dutch-speaking women in Belgium to establish the prevalence rate of pregnancy-related anxiety and to explore its associated coping styles and strategies. Pregnancy-related anxiety was measured with the Pregnancy-Related Anxiety Questionnaire-Revised (PRAQ-R2) and coping was measured with the Brief Coping Orientation to Problems Experienced.

**FINDINGS:** Based on PRAQ-R2 score  $\geq 90$ th percentile, the pregnancy-related anxiety prevalence rate was 13.3%. Women with heightened scores significantly more often had a (family) history of psychological problems ( $p = .027$ ,  $p = .013$ ), were significantly more often nulliparous women ( $p < .000$ ), had a fear of birth ( $p = .041$ ), felt ill-prepared for birth and parenthood ( $p < .000$ ), and significantly more often reported to have received insufficient emotional ( $p = .002$ ) and practical support ( $p < .000$ ) during pregnancy. The coping style "avoidance" showed a significant positive association with pregnancy-related anxiety ( $p < .000$ ), while "positive thinking" showed a significant negative association ( $p = .054$ ). The coping strategies "self-blame," "substance use," and "self-distraction" showed a significant positive association with pregnancy-related anxiety ( $p < .001$ ,  $p = .011$ ,  $p = .003$ ).

**CONCLUSION:** Flemish women show overall maladaptive styles and strategies in coping with pregnancy-related anxiety, of which self-blame seems to be a newfound strategy, requiring attention. Health care practitioners might benefit when being aware of the predisposing factors of pregnancy-related anxiety and women's (mal)adaptive coping styles and strategies to better understand and adequately support these women. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11132**

**Structural Factors in Health Care Associated With the Mental Health Needs of Black Women in California During the Perinatal Period.** James KF, Klomhaus AM, Elliott T, et al (2023), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 52, no 6, November 2023, pp 481-490

**Objective**

To identify structural factors associated with the receipt of mental health care treatment among Black women in California during pregnancy and after childbirth.

**Design**

Secondary analysis of data from the population-based Listening to Mothers in California survey.

**Participants**

The sample included 194 non-Latina Black women in the postpartum period.

**Methods**

We used descriptive statistics, including differences between means and logistic regression, to conduct a series of bivariate analyses.

**Results**

Most respondents (84.4%, n = 163) reported symptoms of perinatal mood and anxiety disorders prenatally, and half (50% n = 97) reported symptoms of perinatal mood and anxiety disorders in the postpartum period. Only 12.3% to 14.6% of those who reported symptoms received mental health care treatment. Furthermore, 21.2% (n = 38) of respondents were not screened for postpartum depression. Respondents with private insurance coverage were more likely to report receipt of mental health care after childbirth (OR = 4.6; 95% confidence interval [1.5, 13.5]) compared to respondents with public insurance coverage.

**Conclusion**

Our results suggest a high prevalence of unmet mental health needs among non-Latina Black women who lived in California during the perinatal period. Practitioners in clinical settings may be more likely to make referrals to mental health care for women with private insurance coverage in the postpartum period. (Author)

**Full URL:** <https://doi.org/10.1016/j.jogn.2023.08.002>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-11049

**Developing a text message intervention for fathers with partners experiencing perinatal depression or anxiety.** Fletcher R, Regan C, May C, et al (2023), Journal of Reproductive and Infant Psychology 25 September 2023, online

### Background

Support from fathers to their partners is important to reduce distress in mothers during the perinatal period when conditions such as depression and anxiety can be common. The SMS4dads digital platform delivers text messages to fathers but has not previously addressed specific messages to fathers with partners who are experiencing perinatal depression and/or anxiety (PNDA).

### Aim

To develop messages, in collaboration with experienced parents and clinicians, that are suitable for fathers whose partner is experiencing PNDA.

### Methods

Messages designed to enhance the quality of partner support for mothers experiencing PNDA were drafted by the SMS4dads team based on suggestions from mothers with lived experience of PNDA. Mothers and fathers with lived experience and expert clinicians rated the messages for importance and understanding. Clinicians additionally rated clinical relevance. Open response comments from parents and clinicians were collated for each message. Re-drafted messages were screened again and checked for literacy level.

### Results

Forty-one draft messages received a total of 170 ratings from 24 parents and 164 ratings from 32 clinicians. Over three quarters of parents and clinicians agreed or strongly agreed that messages were understandable (parents 85.6%; clinicians 77.4%), important (parents 86.3%; clinicians 86.6%), and 85.5% of clinicians rated the messages as clinically relevant. Comments from clinicians (n = 99) and parents (n = 46) were reviewed and guided message development. Thirty re-drafted messages were screened and 16 edited based on a second round of ratings and comments from parents and clinicians.

### Conclusion

Messages for fathers whose partners are experiencing depression and anxiety can be developed and evaluated in collaboration with lived experience of parents and clinicians. (Author)

---

## 2023-11022

**Symptoms of psychological distress reported by women from indigenous communities in South India: implications for methodology and future studies.** Nadkarni A, Vasudevan P, Krishnakumar J (2022), Archives of Women's Mental Health vol 25, no 3, June 2022, pp 667-670

'Indigenous peoples' across the globe suffer a disproportionate burden of mental illness. However, this burden is not fully explored in India despite having the second largest absolute concentration of indigenous peoples in the world. We did a secondary analysis of data from a cross-sectional survey in indigenous populations from the Nilgiri Biosphere Reserve in South India. Symptoms suggestive of psychological distress were reported by 39.9% participants. Being alone, tobacco use, hypertension, hypertension in family member, and violent conflict in household were independently associated with psychological distress. More epidemiological studies need to be conducted to map the burden and elaborate the relationships between mental health problems and socio-cultural factors in indigenous populations in India. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-11020**

**Maternal mental health in the first year postpartum in a large Irish population cohort: the MAMMI study.** Hannon S, Gartland D, Higgins A, et al (2022), Archives of Women's Mental Health vol 25, no 3, June 2022, pp 641-653

**Purpose**

The international perinatal literature focuses on depression in the postpartum period. Prevalence and pathways of depression, anxiety and stress from pregnancy through the first postpartum year are seldom investigated.

**Methods**

MAMMI is a prospective cohort study of 3009 first-time mothers recruited in pregnancy. Depressive, anxiety and stress symptoms measured using the Depression, Anxiety and Stress Scale (DASS 21) in pregnancy and at 3-, 6-, 9- and/or 12-months postpartum.

**Results**

Prevalence of depressive and stress symptoms was lowest in pregnancy, increasing to 12-months postpartum. Anxiety symptoms remained relatively stable over time. In the first year after having their first baby, one in ten women reported moderate/severe anxiety symptoms (9.5%), 14.2% reported depression symptoms, and one in five stress symptoms (19.2%). Sociodemographic factors associated with increased odds of postpartum depression, anxiety and stress symptoms were younger age and being born in a non-EU country; socioeconomic factors were not living with a partner, not having postgraduate education and being unemployed during pregnancy. Retrospective reporting of poor mental health in the year prior to pregnancy and symptoms during pregnancy were strongly associated with poor postpartum mental health.

**Conclusions**

The current findings suggest that the current model of 6-week postpartum care in Ireland is insufficient to detect and provide adequate support for women's mental health needs, with long-term implications for women and children. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-022-01231-x>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11018**

**Perceived stress during the prenatal period: assessing measurement invariance of the Perceived Stress Scale (PSS-10) across cultures and birth parity.** Katus L, Foley S, Murray AL, et al (2022), Archives of Women's Mental Health vol 25, no 3, June 2022, pp 633-640

Maternal prenatal stress places a substantial burden on mother's mental health. Expectant mothers in low- and middle-income countries (LMICs) have thus far received less attention than mothers in high-income settings. This is particularly problematic, as a range of triggers, such as exposure to traumatic events (e.g. natural disasters, previous pregnancy losses) and adverse life circumstances (e.g. poverty, community violence), put mothers at increased risk of experiencing prenatal stress. The ten-item Perceived Stress Scale (PSS-10) is a widely recognised index of subjective experience of stress that is increasingly used in LMICs. However, evidence for its measurement equivalence across settings is lacking. This study aims to assess measurement invariance of the PSS-10 across eight LMICs and across birth parity. This research was carried out as part of the Evidence for Better Lives Study (EBLS, [vrc.crim.cam.ac.uk/vrcresearch/EBLS](http://vrc.crim.cam.ac.uk/vrcresearch/EBLS)). The PSS-10 was administered to N = 1,208 expectant mothers from Ghana, Jamaica, Pakistan, the Philippines, Romania, South Africa, Sri Lanka and Vietnam during the third trimester of pregnancy. Confirmatory factor analysis suggested a good model fit of a two-factor model across all sites, with items on experiences of stress loading onto a negative factor and items on perceived coping onto a positive factor. Configural and metric, but not full or partial scalar invariance, were established across all sites. Configural, metric and full scalar invariance could be established across birth parity. On average, first-time mothers reported less stress than mothers who already had children. Our findings indicate that the PSS-10 holds utility in assessing stress across a broad range of culturally diverse settings; however, caution should be taken when comparing mean stress levels across sites. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-022-01229-5>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-11010**

**Uptake of USPSTF recommendation to refer pregnant individuals for therapy or counseling to prevent perinatal depression.**

Felder JN, Mirchandaney R, Dimidjian S (2022), Archives of Women's Mental Health vol 25, no 6, December 2022, pp 1149-1153

**Purpose**

Perinatal depression is the most common complication of pregnancy and childbirth, and it is associated with adverse consequences. The United States Preventive Services Task Force (USPSTF) recommends that pregnant and postpartum (i.e., perinatal) individuals at risk for depression be referred for therapy or counseling interventions; however, it is unclear to what extent this recommendation has been implemented.

**Methods**

Pregnant individuals were recruited via advertisements on a pregnancy app and a separate study on sleep. Respondents completed the initial screening questions to determine their risk for perinatal depression, defined as self-reported history of depression; recent stressors; history of emotional, sexual, or physical abuse; mild depressive symptoms; anxiety symptoms; single; diabetes diagnosis; or unwanted pregnancy. Eligible respondents reported their providers' recommendations for preventing depression, and their utilization of interventions to prevent depression (n = 303).

**Results**

Fewer than 15% of participants reported that a provider referred them for therapy or counseling to prevent depression; recommendations included cognitive behavioral therapy (4%), interpersonal psychotherapy (2.3%), mindfulness-based cognitive therapy (4.3%), or other/unknown (6.6%). Approximately 12% reported that a provider recommended medication to prevent depression. Provider referral rates varied by risk factor, but not by patient demographics. Nearly 20% of participants reported using therapy or counseling to prevent depression, and nearly 13% reported using medication to prevent depression.

**Conclusions**

We explore potential factors affecting the uptake of the USPSTF recommendation and underscore the importance of preventing perinatal depression. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-022-01267-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10993**

**Women's experiences of specialist perinatal mental health services: a qualitative evidence synthesis.** Moran E, Noonan M, Mohamad MM, et al (2023), Archives of Women's Mental Health vol 26, no 4, August 2023, pp 453-471

#### Purpose

Specialist perinatal mental health services identify and treat women experiencing mental health conditions during pregnancy and up to one year post birth. There is limited knowledge about women's experiences of care from specialist services. Evaluation and optimisation of service delivery requires knowledge of women's care experiences. This review aimed to systematically identify, appraise, and synthesise qualitative evidence exploring women's experiences of specialist perinatal mental health services.

#### Methods

A systematic literature search of five databases: Medline (OVID), EMBASE (Elsevier), PsycINFO (EBSCO), CINAHL (EBSCO) and Scopus (Elsevier), grey literature searching, and backward citation, identified a total of 1035 papers of which sixteen met inclusion criteria. Methodological quality of the included studies was assessed using the Critical Appraisal Skills Program (CASP) tool.

#### Results

Thematic synthesis identified three themes: connected relationships; new beginnings; and meaningful service delivery. Findings identified that relationships developed with clinicians were significant to women and their experience of care. Women valued continuity of care from dedicated non-judgemental clinicians. Peer support from other mothers was perceived as meaningful to women. Through service interventions women gained new insights into their infant's needs and grew in confidence as a mother.

#### Conclusions

Women require provision of flexible and accessible specialist services with clinicians who are sensitive to their individual psychosocial needs and preferences. Examining discharge practices and continuing care needs is essential to ensure the best outcomes for women and their families. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-023-01338-9>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10992**

**Associations between maternal psychological distress and mother-infant bonding: a systematic review and meta-analysis.**

O'Dea GA, Youssef GJ, Hagg LJ, et al (2023), Archives of Women's Mental Health vol 26, no 4, August 2023, pp 441-452

**Purpose**

Maternal psychological distress and mother-infant bonding problems each predict poorer offspring outcomes. They are also related to each other, yet the extensive literature reporting their association has not been meta-analysed.

**Methods**

We searched MEDLINE, PsycINFO, CINAHL, Embase, ProQuest DTG, and OATD for English-language peer-reviewed and grey literature reporting an association between mother-infant bonding, and multiple indicators of maternal psychological distress.

**Results**

We included 133 studies representing 118 samples; 99 samples (110,968 mothers) were eligible for meta-analysis. Results showed concurrent associations across a range of timepoints during the first year postpartum, between bonding problems and depression ( $r = .27$  [95% CI 0.20, 0.35] to  $r = .47$  [95% CI 0.41, 0.53]), anxiety ( $r = .27$  [95% CI 0.24, 0.31] to  $r = .39$  [95% CI 0.15, 0.59]), and stress ( $r = .46$  [95% CI 0.40, 0.52]). Associations between antenatal distress and subsequent postpartum bonding problems were mostly weaker and with wider confidence intervals: depression ( $r = .20$  [95% CI 0.14, 0.50] to  $r = .25$  [95% CI 0.64, 0.85]), anxiety ( $r = .16$  [95% CI 0.10, 0.22]), and stress ( $r = .15$  [95% CI - 0.67, 0.80]). Pre-conception depression and anxiety were associated with postpartum bonding problems ( $r = - 0.17$  [95% CI - 0.22, - 0.11]).

**Conclusion**

Maternal psychological distress is associated with postpartum mother-infant bonding problems. Co-occurrence of psychological distress and bonding problems is common, but should not be assumed. There may be benefit in augmenting existing perinatal screening programs with well-validated mother-infant bonding measures. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-023-01332-1>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10987**

**Factors associated with re-admission in the year after acute postpartum psychiatric treatment.** Taylor BL, Sweeney A, Potts LC, et al (2022), Archives of Women's Mental Health vol 25, no 5, October 2022, pp 975-983

**Purpose**

To examine factors associated with being re-admitted in the year after discharge from acute postpartum psychiatric treatment.

**Methods**

Secondary data analysis of information collected from mothers who were admitted to acute psychiatric services in the year after childbirth between 2013 and 2017. We carried out univariable analyses and multivariable hierarchical logistic regression to examine risk factors for women's re-admission to acute psychiatric care (inpatient or community crisis care) in the year following discharge.

**Results**

Sixty-seven (24.1%) of 278 women were re-admitted in the year after discharge from acute care; the median number of days to re-admission was 86 (IQR 35–214), and women who were re-admitted accessed a median of two further acute services (IQR 1–3). In adjusted analyses, reporting a history of childhood trauma (aOR 1.02; 95% CI 1.00–1.03,  $p = 0.036$ ), a higher level of difficulties in the mother–infant bond (aOR 1.03; 95% CI 1.01–1.06,  $p = 0.009$ ) and younger age (aOR 0.95; 95% CI 0.90–1.00,  $p = 0.066$ ) were associated with re-admission.

**Conclusion**

This study confirms that the role of childhood adverse experiences on mental health is relevant for outcomes in women experiencing acute postpartum psychiatric episodes. Ongoing parent–infant bonding difficulties are also independently associated with re-admission. Perinatal mental health services therefore need to offer evidence-based interventions to address histories of trauma and to support parent–infant bonding to optimise mental health in women following discharge from acute psychiatric services. However, further research is needed to explore what other factors, not measured in our study, are also influential to re-admission. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-022-01255-3>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10977**

**Consensus recommendations for the assessment and treatment of perinatal obsessive–compulsive disorder (OCD): A Delphi study.** Mulcahy MT, Long C, Morrow T, et al (2023), Archives of Women's Mental Health vol 26, no 3, June 2023, pp 389-399

The perinatal period is one of increased vulnerability to parents experiencing the onset of, or an increase of existing, obsessive–compulsive disorder (OCD) symptoms. Existing OCD and perinatal mental health best practice guidelines do not detail specific considerations relevant to OCD in the perinatal period ('Perinatal OCD'). Perinatal OCD risks being undiagnosed or misdiagnosed, and subsequently untreated or mistreated, with potential negative impacts for individuals and families experiencing this problem, highlighting the importance of specific guidance. This study employed a modified Delphi survey methodology to establish recommended best practice for the assessment and treatment of perinatal OCD. A literature review identified 103 initial best practice recommendations, and participants suggested 18 further recommendations. These recommendations were rated for importance over three survey rounds by two expert panels, comprising of 15 professionals with clinical or research expertise in perinatal OCD and 14 consumers with lived experience of perinatal OCD. One-hundred and two statements were endorsed for inclusion in the final set of recommendations for clinical best practice with perinatal OCD. These recommendations inform practice across eight themes; psychoeducation, screening, assessment, differential diagnosis, case care considerations, treatment, partners & families, and culture & diversity. This novel study is the first to collate and outline a set of clinical best practice recommendations, developed using the consensus perspectives of both individuals with lived experience and professionals with relevant expertise, for supporting individuals with perinatal OCD and their families. Differences between panel perspectives, and directions for future research are also discussed. (Author)

Full URL: <https://doi.org/10.1007/s00737-023-01315-2>

**2023-10975**

**Ecological momentary assessment of postpartum outcomes in mothers of multiples: lower maternal-infant bonding, higher stress, and more disrupted sleep.** Wenze SJ, Battle CL, Huntley ED, et al (2023), Archives of Women's Mental Health vol 26, no 3, June 2023, pp 361-378

Research on mental health in mothers of multiples has neglected important outcomes like postpartum bonding and relationship satisfaction and is limited by reliance on single-administration, retrospective measures. This study fills these gaps by assessing previously unexamined variables and using ecological momentary assessment (EMA), wherein participants answer repeated, brief surveys to measure real-world, real-time outcomes. This online study recruited 221 women and compared outcomes in those who birthed multiples (n = 127, 57.47%) vs. singletons (n = 94, 42.53%). When recruited, participants were either 6–12 (n = 129, 58.37%) or 18–24 (n = 83, 37.56%) weeks postpartum. All 221 participants completed baseline measures of self-reported depression, anxiety, stress, sleep, relationship satisfaction, and maternal-infant bonding. One hundred thirty participants (58.82%) engaged in 7 days of EMA assessing self-reported momentary mood, stress, fatigue, bonding, and sleep. Data were analyzed using two-by-two ANOVAs and hierarchical linear modeling. Mothers of multiples reported more baseline parenting stress and less maternal-infant bonding than mothers of singletons (ps < .05). Mothers of multiples who were 6–12 weeks postpartum reported the lowest bonding (p = .03). Mothers of multiples also reported more momentary stress, overwhelm, nighttime awakenings, and wake time after sleep onset (ps < .05). The latter two variables positively correlated with momentary fatigue, stress, and worse mood (ps < .05). Mothers of multiples experienced worse postpartum bonding, more stress, and more interrupted sleep than mothers of singletons. This population may benefit from tailored postpartum interventions to decrease stress, increase bonding, and improve sleep. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-10970**

**Indigenous approaches to perinatal mental health: a systematic review with critical interpretive synthesis.** Meredith C, McKerchar C, Lacey C (2023), Archives of Women's Mental Health vol 26, no 3, June 2023, pp 275-293

Indigenous mothers and birthing parents experience significant inequities during the perinatal period, with mental health distress causing adverse outcomes for mothers/birthing parents and their infants. Limited literature is available to inform our understanding of solutions to these issues, with research primarily focusing on inequities. Our aim was to conduct a systematic review of Indigenous approaches to treatment of perinatal mental health illness. Following the PRISMA guidelines for systematic literature reviews, an electronic search of CINAHL, Medline, PubMed, Embase, APA PsycInfo, OVID Nursing, Scopus, Web of Science, and Google Scholar databases was conducted in January and February 2022 and repeated in June 2022. Twenty-seven studies were included in the final review. A critical interpretive synthesis informed our approach to the systematic review. The work of (Yamane and Helm J Prev 43:167-190, 2022) was drawn upon to differentiate studies and place within a cultural continuum framework. Across the 27 studies, the majority of participants were healthcare workers and other staff. Mothers, birthing parents, and their families were represented in small numbers. Outcomes of interest included a reduction in symptoms, a reduction in high-risk behaviours, and parental engagement/attachment of mothers/birthing parents with their babies. Interventions infrequently reported significant reductions in mental health symptoms, and many included studies focused on qualitative assessments of intervention acceptability or utility. Many studies focused on describing approaches to perinatal mental health distress or considered the perspectives and priorities of families and healthcare workers. More research and evaluation of Indigenous interventions for perinatal mental health illness is required. Future research should be designed to privilege the voices, perspectives, and experiences of Indigenous mothers, birthing parents, and their families. Researchers should ensure that any future studies should arise from the priorities of the Indigenous population being studied and be Indigenous-led and designed. (Author)

Full URL: <https://doi.org/10.1007/s00737-023-01310-7>

---

**2023-10882**

**Perinatal mental health and COVID-19: Navigating a way forward.** Smith KA, Howard LM, Vigod SN, et al (2023), Australian and New Zealand Journal of Psychiatry vol 57, no 7, July 2023, pp 937-943

The COVID-19 pandemic and its aftermath have increased pre-existing inequalities and risk factors for mental disorders in general, but perinatal mental disorders are of particular concern. They are already underdiagnosed and undertreated, and this has been magnified by the pandemic. Access to services (both psychiatric and obstetric) has been reduced, and in-person contact has been restricted because of the increased risks. Rates of perinatal anxiety and depressive symptoms have increased. In the face of these challenges, clear guidance in perinatal mental health is needed for patients and clinicians. However, a systematic search of the available resources showed only a small amount of guidance from a few countries, with a focus on the acute phase of the pandemic rather than the challenges of new variants and variable rates of infection. Telepsychiatry offers advantages during times of restricted social contact and also as an additional route for accessing a wide range of digital technologies. While there is a strong evidence base for general telepsychiatry, the particular issues in perinatal mental health need further examination. Clinicians will need expertise and training to navigate a hybrid model, flexibly combining in person and remote assessments according to risk, clinical need and individual patient preferences. There are also wider issues of care planning in the context of varying infection rates, restrictions and vaccination access in different countries. Clinicians will need to focus on prevention, treatment, risk assessment and symptom monitoring, but there will also need to be an urgent and coordinated focus on guidance and planning across all organisations involved in perinatal mental health care. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10876**

**Trends of perinatal mental health referrals and psychiatric admissions in Queensland.** San Martin Porter MA, Maravilla J, Kisely S, et al (2023), Australian and New Zealand Journal of Psychiatry vol 57, no 3, March 2023, pp 401–410

**Background:**

Perinatal depression is often underdiagnosed; consequently, many women suffer perinatal depression without follow-up care. Screening for depressive symptoms during the perinatal period has been recommended in Australia to increase detection and follow-up of women suffering from depressive symptoms. Screening rates have gradually increased over the last decades in Australia.

**Objective:**

To explore trends in referrals of women to community mental health services during the perinatal period, and prenatal and postnatal admissions to psychiatric units, among those who gave birth in Queensland between 2009 and 2015.

**Method:**

Retrospective analyses of data from three linked state-wide administrative data collections. Trend analyses using adjusted Poisson regression models examined 426,242 births. Outcome variables included referrals to specialised mental health services; women admitted with a mood disorder during the second half of their pregnancy and during the first 3 months of the postnatal period; and women admitted with non-affective psychosis disorders during the second half of their pregnancy and during the first 3 months of the postnatal period.

**Results:**

We found an increase in mental health referrals during the perinatal period over time (adjusted incidence rate ratio, 1.07; 95% confidence interval, [1.06, 1.08]) and a decrease in admissions with mood disorders during the first 3 months of the postnatal period (adjusted incidence rate ratio, 0.95; 95% confidence interval, [0.94, 0.98]). We did not find any changes in rates of admission for other outcomes.

**Conclusion:**

Since the introduction of universal screening in Queensland, referrals for mental health care during the perinatal period have increased, while admissions for mood disorders in the first 3 months after delivery decreased. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10875**

**Suicide crises among women and mothers during and around the time of pregnancy: Prevalence and timing of initial contact with first responders and health services.** Meurk C, Roberts S, Lam M, et al (2023), Australian and New Zealand Journal of Psychiatry vol 57, no 2, February 2023, pp 291–301

Objectives:

Suicide is a leading cause of maternal mortality. Suicidality during and around the time of pregnancy can have detrimental impacts on a child's development and outcomes. This paper examines prevalence, demographic characteristics, and timing of initial contact with first responders and health services for a cohort of women who experienced suicidality during and around the time of pregnancy.

Methods:

Findings are drawn from the Partners in Prevention (PiP) study, a population-wide linked data set of suicide-related attendances by police or paramedics in Queensland, Australia. A sub-cohort of women was identified, who were between 6 months preconception and 2 years postpartum at the time of a suicide-related contact with police or paramedics (PiP-Maternal). Findings are compared to other girls and women who had a suicide-related contact with police or paramedics (PiP-Female). Prevalence, demographic characteristics, timing of contact with first responders and health services, re-presentations, and mortality are reported.

Results:

The PiP-Maternal cohort comprised 3020 individuals and 3400 births. Women in the PiP-Maternal cohort were younger, more likely to be of Aboriginal and/or Torres Strait Islander descent and live outside of a major city than the PiP-Female cohort. There were high rates of out-of-hours calls to police and ambulance, and similar perceived seriousness of the call between women in the PiP-Maternal and PiP-Female cohorts. Women in the PiP-Maternal cohort were less likely to be admitted to an emergency department within 24 hours, even after matching on covariates. Prevalence of suicidality for women who were pregnant and up to 2 years postpartum was 1.32% (95% CI = [1.27, 1.37]).

Conclusion:

Vulnerabilities and high rates of contact with police or paramedics, coupled with lower levels of follow-up, highlight the critical need to improve service responses for women with mental health needs during these phases of life. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10872**

**Validation of a Dari translation of the Edinburgh Postnatal Depression Scale among women of refugee background at a public antenatal clinic.** Blackmore R, Gibson-Helm M, Melvin G, et al (2022), Australian and New Zealand Journal of Psychiatry vol 56, no 5, May 2022, pp 525–534

Objective:

Identifying women at risk of depression and anxiety during pregnancy provides an opportunity to improve health outcomes for women and their children. One barrier to screening is the availability of validated measures in the woman's language. Afghanistan is one of the largest source countries for refugees yet there is no validated measure in Dari to screen for symptoms of perinatal depression and anxiety. The aim of this study was to assess the screening properties of a Dari translation of the Edinburgh Postnatal Depression Scale.

Methods:

This cross-sectional study administered the Edinburgh Postnatal Depression Scale Dari version to 52 Dari-speaking women at a public pregnancy clinic in Melbourne, Australia. A clinical interview using the depressive and anxiety disorders modules from the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) was also conducted. Interview material was presented to an expert panel to achieve consensus diagnoses. The interview and diagnostic process was undertaken blind to Edinburgh Postnatal Depression Scale screening results.

Results:

Cronbach's alpha coefficient for the Edinburgh Postnatal Depression Scale Dari version was good ( $\alpha = 0.79$ ). Criterion validity was assessed using the receiver operating characteristics curve and generated excellent classification accuracy for depression diagnosis (0.90; 95% confidence interval [0.82, 0.99]) and for anxiety diagnosis (0.94; 95% confidence interval [0.88, 1.00]). For depression, a cut-off score of 9, as recommended for culturally and linguistically diverse groups, demonstrated high sensitivity (1.00; 95% confidence interval [0.79, 1.00]) and specificity (0.88; 95% confidence interval [0.73, 0.97]). For anxiety, a cut-off score of  $\geq 5$  provided the best balance of sensitivity (1.00; 95% confidence interval [0.72, 1.00]) and specificity (0.80; 95% confidence interval [0.65, 0.91]).

Conclusion:

These results support the use of this Edinburgh Postnatal Depression Scale Dari version to screen for symptoms of depression and anxiety during pregnancy as well as the use of a lowered cut-off score. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-10676

**Anxiety, Depression, and Pain in the Perinatal Period: A Review for Obstetric Care Providers.** Xiong PT, Poehlmann J, Stowe Z, et al (2021), *Obstetrical and Gynecological Survey* vol 76, no 11, November 2021, pp 692-713

### Importance

Maternal depression and anxiety may not only increase vulnerability for the development of postpartum depression and anxiety but may increase the perception of obstetric pain.

### Objective

This review focuses on the relationship among depression, anxiety, and pain during pregnancy and postpartum. We will first review common clinical screening tools for depression, anxiety, and pain. Then, the existing evidence describing the relationship of depression, anxiety, and pain will be covered.

### Evidence Acquisition

Queries for publications in PubMed, Google Scholar, and the CINAHL (Cumulative Index to Nursing and Allied Health Literature) were completed. Both searches were limited to publications within the last 20 years. Literatures on subtopics obtained from the references of publications identified in the initial search were not limited by publication year.

### Results

A total of 19 total publications were identified regarding postpartum depression and pain; 17 were identified in the initial search, and 2 related to postpartum depression, anxiety, and pain were found by reviewing references. Eleven studies were identified regarding postpartum anxiety and pain; 4 were found in the original search, and 7 were identified by reviewing the references.

### Conclusions and Relevance

The relationship between postpartum depression and pain is well characterized in the literature. However, the relationship between postpartum anxiety and pain is less well defined, and further research is needed. The interaction between maternal mental health and pain emphasizes the importance of screening for these conditions and also counseling and educating patients about expectations regarding intrapartum and postpartum pain. (Author)

---

## 2023-10457

**Royal College of Midwives support black maternal mental health week.** Royal College of Midwives (2023), 25 September 2023.

Running time: 2 minutes, 17 seconds

Produced to promote Black maternal mental health week and presented by RCM Policy Advisor Janet Fyle, this short video gives useful advice for Black and Brown mothers/mothers-to-be, on talking to their midwife and accessing resources available to them to assist with mental health issues. (JSM)

**Full URL:** <https://vimeo.com/867972368?share=copy>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10400**

**Experiences of stigma, psychological distress, and facilitative coping among pregnant people with gestational diabetes mellitus.** Sun S, Pellowski J, Pisani C, et al (2023), BMC Pregnancy and Childbirth vol 23, no 643, September 2023

#### Background

Gestational diabetes mellitus (GDM) has been rising in the United States, and it poses significant health risks to pregnant individuals and their infants. Prior research has shown that individuals with GDM also experience prevalent stress and mental health issues, which can further contribute to glucose regulation difficulties. Stigma associated with GDM may contribute to these mental health challenges, yet there is a lack of focused research on GDM-related stigma, its impact on psychological health, and effective coping mechanisms. Thus, this qualitative study aims to understand individuals' experiences related to GDM stigma, mental health, and facilitative coping.

#### Methods

In-depth, semi-structured interviews were conducted with 14 individuals with a current or recent (within the last year) diagnosis of GDM. Thematic analysis was employed to guide data analysis.

#### Results

Four themes emerged from data analysis: (1) experience of distal GDM stigma including stigmatizing provider interactions, stigma from non-medical spaces, and intersecting stigma with weight, (2) internalized GDM stigma, such as shame, guilt, and self-blame, (3) psychological distress, which included experiences of stress and overwhelm, excessive worry and fear, and loneliness and isolation, and (4) facilitative coping mechanisms, which included diagnosis acceptance, internet-based GDM community, active participation in GDM management, social and familial support, and time for oneself.

#### Conclusions

Findings demonstrate the relevance of GDM stigma in mental health among people with GDM and the need for addressing GDM stigma and psychological health in this population. Interventions that can reduce GDM stigma, improve psychological wellness, and enhance positive coping may facilitate successful GDM management and healthy birth outcomes. Future quantitative, theory-driven research is needed to understand the prevalence of GDM stigma experiences and mechanisms identified in the current study, as well as among marginalized populations (e.g., individuals of color, sexual and gender minorities). (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05949-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-10397**

**Experiences of peripartum depressive symptoms among Chinese middle-class migrant women in the Netherlands: a qualitative study of migrant motherhood.** Shan H, Saharso S, Henrichs J (2023), BMC Pregnancy and Childbirth vol 23, no 638, September 2023

#### Background

A low educational level and poor economic status have repeatedly been identified as the main risk factors of peripartum depression among migrant women in existing studies. However, there is limited knowledge about a group of highly educated and middle-class migrant women, and how this group of migrant women deals with those risks and which protective factors facilitate a successful transition into motherhood in the host country. This study aims to shed light on the multifaceted psychosocial challenges during the peripartum period for Chinese migrant women in their relationships with intimate partners, mothers, and mothers-in-law.

#### Methods

In this qualitative study, semi-structured in-depth interviews were conducted digitally with 46 pregnant and postpartum middle-class Chinese migrant women with peripartum depressive symptoms in the Netherlands. The interview data were analyzed using content analysis.

#### Results

The multifaceted psychosocial challenges for women with peripartum depressive symptoms were classified into three key categories: the ambivalence towards different mothering values, perceived inadequate and mismatching social support and adverse childhood experiences.

#### Conclusion

Well-educated middle-class Chinese migrant women with peripartum depressive symptoms faced challenges in the transition into motherhood due to the unmet self-expectations regarding the pursuit of a good quality of life and a happy motherhood. The nurturing intimate relationships and adequate social support in the host country have mitigated recollections of their adverse childhood experiences. Future prevention programs and postpartum care should consider the contextual specificity based on the childhood history. International mental health research should pay more attention to the growing and potentially vulnerable group of well-educated middle-class migrant women. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05957-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2023-10361

**Perinatal Loss: The Impact on Maternal Mental Health.** Davoudian T, Gibbins K, Cirino NH (2021), *Obstetrical and Gynecological Survey* vol 76, no 4, April 2021, pp 223-233

### Importance

Psychological reactions to perinatal loss, although often self-limited, may lead to significant psychological morbidities. Obstetrician-gynecologists and other maternal health providers play a key role in recognizing the range of psychological responses to perinatal loss and providing education, support, and treatment options to their patients.

### Objective

This review aims to define psychological reactions associated with perinatal loss, examine psychotherapy and psychopharmacologic treatments for psychiatric morbidities, discuss interpregnancy interval following perinatal loss, and highlight brief, psychological interventions that can be implemented by maternal health providers.

### Evidence Acquisition

Search terms “perinatal loss psychology,” “reproductive loss grief,” “perinatal psychopharmacology,” “psychopharmacology grief,” and “interpregnancy interval” were utilized to search PubMed, Google Scholar, and PsycINFO.

### Results

Grief is an expected, normal response to perinatal loss. Psychological morbidities, including major depressive disorder, generalized anxiety disorder, and posttraumatic stress disorder, are also associated with perinatal loss. Risk factors for these conditions include history of a psychiatric illness, childlessness, unknown cause of perinatal loss, limited social support, and marital/relationship discord. Careful interviewing and brief screening measures can help identify patients who may suffer from depressive or anxiety disorders following reproductive loss. Patients with perinatal loss can benefit from psychological and possibly pharmacologic treatments. Recommended interpregnancy interval after perinatal loss should be customized by gestational age and cause of loss.

### Conclusions and Relevance

Patients with perinatal loss emotionally benefit from their reproductive health care providers acknowledging the psychological aspects of reproductive loss, inquiring about their emotional needs, and providing information regarding grief and mental health referrals. (Author)

---

## 2023-10259

**Public Health Series 4. Awareness to Action: Perinatal Mental Health.** Perlman JF (2023), *The Student Midwife* vol 6, no 3, July 2023, p 27

An overview of the impact of perinatal mental health problems and the role of midwives and student midwives in providing support. (AS)

---

## 2023-10105

**Perinatal Inpatient Mental Health Unit [written answer].** National Assembly for Wales (2023), *Record of Proceedings Written question WQ88918 (e)*, 30 August 2023

The Deputy Minister for Mental Health and Wellbeing responds to a written question asked by Russell George to the Welsh Government, regarding, given the progress of Wales’s specialist Perinatal Inpatient Mental Health Unit ‘Uned Gobaith’, whether the Minister confirm why similar units are not being developed elsewhere in the country when, according to RCM Wales, suicide is now the leading cause of maternal death in the first year after birth? (MB)

**Full URL:** <https://record.assembly.wales/OrderPaper/WrittenQuestions/06-09-2023/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-10104

**Perinatal Inpatient Mental Health Unit [written answer].** National Assembly for Wales (2023), Record of Proceedings Written question WQ88917 (e), 30 August 2023

The Deputy Minister for Mental Health and Wellbeing responds to a written question asked by Russell George to the Welsh Government, regarding whether the Welsh Government has any plans to expand the capacity of Wales's only specialist Perinatal Inpatient Mental Health Unit 'Uned Gobaith' in order for it to host more than just six women? (MB)

**Full URL:** <https://record.assembly.wales/OrderPaper/WrittenQuestions/06-09-2023/>

---

## 2023-10061

**Mental Health Services: Mothers [written answer].** House of Commons (2023), Hansard Written question 195171, 19 July 2023

Maria Caulfield responds to a written question from Dr Rosena Allin-Khan to the Secretary of State for Health and Social Care, regarding what steps his Department are taking to improve access to Specialist Perinatal and Maternal Mental Health Services. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-07-19/195171>

---

## 2023-09849

**Social mobility and perinatal depression in Black women.** Hawkins M, Mallapareddi A, Misra D (2023), *Frontiers in Global Women's Health* 24 August 2023, online

**Background:** Higher socioeconomic position is associated with better birth outcomes and maternal mental health, although this relationship is less consistent for Black women. The literature is limited on the impact of social mobility across the life course on mental health of pregnant women. This study examines the impact of perceived financial status across the life-course on depressive symptoms during pregnancy among Black women.

**Methods:** Data were from the Life-course Influences of Fetal Environments (LIFE) retrospective cohort study among pregnant Black women in metropolitan Detroit, Michigan. Depressive symptoms in the two weeks prior to birth were assessed using the Center for Epidemiologic Studies Depression (CES-D) scale. Social mobility was determined at three intervals over the life course using self-report of financial status during childhood, adolescence, and current age in pregnancy.

**Results:** 1,410 pregnant women participated, ranging in age from 18 to 45 years old. CES-D scores ranged from 0 to 53 (mean = 15.3) and 26% of the sample reported high depressive symptoms. In each age interval, higher financial status was associated with significant protective effect on depressive symptoms, and the magnitude of the effect increased across the life course. Trajectory analysis demonstrated that both the upward (4.51; 95% CI, 2.43–6.6) and downward (4.04; 95% CI, 2.62–5.46 and 3.09; 95% CI, 1.57–4.62) life-course social mobility groups had increased mean CES-D scores compared to the static social mobility group.

**Conclusion:** This study describes the importance of previous childhood and current financial status effects on mental health in Black pregnant women. (Author)

**Full URL:** <https://doi.org/10.3389/frhs.2023.1227874>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-09806

**A network analysis of nutritional markers and maternal perinatal mental health in the French EDEN cohort.** Knox B, Galera C, Sutter-Dallay A-L, et al (2023), BMC Pregnancy and Childbirth vol 23, no 603, August 2023

### Background

Perinatal maternal depression and anxiety are associated with adverse maternal outcomes, and nutrition may play an important role in their emergence. Previous research shows that certain micro and macronutrients found in different dietary patterns may associate with perinatal mood disorders. This study aims to explore relationships between nutrition during pregnancy and perinatal maternal depression and anxiety symptoms using network analyses.

### Methods

Using data from the French EDEN mother-child cohort, the sample consisted of 1438 women with available mental health outcomes (CES-D, STAI and EPDS) and nutritional markers collected from food frequency questionnaires. Four networks were constructed to explore the relationships between prenatal nutrient status, dietary patterns, and perinatal mental health, while accounting for important confounders.

### Results

The Healthy dietary pattern was associated with the presence of vital micronutrients, while the Western dietary pattern was consistently associated with poorer intake of specific micronutrients and contained an excess of certain macronutrients. Western dietary pattern and symptoms of postnatal depression were connected by a positive edge in both the macronutrient and micronutrient networks. Lower education levels were associated with higher Western dietary pattern scores, from which a positive edge linked to postnatal depression symptoms in both models.

### Conclusions

A Western dietary pattern was associated with increased symptoms of postnatal depression in our adjusted network models; The Healthy dietary pattern was associated with essential micronutrients but not with symptoms of depression or anxiety. Perinatal mental health might be impacted by specific dietary patterns in the context of psychosocial and physical stress associated with pregnancy. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05914-w>

---

## 2023-09803

**Mental Health Services: Mothers [written answer].** House of Commons (2023), Hansard Written question 195171, 19 July 2023

Maria Caulfield responds to a written question from Dr Rosena Allin-Khan to the Secretary of State for Health and Social Care, regarding what steps his Department are taking to improve access to Specialist Perinatal and Maternal Mental Health Services. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-07-19/195171>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-09710**

**A Prospective Study of Social Needs Associated with Mental Health among Postpartum Patients Living in Underserved Communities.** Lafferty AK, Duryea E, Martin R, et al (2023), American Journal of Perinatology 29 July 2023, online

**Objective** Given the rising rates of maternal morbidity and mortality in the United States and the contribution of mental illness, especially among individuals living in underresourced communities, the objective was to evaluate the prevalence of unmet health-related social needs and their impact on perinatal mental health outcomes.

**Study Design** This was a prospective observational study of postpartum patients residing within regions with increased rates of poor perinatal outcomes and sociodemographic disparities. Patients were enrolled in a multidisciplinary public health initiative “extending Maternal Care After Pregnancy (eMCAP)” between October 1, 2020 and October 31, 2021. Unmet health-related social needs were assessed at delivery. Symptoms of postpartum depression and anxiety were evaluated at 1 month postpartum utilizing the Edinburgh Postnatal Depression Scale (EPDS) and Generalized Anxiety Disorder-7 (GAD7) screening tools, respectively. Mean EPDS and GAD7 scores and odds of screening positive (scoring  $\geq 10$ ) were compared among individuals with and without unmet health-related social needs with  $p < 0.05$  considered significant.

**Results** Of participants enrolled in eMCAP, 603 completed at least one EPDS or GAD7 at 1 month. Most had at least one social need, most commonly dependence on social programs for food ( $n = 413/603$ ; 68%). Individuals lacking transportation to medical (odds ratio [OR]: 4.0, 95% confidence interval [CI]: 1.2–13.32) and nonmedical appointments (OR: 4.17, 95% CI: 1.08–16.03) had significantly higher odds of screening positive on EPDS while participants lacking transportation to medical appointments (OR: 2.73, 95% CI: 0.97–7.70) had significantly higher odds of screening positive on GAD7.

**Conclusion** Among postpartum individuals in underserved communities, social needs correlate with higher depression and anxiety screening scores. This highlights the need to address social needs to improve maternal mental health. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-09588**

**The Italian language postpartum specific anxiety scale [PSAS-IT]: translation, psychometric evaluation, and validation.** Ionio C, Ciuffo G, Landoni M, et al (2023), *Frontiers in Global Women's Health* 9 August 2023, online

Introduction: While often positive, the lifecourse transition to motherhood is susceptible to the risk for developing mood disorders. Postpartum anxiety has often been overshadowed by other perinatal-specific mental health disorders, such as postpartum depression, and therefore has not been at the forefront or center of as much empirical study. This has meant there is a lack of effective and reliable tools with which to measure it, despite growing evidence suggesting its detrimental impact on mothers, their babies, wider family and social contacts, and on healthcare systems. This current study aimed to translate and validate the Postpartum Specific Anxiety Scale [PSAS] into the Italian language, and to validate the tool for its use in detecting anxiety specific to motherhood.

Methods: The study (N = 457) comprised 4 stages: English-Italian translation and back-translation to obtain the Italian version [PSAS-IT]; a preliminary pilot study to adapt the PSAS to the characteristics of the Italian population; measurement invariance; and internal reliability of subscales.

Results: The PSAS-IT demonstrates similar psychometric properties as the original English-language PSAS, with acceptable acceptability, construct and convergent validity, and internal consistency. Confirmatory factor analysis for multiple groups (Italy and United Kingdom) showed that the factor structure of the PSAS was valid for both groups [ $\chi^2$  (2436) = 4679.481,  $p < 0.001$ , TLI = 0.969, CFI = 0.972, RMSEA = 0.045, SRMR = 0.064].

Discussion: The resulting findings offer a reliable measure of postpartum anxiety in Italian language up to six months after birth. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2023.1208613>

---

**2023-09554**

**Development of the Edinburgh Postnatal Depression Scale-United States: An Updated Perinatal Mental Health Screening Tool Using a Respectful Care and Trauma-Informed Approach.** Moyer SW, Kinser PA, Nunziatio JD, et al (2023), *Journal of Women's Health* vol 32, no 10, October 2023, pp 1080–1085

Purpose: To present the development protocol of the Edinburgh Postnatal Depression Scale-United States (EPDS-US), an adapted version of the EPDS, that is inclusive and easy to understand for U.S. populations and incorporates a trauma-informed approach to perinatal mental health (PMH).

Methods: Our team adapted the wording of the original EPDS to be more linguistically appropriate for current use with U.S. populations by incorporating principles from Trauma-Informed Care and the Cycle to Respectful Care.

Results: Through small but impactful linguistic updates, the EPDS-US offers inclusive person-first language and eliminates confusing phrases or wording that may be perceived as judgmental. The goal of the adapted EPDS-US is to foster symptom disclosure in an environment of safety and trust. The EPDS-US removes preidentified barriers patients experience related to PMH screenings.

Conclusions: The EPDS-US, a trauma-informed and respectful care screening tool, may lead to earlier recognition of symptoms, may allow for more person-focused treatment plans, and may serve as a platform for a culture change in addressing PMH, particularly when the screening tool is accompanied by open conversation, education, and resources. Validation studies are required at this time and this team welcomes direct communication with research and clinical sites interested in doing so. (Author) [Erratum: *Journal of Women's Health*, vol 32, no 12, December 2023, pp 1403–1404.

<https://doi.org/10.1089/jwh.2023.0141.correx>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-09551

**Understanding Perinatal Depression Care Gaps by Examining Care Access and Barriers in Perinatal Individuals With and Without Psychiatric History.** McNicholas E, Boama-Nyarko E, Julce C, et al (2023), Journal of Women's Health vol 32, no 10, October 2023, pp 1111–1119

**Background:** Depression affects one in seven perinatal individuals and remains underdiagnosed and undertreated. Individuals with a psychiatric history are at an even greater risk of perinatal depression, but it is unclear how their experiences with the depression care pathway may differ from individuals without a psychiatric history.

**Methods:** We conducted a secondary analysis evaluating care access and barriers to care in perinatal individuals who screened positive for depression using the Edinburgh Postnatal Depression Scale (N = 280). Data were analyzed from the PRogram in Support of Moms (PRISM) study, a cluster randomized controlled trial of two interventions for perinatal depression.

**Results:** Individuals with no prepregnancy psychiatric history (N = 113), compared with those with a history (N = 167), were less likely to be screened for perinatal depression, and less likely to be offered a therapy referral, although equally likely to attend if referred. When examining how these differences affected outcomes, those without a psychiatric history had 46% lower odds of attending therapy (95% confidence interval [CI]: 0.19–1.55), 79% lower odds of taking medication (95% CI: 0.08–0.54), and 80% lower odds of receiving any depression care (95% CI: 0.08–0.47). Barriers were similar across groups, except for concerns regarding available treatments and beliefs about self-resolution of symptoms, which were more prevalent in individuals without a psychiatric history.

**Conclusions:** Perinatal individuals without a prepregnancy psychiatric history were less likely to be screened, referred, and treated for depression. Differences in screening and referrals resulted in missed opportunities for care, reinforcing the urgent need for universal mental health screening and psychoeducation during the perinatal period. Clinical Trial Registration No.: NCT02935504. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-09520

**Maternal Well-Being in Pregnancy and Breastfeeding Practices: Findings from the ROLO Study.** Yelverton CA, Geraghty AA, O'Brien EC, et al (2023), American Journal of Perinatology 14 August 2023, online

### Objective

Low mood is common during the perinatal period, which may negatively impact breastfeeding practices. Exploring predictors of successful breastfeeding is a health priority area. This study investigated if maternal well-being during pregnancy is associated with breastfeeding practices.

### Study Design

This is a secondary analysis of a randomized control trial of a low glycemic index diet in pregnancy. A total of 610 secundigravida women were recruited in the National Maternity Hospital, Dublin, Ireland. Data on maternal education attainment, early pregnancy body mass index (BMI), and age were collected from hospital records. Well-being was self-reported by mothers between 10 and 28 weeks' gestation using the World Health Organization 5-Item well-being index. Scores were transformed to give percentage well-being. Mothers recorded breastfeeding practices at hospital discharge and at the study follow-up appointments. Chi-squares and independent t-tests determined initial differences in breastfeeding practices. Multiple and logistic regression analyses were used to adjust for confounders.

### Results

Average maternal age was 32.7 years; average BMI was 26.6 kg/m<sup>2</sup>, and 56% had achieved third-level education. The average well-being score was 58.2%. In unadjusted analysis, high well-being scores were associated with exclusive breastfeeding (56.2% breastfed vs. 46%, breastfed  $p < 0.03$ ). After adjusted analysis, these associations were no longer significant (odds ratio: 1.00, 95% confidence interval: 0.99–1.01). No other associations were found.

### Conclusion

Our findings indicated 25% of pregnant women in the first trimester reported low well-being scores. Associations between maternal well-being and breastfeeding patterns were explained by maternal age and education level, suggesting low mood may not be a barrier to breastfeeding initiation or duration. This trial is registered at: <https://www.isrctn.com/ISRCTN54392969>. (Author)

---

## 2023-09517

**'Motherhood is hard': young, HIV-positive mums in South Africa open up about regret and anger.** Adeagbo MJ (2023), 30 August 2023, online

For any woman, pregnancy and giving birth are major life-changing experiences. Becoming a mother brings with it a range of emotions and, in many African cultures, positive emotions are centred when talking about motherhood. Scholarship from the eastern, western and southern parts of the continent has emphasised how motherhood is linked to notions of continuity, strength and sacrifice, unconditional love, consecration and spirituality, family ties, loyalty and happiness. In many African cultures, mothers are expected to be resilient, happy and tenacious. But what about the often "silenced" aspect of motherhood? Generally, mothers are not expected or encouraged to share any negative emotions about their experiences and role. Those who defy this expectation are frequently stigmatised and labelled "bad mothers". These responses often arise from the belief that motherhood is life's key purpose. Seen through this societal lens, becoming a mother ought to be fulfilling and overwhelmingly positive. But human emotions are complex. People can experience joy and sadness simultaneously. This is underscored by our study among HIV-positive mothers in South Africa about their experiences of motherhood. These young women, aged between 16 and 24, told us how they grappled with harsh realities and daily challenges. (Author)

**Full URL:** <https://theconversation.com/motherhood-is-hard-young-hiv-positive-mums-in-south-africa-open-up-about-regret-and-anger-192338>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-09236**

**The time of motherhood in a time of crisis: a longitudinal qualitative study.** Caffieri A, Margherita G (2023), Journal of Reproductive and Infant Psychology 2 August 2023, online

#### Aims/Background

The impact of the COVID-19 pandemic on the health of women in the perinatal period has been widely shown in literature. Although longitudinal quantitative studies investigated the long-term effects of the COVID-19 pandemic on both women and children's health, no longitudinal qualitative study can be found within literature. The study aimed at an in-depth exploration of the longitudinal trajectories, from pregnancy to postpartum, lived by women through the waves of the COVID-19 pandemic in Italy.

#### Design/Methods

As a method, the qualitative approach of Longitudinal Interpretative Phenomenological Analysis was used. A total of 14 women were interviewed for the first time during pregnancy (March-May 2021/second wave of the COVID-19 spread). Among the total, 8 completed a second interview, one year later, during postpartum (March-May 2022/end of the COVID-19 public emergency) and were included in the analysis.

#### Results

Three superordinated themes emerged: (1) Maternal functions during the COVID-19 pandemic; (2) 'Care' needs of women in maternal services; (3) Unspeakable: obstetric violence and gender inequality in the working field. Themes were organised considering women's experience, showing continuity and discontinuity paths overtime.

#### Conclusion

Women in their perinatal period during the COVID-19 pandemic felt like 'living incubators', both isolated and invested in individual and social responsibilities of 'caring'.

The study confirms the need to re-centre maternal care services' praxis on women's needs as an act of collective repair against the consequences of collective trauma of the COVID-19 pandemic. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-09210**

**Community-based perinatal mental health peer support: a realist review.** Mcleish J, Ayers S, McCourt C (2023), BMC Pregnancy and Childbirth vol 23, no 570, August 2023

#### Background

Peer support has been suggested as an alternative or complement to professional support for mothers with perinatal mental health difficulties. The aim of this realist review was to synthesise the evidence on perinatal mental health peer support programmes outside mental health services, to understand what is it about community-based perinatal mental health peer support that works, for whom, in what circumstances, in what respects, and why.

#### Methods

Applying realist methodology, an initial theoretical model was tested against evidence from empirical studies. 29 empirical studies were included, covering 22 antenatal and postnatal mental health interventions that offered one-to-one or group peer support, in person or by telephone. Data extraction identified the configurations of contexts (C), mechanisms (M) and outcomes (O) relevant to mothers' use of peer support and to the positive and negative effects of using peer support.

#### Results

13 C-M-O configurations explained take-up of peer support. These were based on mothers' perceptions that peer support would offer empathetic understanding and non-judgemental acceptance outside their social circle; their relationships with primary health professionals; their cultural background and perspectives on mental health; their desire for professional support; overcoming practical barriers; the format of the support; and the use of volunteers. A further 13 C-M-O configurations explained positive impact on mothers. These were based on receiving empathetic listening, acceptance, affirmation and normalisation; peers sharing ideas about self-care, coping, and services; peers using therapeutic techniques; the opportunity to give support to others; meaningful social relationships with volunteers and other mothers; and other benefits of attending a group. There were 8 C-M-O configurations explaining negative impact. These were based on lack of validation; self-criticism from downward and upward social comparison; a culture of negativity; peers being judgemental or directive; not feeling heard; peer support as a stressful social relationship; and distress at endings.

#### Conclusions

Peer support works in complex ways that are affected by personal and social contexts. Providers, commissioners and evaluators can use this review to understand and maximise the valuable benefits of peer support, to minimise potential risks, and to devise ways of reaching mothers who do not currently engage with it. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05843-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-09099

**Posttraumatic stress symptoms and postpartum anxiety among Palestinian women: the mediating roles of self-esteem and social support.** Bdier D, Mahamid F, Fallon V, et al (2023), BMC Women's Health vol 23, no 420, August 2023

#### Background

Women are estimated to develop several mental disorders during pregnancy and/or for up to a year postpartum, with anxiety and depression being the most common co-morbidities. Postpartum anxiety is less well studied compared with postpartum depression in the Palestinian context in terms of risk factors, mental health outcomes and protective factors.

#### Purpose

The aim of the current study was to investigate whether self-esteem and social support mediated the association between posttraumatic stress symptoms and postpartum anxiety among Palestinian women.

#### Methods

Berlin Social Support Scales, Postpartum Specific Anxiety Scale, Impact of the Event Scale, and Rosenberg self-esteem scale were administered to 408 Palestinian women recruited from health centers in northern of the West Banks/ Palestine using a convenience sample.

#### Results

The findings of our study revealed that postpartum anxiety positively correlated with posttraumatic stress symptoms ( $r = .56$ ,  $p < .01$ ), and negatively correlated with social support ( $r = -.30$ ,  $p < .01$ ), and self-esteem ( $r = -.27$ ,  $p < .05$ ). Moreover, posttraumatic stress symptoms negatively correlated with social support ( $r = -.24$ ,  $p < .01$ ), and self-esteem ( $r = -.25$ ,  $p < .01$ ). Results of structural equation modeling (SEM) showed a good fit of the hypothesized model.

#### Conclusions

Given this, it is recommended to conduct similar studies with diverse samples in the Palestinian society. It would also be useful for health professionals who work with Palestinian pregnant women (i.e., mental health providers, nurses, midwives, physicians) to assess self-esteem and social support in an effort to identify women who may be at greater risk of developing postpartum anxiety. It may also be worthwhile to develop and implement interventions during pregnancy which serve to enhance a women's sense of self-esteem during this particularly stressful period. (Author)

**Full URL:** <https://doi.org/10.1186/s12905-023-02567-x>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-08996

**Effect of the INTER-ACT lifestyle intervention on maternal mental health during the first year after childbirth: A randomized controlled trial.** Van Uytsel H, Ameye L, Devlieger R, et al (2023), PLoS ONE vol 18, no 7, 28 July 2023, e0284770

We assess whether the INTER-ACT postpartum lifestyle intervention influences symptoms of depression and anxiety, sense of coherence and quality of life during the first year after childbirth. A total of 1047 women of the INTER-ACT RCT were randomized into the intervention (n = 542) or control arm (n = 505). The lifestyle intervention consisted of 4 face-to-face coaching sessions, supported by an e-health app. Anthropometric and mental health data were collected at baseline, end of intervention and 6-months follow-up. We applied mixed models to assess whether the evolution over time of depressive symptoms, anxiety, sense of coherence and quality of life differed between the intervention and control arm, taking into account the women's pre-pregnancy BMI. There was no statistical evidence for a difference in evolution in anxiety or quality of life between intervention and control arm. But an improvement in symptoms of depression and sense of coherence was observed in women who received the intervention, depending on the mother's pre-pregnancy BMI. Women with normal/overweight pre-pregnancy BMI, reported a decrease in EPDS between baseline and end of intervention, and the decrease was larger in the intervention arm (control arm: -0.42 (95% CI, -0.76 to -0.08); intervention arm: -0.71 (95% CI, -1.07 to -0.35)). Women with pre-pregnancy obesity showed an increase in EPDS between baseline and end of intervention, but the increase was less pronounced in the intervention arm (control arm: +0.71 (95% CI, -0.12 to 1.54); intervention arm: +0.42 (95% CI -0.42 to 1.25)). Women with a normal or obese pre-pregnancy BMI in the intervention arm showed a decrease in sense of coherence between baseline and end of intervention (-0.36) (95% CI, -1.60 to 0.88), while women with overweight pre-pregnancy showed an increase in sense of coherence (+1.53) (95% CI, -0.08 to 3.15) between baseline and end of intervention. Receiving the INTER-ACT postpartum lifestyle intervention showed improvement in depressive symptoms, in normal weight or overweight women on the short run, as well as improvement in sense of coherence in women with pre-pregnancy overweight only. Trial registration: ClinicalTrials.gov;NCT02989142.

Copyright: © 2023 Van Uytsel et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Conflict of interest statement

The authors declared no conflict of interest. (Author)

Full URL: <https://doi.org/10.1371/journal.pone.0284770>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-08850**

**Dietary interventions for perinatal depression and anxiety: a systematic review and meta-analysis of randomized controlled trials.** Tsai Z, Shah N, Tahir U, et al (2023), *The American Journal of Clinical Nutrition* vol 117, no 6, June 2023, pp 1130-1142

#### Background

Dietary interventions are a widely available mediation for depression and anxiety among pregnant and/or postpartum (i.e., perinatal) persons, but their effectiveness is not well known.

#### Objectives

We performed a systematic review and meta-analysis to assess the effectiveness of dietary interventions for the treatment of perinatal depression and/or anxiety.

#### Methods

We searched MEDLINE, EMBASE, PsycINFO, CINAHL, and Web of Science from their inception to 2 November, 2022. Studies were included if they were available in English and examined the effectiveness of a dietary intervention for perinatal depression and/or anxiety in a randomized controlled trial.

#### Results

Our search identified 4246 articles, of which 36 were included and 28 were eligible for meta-analysis. Random-effects meta-analyses were performed. Polyunsaturated fatty acids (PUFAs) were not found to improve symptoms of perinatal depression compared to control conditions [standardized mean differences (SMD):  $-0.11$ ; 95% CI:  $-0.26$  to  $0.04$ ]. These results neither changed when examined during pregnancy or the postpartum period separately nor varied according to the fatty acid (FA) ratio. Elemental metals (iron, zinc, and magnesium) were also not found to be superior to placebo (SMD:  $-0.42$ ; 95% CI:  $-1.05$  to  $0.21$ ), although vitamin D yielded a small to medium effect size improvement (SMD:  $-0.52$ ; 95% CI:  $-0.84$  to  $-0.20$ ) in postpartum depression. Iron may help in those with confirmed iron deficiency. Narrative synthesis was performed for studies ineligible for meta-analyses.

#### Conclusions

Despite their widespread popularity, PUFAs and elemental metals do not appear to effectively reduce perinatal depression. Vitamin D taken in doses of 1800–3500 International Units per day may be, to some extent, promising. Additional high-quality, large-scale randomized controlled trials are needed to determine the true effectiveness of dietary interventions on perinatal depression and/or anxiety.

This study was registered at PROSPERO (registration date: 5 July, 2020; CRD42020208830). (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-08604**

**Maternal mood and anxiety effects on the fetal nonstress test.** McCauley E, Rood K, Benedict J, et al (2023), American Journal of Obstetrics & Gynecology (AJOG) vol 5, no 8, August 2023, 101053

#### BACKGROUND

Previous studies have suggested that acute mood states may influence levels of fetal activity. Because the fetal nonstress test relies on markers of fetal activity to suggest fetal wellbeing, its interpretation may be affected by maternal mood.

#### OBJECTIVE

This study sought to determine if there are differences in nonstress test characteristics between pregnant individuals with and without symptoms of mood disorder.

#### STUDY DESIGN

In this prospective cohort study, we recruited pregnant individuals undergoing nonstress test in the third trimester and compared the results of the nonstress test between pregnant individuals with scores above and below the cutoff values on validated screening questionnaires for depression and anxiety symptoms, the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder 7-item scale (GAD-7). Demographic information was collected from each participant at the time of recruitment, and medical information was extracted from the electronic medical record.

#### RESULTS

A total of 68 pregnant individuals were enrolled, 10 (15%) of which screened positive for perinatal mood disorders. There was no significant difference in means of time to reactivity (15.6 [4.8] minutes vs 15.0 [8.0] minutes,  $P=.77$ ), number of accelerations (0.16/min [0.08] vs 0.16/min [0.10],  $P>.95$ ), number of fetal movements (17.0 [14.7] vs 19.7 [20.4],  $P=.62$ ), heart rate baseline (138.0 [7.5] bpm vs 139.2 [9.0] bpm,  $P=.67$ ) or variability (8.5 [2.5] bpm vs 9.1 (4.3) bpm,  $P=.51$ ) between pregnant individuals who screen positive for mood disorders and those who did not.

#### CONCLUSION

Fetal heart rate patterns are similar in pregnant individuals with and without symptoms of mood disorder. The results provide reassurance that acute symptoms of anxiety and depression do not have significant effects on the fetal nonstress test. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-08450**

**Effects of a prenatal mindfulness program on longitudinal changes in stress, anxiety, depression, and mother–infant bonding of women with a tendency to perinatal mood and anxiety disorder: a randomized controlled trial.** Pan W-L, Lin L-C, Kuo L-Y, et al (2023), BMC Pregnancy and Childbirth vol 23, no 547, July 2023

#### Background

Stress is a risk factor for poor physical and mental health, affecting new mothers' ability, especially those with perinatal mood and anxiety disorders, to maintain their everyday lives. Over the past 50 years, global incidences of depression and anxiety disorders have increased, reaching pandemic levels. These incidences represent major public health issues that are challenging to detect and treat. Mindfulness programs are viable for reducing stress, anxiety, and depression. The present study evaluates mindfulness intervention effects on stress, anxiety, depression, and mother–infant bonding.

#### Methods

We collected data on 102 women participating in a prenatal mindfulness program between July 2021 and March 2022; they were parallel and randomly assigned to experimental or control groups. The intervention group received an 8-week course in a prenatal mindfulness program, and the control group received usual standard prenatal care. The self-reported stress, pregnancy-related anxiety, and depression were assessed before and after the intervention and at 36 weeks of gestation. At 2 and 4 months postpartum, all participants provided self-reported their levels of stress, depression, and quality of mother-infant bonding.

#### Results

Compared to the control group, the experimental group that received the prenatal mindfulness intervention experienced reduced prenatal stress, anxiety, and depression and reduced postnatal stress and depression. Despite this, there was no significant difference between the groups in terms of the quality of mother-infant bonding.

#### Conclusions

Mindfulness prenatal programs are convenient and effective methods of decreasing stress, anxiety, and depression during the perinatal period. Based on our findings, prenatal mindfulness may play a role in mitigating mood and anxiety disorders and should be considered in future approaches to preventing psychological distress. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05873-2>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-08197**

**Perinatal depression before and during the Coronavirus pandemic in New York City.** Lantigua-Martinez M, Trostle ME, Torres AM, et al (2023), *AJOG Global Reports* 16 July 2023, online

#### Background

Quarantining and isolation during previous pandemics have been associated with higher levels of depression symptomatology. Studies in other countries found elevated rates of anxiety and/or depression among pregnant people during the Coronavirus pandemic compared to pre-pandemic rates. New York City was the initial epicenter of the pandemic in the United States and the effects of the pandemic on perinatal depression in this population are not well known.

#### Objective

To evaluate the rates of perinatal depression before and during the Coronavirus pandemic.

#### Study Design

This is a single-center retrospective cohort study of patients screened for perinatal depression with the Edinburgh Postnatal Depression Scale at two private academic practices in New York City. This screen is done in these practices at the time of glucose challenge test and at the postpartum visit. Patients  $\geq 18$  years old who completed a screen at a postpartum visit and/or glucose challenge test during February 1, 2019 to July 31, 2019 and February 1, 2020 to July 31, 2020 were identified and the 2019 and 2020 groups were compared. The primary outcome was a positive screen, defined as  $\geq 13$  and  $\geq 15$  for postnatal and prenatal screens, respectively. Secondary outcomes included monthly changes in rates of positive screens and factors associated with perinatal depression. Data were analyzed using Mann-Whitney U test, Chi-square or Fisher's exact test, and univariate and multivariate analyses with  $p < 0.05$  defined as significance.

#### Results

1366 records met inclusion criteria. 75% of the pre-pandemic (2019) records were included compared to 65% of pandemic (2020) records due to a lower screen completion rate in the pandemic cohort. The 2020 cohort had a higher proportion of Hispanic patients ( $p=0.003$ ), higher rates of diabetes ( $p=0.007$ ), preterm labor ( $p=0.03$ ), and current or former drug use ( $p<0.001$ ). The 2019 cohort had higher rates of hypertension ( $p=0.002$ ) and breastfeeding ( $p=0.03$ ). 4.6% of the 2020 cohort had a suspected or confirmed Covid-19 infection. There was no difference in perinatal depression between the 2019 and 2020 cohorts (2.8% vs 2.6%,  $p>0.99$ ). This finding persisted after adjusting for baseline differences (aOR 0.89, 95% CI 0.38-1.86,  $p=0.76$ ). There were no differences in rates of positive EPDS by month. Several risk factors were associated with a positive screen, including being unmarried ( $p<0.001$ ), pulmonary disease ( $p=0.02$ ), depression ( $p<0.001$ ), anxiety ( $p=0.01$ ), bipolar disorder ( $p=0.009$ ), and use of anxiolytics ( $p=0.04$ ).

#### Conclusion

There were no differences in the rates of perinatal depression before and during the Coronavirus pandemic. The rate of perinatal depression in this cohort was below the reported averages in the literature. Fewer women were screened for perinatal depression in 2020, which likely underestimated the prevalence of depression in our cohort. These findings highlight potential gaps in care in a pandemic setting. (Author)

**Full URL:** <https://doi.org/10.1016/j.xagr.2023.100253>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-08191**

**Association Between Mental Health Conditions at the Hospitalization for Birth and Postpartum Hospital Readmission.** Brown CC, Kuhn S, Stringfellow K, et al (2023), Journal of Women's Health vol 32, no 9, September 2023, pp 982–991

Background: The relationship between physical comorbidities and postpartum hospital readmission is well studied, with less research regarding the impact of mental health conditions on postpartum readmission.

Methods: Using hospital discharge data (2016–2019) from the Hospital Cost and Utilization Project Nationwide Readmissions Database (n = 12,222,654 weighted), we evaluated the impact of mental health conditions (0, 1, 2, and  $\geq 3$ ), as well as five individual conditions (anxiety, depressive, bipolar, schizophrenic, and traumatic/stress-related conditions) on readmission within 42 days, 1–7 days (“early”), and 8–42 days (“late”) of hospitalization for birth.

Results: In adjusted analyses, the rate of 42-day readmission was 2.2 times higher for individuals with  $\geq 3$  mental health conditions compared to those with none (3.38% vs. 1.56%;  $p < 0.001$ ), 50% higher among individuals with 2 mental health conditions (2.33%;  $p < 0.001$ ), and 40% higher among individuals with 1 mental health condition (2.17%;  $p < 0.001$ ). We found increased adjusted risk of 42-day readmission for individuals with anxiety (1.98% vs. 1.59%;  $p < 0.001$ ), bipolar (2.38% vs. 1.60%;  $p < 0.001$ ), depressive (1.93% vs. 1.60%;  $p < 0.001$ ), schizophrenic (4.00% vs. 1.61%;  $p < 0.001$ ), and traumatic/stress-related conditions (2.21% vs. 1.61%;  $p < 0.001$ ), relative to individuals without the respective condition. Mental health conditions had larger impacts on late (8–42 day) relative to early (1–7 day) readmission.

Conclusions: This study found strong relationships between mental health conditions during the hospitalization for birth and readmission within 42 days. Efforts to reduce the high rates of adverse perinatal outcomes in the United States should continue to address the impact of mental health conditions during pregnancy and throughout the postpartum period. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-08141**

**Perinatal mental health and women's lived experience of the COVID-19 pandemic: A scoping review of the qualitative literature 2020-2021.** Jin Y, Murray L (2023), Midwifery vol 123, August 2023, 103706

#### Background

The COVID-19 pandemic resulted in global physical distancing restrictions and lockdown orders. Despite the clear documentation of increased mental distress amongst adult populations during the pandemic, there is limited evidence about the mental health challenges of people in the perinatal period (pregnancy, birth and postpartum). The aim of this review is to summarise the qualitative research about women's lived experience and emotional wellbeing during the COVID-19 pandemic.

#### Methods

A comprehensive search strategy was developed. Twenty peer-reviewed qualitative research articles published in English from January 1, 2020, to December 15, 2021, were included. Data synthesis outlined the evidence from common themes in a narrative format.

#### Results

Themes during pregnancy included: (1) information seeking: anxiety and fear; (2) experiencing isolation and disruptions to my social support; (3) 'Going it alone' in pregnancy care; (4) anticipatory grieving and despair; (5) finding 'silver linings' in social restrictions. One key theme during birth was "birthing in a crisis". Themes during postpartum included: (1) isolating 'Early motherhood is much like lockdown'; (2) breastfeeding: triumphs and tribulations; (3) facing disruptions during postpartum care; (4) 'Affecting us for years to come' - COVID-19 was not the only trauma; (5) 'silver linings' during postpartum care.

#### Conclusions

This review provides important insights into how experiences of isolation, decreased social support and adaptations to maternity services affect women's mental health. Maternity services should consider how perinatal mental health support may be integrated into the care of women who may still be required to isolate or have reduced visitors during their perinatal care.

#### Statement of significance

The restrictions and disruptions to maternity care due to the COVID-19 pandemic were likely to impact the mental health of women in the perinatal period (pregnancy, birth and postpartum). What is already known is that public health measures due to COVID-19 increased the prevalence of common perinatal mental disorders (CPMDs) and exacerbated common risk factors for CPMDs (i.e., poor social support). What this paper adds: The qualitative research with women in the perinatal period during the pandemic provides unique insights into how these events impacted perinatal mental and emotional health. In particular, the ways that global physical distancing measures and maternity care adaptations contributed to women's feelings of distress, isolation, and depression/despair. Silver linings such as more uninterrupted time with immediate family were also identified. (Author)

**Full URL:** <https://doi.org/10.1016/j.midw.2023.103706>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-08076**

**Psychosocial factors associated with health behaviors in pregnant women of advanced maternal age in Korea.** Jeon S, Noh W (2023), *Frontiers in Public Health* 15 June 2023, online

**Objectives:** To determine the association between psychosocial factors and health-promoting and health-impairing behaviors in pregnant women of advanced maternal age (AMA) in Korea.

**Design:** A cross-sectional survey study.

**Setting:** Online survey.

**Samples:** A total of 217 pregnant women aged 35 and older agreed to participate in the study, with 207 participants completing the self-report questionnaires.

**Methods:** We collected self-reported data on demographic, obstetric, and psychosocial factors and prenatal health behaviors using standardized measures. We conducted a descriptive analysis of the collected data and a linear regression to identify significant associations with health-promoting and health-impairing behaviors.

**Results:** We found that maternal–fetal attachment ( $\beta = 0.43$ ,  $p < 0.001$ ) and “social atmosphere” of pregnancy stress ( $\beta = 0.13$ ,  $p = 0.047$ ) were positively associated with prenatal health-promoting behaviors. We found that artificial conception ( $\beta = -0.16$ ,  $p = 0.011$ ) was negatively associated with prenatal health-impairing behaviors and that multiparity ( $\beta = 0.23$ ,  $p = 0.001$ ) and “maternal role” of pregnancy stress ( $\beta = 0.27$ ,  $p = 0.003$ ) positively associated with prenatal health-impairing behaviors.

**Conclusion:** Health-impairing behaviors of pregnant AMA women need assessment and the importance of health-promoting behaviors for maternal and infant health need reinforcing. We recommend pregnancy stress assessments at prenatal checkups and stress relief interventions that consider cultural differences and contexts rather than standardized interventions. (Author)

**Full URL:** <https://doi.org/10.3389/fpubh.2023.1179416>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-08054**

**A mixed methods study to understand perinatal mental healthcare referral decisions among midwives and health visitors in the UK.** Johnson J, Hope L, Jones L, et al (2023), *Frontiers in Global Women's Health* 12 June 2023, online

**Background:** In the UK approximately half of women requiring perinatal mental health (PNMH) care do not receive treatment despite having routine contact with midwives (MWs) and health visitors (HVs). Limited research has been undertaken regarding MWs'/HVs' decision-making around referring women for secondary PNMH care. In particular, the impact that the level of local secondary PNMH services may have on MWs'/HVs' referral decisions is unexplored.

**Aim:** To understand MWs'/HVs' decision-making in relation to referring women with identified PNMH problems, to identify barriers and facilitators to effective and timely referrals including any impact of the local secondary PNMH service provision.

**Methods:** Participants were recruited from four National Health Service (NHS) Trusts in England, located across two geographical areas, that provided different types of PNMH services. One area had PNMH services that met National Institute for Health and Care Excellence (NICE) guidelines; the other area had no secondary PNMH services. A sequential mixed methods design was used: In-depth semi-structured interviews with practising MWs/HVs (n = 24) to explore their approach to PNMH referral decision-making, analysed using thematic analysis; Questionnaire offered to all practising MWs/HVs in the two geographical areas to measure factors that may impact on PNMH referral decision-making allowing for statistical comparisons to be made between the professional groups/geographical areas.

**Findings:** Three themes were identified from the interviews that impacted on MWs'/HVs' PNMH referral decision-making: identifying need; education, skills and experience; and referral pathways.

**Questionnaire response rate** 13.1% (n = 99). The most reported facilitators to referral decision-making were a trusted relationship between MWs/HVs and women and routine enquiry about women's mental health; the most reported barriers were stigma associated with mental ill-health and women's perceived fear of child removal.

**Conclusion:** Fundamental to MWs'/HVs' decision-making was their perceived relationship between themselves and women. Although PNMH service provision is important for women to ensure they receive appropriate PNMH care, service provision appeared less important to MWs'/HVs' referral decision-making than how maternity/health visiting services were delivered. Further important factors to MWs/HVs were to the ability to provide continuity of carer with women allowing MWs/HVs to identify women who would benefit from referral for secondary PNMH care. (Author)

**Full URL:** <https://doi.org/10.3389/fpsy.2023.1056987>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-07889

**Expression of antenatal symptoms of common mental disorders in The Gambia and the UK: a cross-sectional comparison study.** Sanfilippo KRM, Glover V, Cornelius V, et al (2023), *BMJ Open* vol 13, no 7, June 2023

**Objectives** It is important to be able to detect symptoms of common mental disorders (CMDs) in pregnant women. However, the expression of these disorders can differ across cultures and depend on the specific scale used. This study aimed to (a) compare Gambian pregnant women's responses to the Edinburgh Postnatal Depression Scale (EPDS) and Self-reporting Questionnaire (SRQ-20) and (b) compare responses to the EPDS in pregnant women in The Gambia and UK.

**Design** This cross-sectional comparison study investigates Gambian EPDS and SRQ-20 scores through correlation between the two scales, score distributions, proportion of women with high levels of symptoms, and descriptive item analysis. Comparisons between the UK and Gambian EPDS scores were made by investigating score distributions, proportion of women with high levels of symptoms, and descriptive item analysis.

**Setting** This study took place in The Gambia, West Africa and London, UK.

**Participants** 221 pregnant women from The Gambia completed both the SRQ-20 and the EPDS; 368 pregnant women from the UK completed the EPDS.

**Results** Gambian participants' EPDS and SRQ-20 scores were significantly moderately correlated ( $r_s=0.6$ ,  $p<0.001$ ), had different distributions, 54% overall agreement, and different proportions of women identified as having high levels of symptoms (SRQ-20=42% vs EPDS=5% using highest cut-off score). UK participants had higher EPDS scores ( $M=6.5$ , 95% CI (6.1 to 6.9)) than Gambian participants ( $M=4.4$ , 95% CI (3.9 to 4.9)) ( $p<0.001$ , 95% CIs (-3.0 to -1.0), Cliff's delta = -0.3).

**Conclusions** The differences in scores from Gambian pregnant women to the EPDS and SRQ-20 and the different EPDS responses between pregnant women in the UK and The Gambia further emphasise how methods and understanding around measuring perinatal mental health symptoms developed in Western countries need to be applied with care in other cultures. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2022-066807>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-07878**

**Cost-utility of a web-based intervention to promote maternal mental health among postpartum women presenting low risk for postpartum depression.** Monteiro F, Antunes P, Pereira M, et al (2022), International Journal of Technology Assessment in Health Care vol 38, no 1, 2022, e62

#### Objectives

Web-based interventions for the promotion of maternal mental health could represent a cost-effective strategy to reduce the burden associated with perinatal mental illness. This study aimed to evaluate the cost-utility of Be a Mom, a self-guided web-based cognitive behavioral therapy intervention, compared with a waiting-list control.

#### Methods

The economic evaluation alongside a randomized controlled trial was conducted from a societal perspective over a 14-month time frame. Postpartum women presenting low risk for postpartum depression were randomized to the intervention (n = 191) or control (n = 176) group and assessed at baseline, postintervention and 4 and 12 months after postintervention. Data regarding healthcare use, productive losses and quality-adjusted life years (QALYs) were collected and used to calculate incremental cost-effectiveness ratios (ICERs). Uncertainty was accounted for with nonparametric bootstrapping and sensitivity analyses.

#### Results

At 14 months, and after accounting for a 3.5 percent discount rate, the intervention resulted in a yearly cost-saving of EUR 165.47 (-361.77, 28.51) and a QALY gain of 0.0064 (-0.0116, 0.0244). Bootstrapping results revealed a dominant ICER for the intervention group. Although results were statistically nonsignificant, cost-effectiveness acceptability curves showed that at a EUR 0 willingness to pay threshold, there is a 96 percent probability that the intervention is cost-effective when compared with the control group. The sensitivity analyses generally supported the acceptable likelihood of the intervention being more cost-effective than the control group.

#### Conclusions

From a societal perspective, the implementation of Be a Mom among low-risk postpartum women could be a cost-effective way to improve perinatal mental health. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



2023-07846

**Maternal mental health screening and management by health workers in southwestern Uganda: a qualitative analysis of knowledge, practices, and challenges.** Nakidde G, Kumakech E, Mugisha JF, et al (2023), BMC Pregnancy and Childbirth vol 23, no 477, June 2023

#### Background

Maternal mental health (MMH) problems, such as perinatal depression, maternal anxiety, suicide ideation and puerperal psychosis among others, have a significant impact on maternal morbidity and mortality, as well as the health and development of children. One in every four pregnant women and one in every five postpartum women in low-income countries, suffer from maternal mental health (MMH) problems. Despite this, MMH screening, diagnosis, and reporting remain scanty in Uganda. Consequently, this study aimed to investigate the knowledge, practices, and impediments that maternity care workers face when screening and managing women with maternal mental health disorders in health facilities in south-western Uganda.

#### Methods

In-depth interviews were conducted with 22 health-care professionals who work in maternity care departments in primary and tertiary healthcare facilities in southwestern Uganda to investigate their medical knowledge, clinical practices, and challenges related to the screening and management of maternal mental health problems. Using qualitative content analysis, distinct categories and subcategories were found.

#### Results

Medical staff especially midwives lacked specialized training in screening and managing women with maternal mental health problems. They screened and managed MMH problems solely based on history and physical examination, and they referred nearly every mother displaying signs of mental illness because they felt ill-prepared to handle them. On the other hand, medical staff with some level of specialized training in mental health particularly staff working in mental health units, were more likely to use a mental health screening tool in addition to history and physical examination; and to treat any women exhibiting signs and symptoms of maternal mental problems without referring them. Lack of in-service training on maternal mental health, poorly coordinated referral systems, reluctance of mentally ill to visit medical facilities, scarcity of mental health specialists, and shortage of relevant medications were identified as the major challenges. Age, experience level, or gender had no effect on screening or management practices.

#### Conclusions

The results suggest that specialized training in mental health, and particularly maternal mental health, is essential for the effective screening and management of maternal mental health conditions in South Western Uganda. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05763-7>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-07824**

**Validation of the German version of the pregnancy-related anxiety scale (PrAS): psychometric properties across all trimesters of pregnancy.** Weigl T, Brunton R, Dryer R, et al (2023), BMC Pregnancy and Childbirth vol 23, no 472, June 2023

**Background**

Pregnancy-related anxiety has received greater research attention recently given its association with adverse outcomes (e.g., negative birth experiences). The Pregnancy-related Anxiety Scale (PrAS) offers the possibility to assess pregnancy-related anxiety, but no German version is available. Therefore, the aim of this study was to validate a German version of the PrAS, a comprehensive measure with eight dimensions.

**Methods**

Pregnant women of any parity or gestation completed an online survey consisting of the PrAS, PRAQ-R2, and measures of anxiety, depression, and resilience. The PrAS was translated into German (PrAS-G) using the back-translation method. Data were subjected to confirmatory factor analysis and inferential statistics.

**Results**

Complete data were provided by 443 women. Participants were predominantly German nationals, partnered, and well-educated with a planned pregnancy. Approximately half were nulliparous. The eight-factor model was well fitting and consistent with the development of the original PrAS. Criterion-related validity was demonstrated by strong correlations with similar measures (PRAQ-R2, anxiety, and depression) and lower correlations with resilience scores. Predictive validity was shown by group comparisons for: planned versus unplanned pregnancy, trimester, and parity.

**Conclusions**

The PrAS-G provides a broader assessment of pregnancy-related anxiety than existing measures. Initial evaluation has demonstrated convergent, divergent, and predictive validity, excellent internal consistency, and good model fit indicating promising psychometric properties. The PrAS-G offers a comprehensive assessment of pregnancy-related anxiety which will enable tailored interventions aiming to improve birth experience and well-being of expectant mothers. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05787-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-07810

**Ecological factors affecting first-time mothers' satisfaction with Sanhujoriwons (postpartum care centres) from South Korea: a cross-sectional and correlational study.** Song J-E, Lee S, Lee MK, et al (2023), BMC Pregnancy and Childbirth vol 23, no 454, June 2023

#### Background

In South Korea, commercial postpartum care centres, known as Sanhujoriwons, have emerged as important institutions aiding mothers' physical recovery after childbirth. Although previous studies have measured mothers' satisfaction level with Sanhujoriwons, this study applies Bronfenbrenner's ecological model to identify the factors influencing first-time mothers' satisfaction with Sanhujoriwons.

#### Methods

This descriptive correlational study involved 212 first-time mothers admitted to Sanhujoriwons for two weeks with their new-borns (healthy babies weighing at least 2.5 kg) after giving birth after 37 weeks of pregnancy. Data were collected using a self-report questionnaire at five postpartum care centres in the metropolitan area of South Korea from October to December 2021, on the day of the mothers' discharge. This study considered ecological factors such as perceived health status, postpartum depression, childcare stress, maternal identity at the individual level; partnership with Sanhujoriwon staff at the microsystem level; and the Sanhujoriwons' education support system at the exo-system level. The data were analysed using descriptive statistics, t-test, one-way ANOVA, correlation analysis, and hierarchical regression analysis using the SPSS 25.0 Win program.

#### Results

The mean score of satisfaction with Sanhujoriwons was  $59.67 \pm 10.14$  out of 70, indicating a high level of satisfaction. The hierarchical regression analysis showed that satisfaction with Sanhujoriwons was significantly affected by the perceived health status ( $\beta = 0.19$ ,  $p < 0.001$ ), partnership between mothers and the caregivers ( $\beta = 0.26$ ,  $p < 0.001$ ), and education support system of the Sanhujoriwons ( $\beta = 0.47$ ,  $p < 0.001$ ). The explanatory power of the model for these variables was 62.3%.

#### Conclusions

Our results indicate that not only the mother's health status but also the educational support system of postpartum care centres and partnerships are important for improving first-time mothers' satisfaction with postpartum care centres. Thus, when developing an intervention program for postpartum care centres, practitioners should focus on developing various kinds of support and strategies to improve the physical health condition of mothers, build partnerships between mothers and care staff, and improve the quality of the educational support offered to mothers. Further studies to develop and test the effectiveness of such intervention programs are strongly suggested. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05770-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-07621**

**Trauma-Informed Psychosocial Screening and Care Planning: A Patient-Centered Improvement Project in a Midwife Clinic.**

Lefever-Rhizal D, Collins-Fulea C, Motino Bailey J (2023), Journal of Midwifery & Women's Health vol 68, no 5, September/October 2023, pp 652-658

**Introduction**

Traumatic stress is associated with increases in preterm birth, low birth weight, and other perinatal complications. Yet the identification of patients with traumatic stress and intervention for traumatic stress prevention or treatment remain low. Locally in this university hospital-based midwife clinic, a health records review found that trauma exposure was documented in 5% of patient records, and no records had a diagnosis of posttraumatic stress disorder (PTSD). This is lower than research-based population estimates of 25% to 50% for trauma exposure and 8% for PTSD during pregnancy. The clinic staff did not screen for posttraumatic stress, and exposure screening was limited to intimate personal violence. Staff had not been trained in trauma-informed care (TIC) as defined by the Substance Abuse and Mental Health Services Administration. The aim for this improvement project was to provide trauma screening and trauma-related care planning, collectively referred to as trauma-informed psychosocial care, to midwifery patients 85% of the time.

**Process**

Interventions were implemented over 4 plan-do-study-act (PDSA) cycles. These included staff training in TIC; written screening at the new prenatal, third trimester, and postpartum visits; verbal broad inquiry at every visit; and bidirectional trauma-specific care planning emphasizing patient and provider input into treatment choice. The clinic flow was changed to create privacy for patient-staff interaction at every visit. Field notes and data were analyzed every 2 weeks and iterative changes applied.

**Outcomes**

Trauma disclosure increased from 5% to 30% and identification of PTSD from 0% to 7%. Bidirectional care plan documentation increased from 8% to 67%. Staff rated the workload as reasonable.

**Discussion**

Redesigning psychosocial screening to align with TIC principles increased the discovery of trauma to levels consistent with research-based population estimates. Gains were made in bidirectional care planning. This project illustrates practical methods of implementing TIC principles. (Author)

**Full URL:** <https://doi.org/10.1111/jmwh.13512>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-07617

**A Preliminary Investigation of Prenatal Anxiety Sensitivity and Postpartum Distress.** Witcraft SM, Perry MM, Viana AG, et al (2024), Journal of Midwifery & Women's Health vol 69, no 1, January/February 2024, pp 58-63

### Introduction

Distress during pregnancy and postpartum is common and contributes to poor infant and maternal outcomes, such as developmental delays and mental health disorders, respectively. Anxiety sensitivity, or fear of the symptoms of anxiety (eg, palpitations, confusion), is a risk factor known to increase distress across psychological and health-related conditions. Given the physiologic and emotional changes that occur during the perinatal period, anxiety sensitivity may be a salient risk factor for maternal distress. In this pilot study, we aimed to understand the unique role of prenatal anxiety sensitivity in postpartum psychological and parenting distress.

### Methods

Twenty-eight pregnant women (mean age, 30.86 years) were recruited from the community in a Southeastern metropolitan area of the United States. Participants completed self-report measures during their third trimester of pregnancy and again within 10 weeks postpartum. The Depression Anxiety and Stress Scales-21 and the Parenting Distress subscale of the Parenting Stress Index-4-Short Form were the primary postpartum outcome measures.

### Results

Prenatal anxiety sensitivity was elevated in this sample relative to convenience samples. Prenatal anxiety sensitivity uniquely contributed to postpartum psychological (b, 1.01;  $P < .001$ ) and parenting distress (b, 0.62;  $P = .008$ ), after accounting for age, gravidity, and gestation.

### Discussion

Albeit preliminary, results suggest prenatal anxiety sensitivity may be an important and malleable risk factor associated with several mental health concerns common in the perinatal period. Anxiety sensitivity may be targeted with brief interventions to prevent or reduce postpartum distress. Reducing prenatal anxiety sensitivity has the potential prevent the onset or worsening of psychological disorders among women and, in turn, may improve infant and child outcomes. Future studies should replicate these findings in a larger sample. (Author)

---

## 2023-07565

**Support for mental health issues.** Bunkham S (2023), British Journal of Midwifery vol 31, no 6, June 2023

Sally Bunkham outlines the various support services provided by the PANDAS Foundation for families experiencing mental health issues both pre- and postnatally. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-07538**

**Major Trauma in Pregnancy: Prediction of Maternal and Perinatal Adverse Outcomes.** Dalton SE, Sakowicz A, Charles AG, et al (2023), American Journal of Obstetrics & Gynecology MFM vol 5, no 9, September 2023, 101069

#### Background

Trauma, largely the result of motor vehicle crashes, is the leading cause of pregnancy-associated maternal mortality. Prediction of adverse outcomes has been difficult in pregnancy given the infrequent occurrence of traumatic events and anatomic considerations unique to pregnancy. The injury severity score, an anatomic scoring system with weighting dependent on severity and anatomic region of injury, is utilized for prediction of adverse outcomes in the non-pregnant population, but has yet to be validated in pregnancy.

#### Objective

To estimate associations between risk factors and adverse pregnancy outcomes after major trauma in pregnancy and develop a clinical prediction model for maternal and perinatal adverse outcomes.

#### Study Design

A retrospective analysis of a cohort of pregnant patients who sustained major trauma at two level I trauma centers was performed. Three composite adverse pregnancy outcomes were created: adverse maternal and short- and long-term perinatal adverse outcomes, defined as occurring within the first 72 hours of the traumatic event or encompassing the entire pregnancy. Bivariate analyses were performed to estimate associations between clinical or trauma-related variables and adverse pregnancy outcomes. Multivariable logistic regression analyses were performed to predict each adverse pregnancy outcome. The predictive performance of each model was estimated using receiver operator characteristic curve analyses.

#### Results

119 pregnant trauma patients were included, 26.1% of which met the maternal severe adverse pregnancy outcome criteria, 29.4% who met the short-term perinatal severe adverse pregnancy outcome definition, and 51.3% who met the long-term perinatal severe adverse pregnancy outcome definition. Injury severity score (ISS) and gestational age were associated with the composite short-term perinatal adverse pregnancy outcome with an aOR 1.20 (95% CI 1.11 – 1.30). The injury severity score was solely predictive of the maternal and long-term perinatal adverse pregnancy outcomes with ORs of 1.65 (95% CI 1.31 – 2.09) and 1.14 (95% CI 1.07 – 1.23), respectively. An ISS  $\geq 8$  was the best cutoff for predicting adverse maternal outcomes with 96.8% sensitivity and 92.0% specificity (ROC AUC 0.990  $\pm$  0.006). An ISS  $\geq 3$  was the best cutoff for the short-term perinatal adverse outcomes, which correlates to a 68.6% sensitivity and 65.1% specificity (ROC AUC 0.755  $\pm$  0.055). An ISS  $\geq 2$  was the best cutoff for the long-term perinatal adverse outcomes, yielding a 68.3% sensitivity and 72.4% specificity (ROC AUC 0.763  $\pm$  0.042).

#### Conclusion

For pregnant trauma patients, an injury severity score of  $\geq 8$  is predictive of severe maternal adverse outcomes. Minor trauma in pregnancy, defined in this study as an ISS  $< 2$ , was not associated with maternal or perinatal morbidity or mortality. This data can guide management decisions for pregnant patients presenting after trauma. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-07510

**Childbirth and COVID-19 Lockdown: Bunkering Down and Getting to Be a Family.** McCormack L, Lawson C, Magee E (2023), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 37, no 1, Spring 2023, pp 45-65

Little is known of subjective experiences of birthing during the first-phase SARS-CoV-2 (COVID-19) lockdown. Semi-structured interviews explored birthing experiences, returning home, and perceived mother-infant bonds overlaid by COVID-19 restrictions. Interpretative phenomenological analysis revealed two superordinate themes from the data: 1) COVID lockdown and childbirth, and 2) Growth and connection. Rich data sets highlighted a deep sense of fear, loss, isolation, and hypervigilance associated with life threats, disrupted medical care, and banned familial support for participants. Conversely, the lockdown provided recovery and bonding opportunities within the immediate family unit, uninterrupted by visitors. Additionally, vulnerable birthing populations, including first nation peoples, need prioritizing during crises. (Author)

---

## 2023-07508

**Examination of a Behavioral Health Initiative for Women Hospitalized Due to Obstetric Risk.** Hart K, Thomas EBK, Greiner A, et al (2023), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 37, no 1, Spring 2023, pp 28-44

The childbearing years represent a period of high risk for mood and anxiety disorders. Pregnancy complications, especially those leading to antepartum hospitalization, increase the risk of mental health concerns. In this quality improvement project, we describe a newly developed behavioral health service designed to increase inpatient antepartum women's access to mental health care. Of the women seen for behavioral health intervention, 29.5% of the women reported elevated symptoms of depression and 47.7% reported elevated symptoms of anxiety. Results represent a call to action to intervene with hospitalized antepartum women with elevated depressive or anxiety symptoms. (Author)

---

## 2023-07481

**Trends in perinatal mental health within a tertiary institution from 2013 to 2022.** Bertram G, Becuzzi N, Wilson E (2023), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 63, no 6, December 2023, pp 821-824

Perinatal mental health (PMH) disorders affect about one in seven women in the peripartum period with significant maternal and neonatal effects. It is important to understand trends in PMH to plan for necessary resource allocation. This study reviews the PMH trends in a major tertiary obstetric centre over 10 years from 2013 to 2022. Over this period there was a significant increase in the rates of anxiety from 7.4 to 18.4% ( $P < 0.001$ ), depression from 13.6 to 16.3% ( $P < 0.001$ ) and anxiety and/or depression from 16.5 to 22.6% ( $P < 0.001$ ). These findings provide further information for resource allocation to improve long-term outcomes. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-07310**

**Perinatal Mental Illness and Risk of Incident Autoimmune Disease: A Population-Based Propensity-Score Matched Cohort Study.** Brown HK, Wilton A, Liu N, et al (2021), *Clinical Epidemiology* vol 2021, no 13, 6 December 2021, pp 1119-1128

**Background:** Studies have demonstrated elevated risk for autoimmune disease associated with perinatal mental illness, but the extent to which this risk is specific to mental illness arising perinatally, and not mental illness generally, is unknown. Our objective was to compare the risk of autoimmune disease in women with mental illness arising within the perinatal period to (1) women with mental illness arising outside the perinatal period and (2) women who did not develop mental illness.

**Methods:** We conducted a population-based matched cohort study of women aged 15– 49 years with no history of mental illness or autoimmune disease in Ontario, Canada, 1998– 2018. The exposed, 60,701 women with mental illness arising between conception and 365 days postpartum were propensity score-matched to (1) 264,864 women with mental illness arising non-perinatally and (2) 469,164 women who did not develop mental illness. Hazard ratios (HR) for autoimmune disease were generated using Cox proportional hazards models.

**Results:** The incidence of autoimmune disease was similar among women with mental illness arising perinatally compared to those with mental illness arising non-perinatally (138.4 vs 140.7 per 100,000 person-years; HR 0.98, 95% CI 0.92– 1.05), and elevated among women with mental illness arising perinatally compared to those who did not develop mental illness (138.4 vs 88.9 per 100,000 person-years; HR 1.54, 95% CI 1.44– 1.64). The HR for the latter comparison was more pronounced for autoimmune disease with brain-reactive antibodies than other autoimmune disease.

**Conclusion:** Perinatal mental illness is associated with increased risk of autoimmune disease that is no different than that of mental illness arising non-perinatally. Women with mental illness, regardless of the timing of onset, could benefit from early detection of autoimmune disease. (Author)

**Full URL:** <https://doi.org/10.2147/CLEP.S344567>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-07218**

**Sicrhau bywydau iach Securing Healthy Lives: An extended summary of research about parent-infant relationship help and support across Cwm Taf Morgannwg.** Parent-Infant Foundation (2021), Parent-Infant Foundation December 2021. 52 pages

This report is about the importance of the parent-infant relationship and what can be done to strengthen, help and support it in three adjacent local authority areas in South Wales. We heard from 487 parents. Whilst there are no silver bullets, early childhood intervention represents a sound economic investment, generating significant cost savings and supporting resilience, health and wellbeing across the life course. Parents understand that the quality of the parent-infant relationship is an important aspect of their child's life, in all domains of child development. They rate the importance of the parent-infant relationship as the third most important factor affecting child development after parental violence and drug use. Parents want to be asked directly and receive support specifically about their parent-infant relationship. Parents want more opportunities for peer contact and for parent-infant relationship support to actively engage fathers and partners. This report is not just about babies, it is about securing healthy lives throughout the life course. The Parent-Infant Foundation found examples of good practice across all three local authority areas, where services either reduce general risk factors or strengthen protective factors relevant to the parent-infant relationship. We also found some specialist teams and practitioners whose work directly addresses parent-infant relationship difficulties. Alongside joined-up strategic leadership, recent workforce training and a commitment to innovation, these are excellent foundations to build on. We found a clear gap in provision for families with children under two experiencing the most significant parent-infant relationship difficulties. Identification, help and support for families at all levels of need could be strengthened through strategic workforce development and the creation of a new specialised parent-infant relationship team. Effective parent-infant relationship and parental trauma interventions should be embedded in a trauma-informed approach across the system. Despite current challenges, practitioners and service managers want to know more and do more to support children during the first 1000 days. We provide recommendations for local commissioners, practitioners, service managers and national government, which together provide a blueprint for parent-infant help and support across Wales. (Author, edited)

**Full URL:** <https://parentinfantfoundation.org.uk/wp-content/uploads/2022/02/Securing-Healthy-Lives-ENGLISH.pdf>

---

**2023-07160**

**Mental Health and Placenta Accreta Spectrum.** Salama K, Holt R, Puryear LJ (2023), American Journal of Perinatology vol 40, no 9, July 2023, pp 1009-1012

Nearly half of women describe childbirth as traumatic in some way, making them more vulnerable to perinatal psychiatric illness. Patients with high risk pregnancies, such as abnormal placentation, are even more susceptible to childbirth related mental health sequelae. There are no formal recommendations for mental health intervention in women with placenta accreta spectrum (PAS). In many institutions, the Edinburgh Postpartum Depression Scale is used to assess for depressive and anxiety symptoms during pregnancy and postpartum. Women with PAS should be screened at time of diagnosis, monthly until delivery, and at multiple time points through the first year postpartum. It is also recommended to screen women for PTSD prior to and after delivery. Interventions shown helpful in the PAS population include establishing a multidisciplinary team, patient access to a support person or care coordinator, development of a postpartum care team and plan, and extending mental health follow up through the first year postpartum. Women with PAS are at increased risk for negative mental health outcomes. To support the mental health of women with PAS and their families, we recommend a multi-disciplinary treatment team, screening for mental health sequelae early and often, referring women with positive screens to mental health professionals, involving the partner/family in care, and considering referral to a PAS support group for peer support. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-07151**

**Perinatal Mental Health of Indigenous Pregnant Persons and Birthing Parents During the COVID-19 Pandemic.** Owais S, Van Lieshout RJ (2023), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 45, no 8, August 2023, pp 555-557

Correspondence describing a study which aimed to identify stressors affecting Indigenous pregnant persons and birthing parents, and assess levels of depression and anxiety during the COVID-19 pandemic. (Author, edited)

Full URL: <https://doi.org/10.1016/j.jogc.2023.04.015>

---

**2023-07058**

**Effect of family-centered interventions for perinatal depression: an overview of systematic reviews.** He L, Lam Soh K, Yu J, et al (2023), Frontiers in Global Women's Health 1 June 2023, online

Objective: This study aimed to evaluate and conclude the quality of critically systematic reviews (SRs) of the efficacy of family-centered interventions on perinatal depression.

Methods: SRs of the efficacy of family-centered interventions on perinatal depression were systematically searched in nine databases. The retrieval period was from the inception of the database to December 31, 2022. In addition, two reviewers conducted an independent evaluation of the quality of reporting, bias risk, methodologies, and evidence using ROBIS (an instrument for evaluating the bias risk of SRs), Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), AMSTAR 2 (an assessment tool for SRs), and grading of recommendations, assessment, development and evaluations (GRADE).

Results: A total of eight papers satisfied the inclusion criteria. In particular, AMSTAR 2 rated five SRs as extremely low quality and three SRs as low quality. ROBIS graded four out of eight SRs as "low risk." Regarding PRISMA, four of the eight SRs were rated over 50%. Based on the GRADE tool, two out of six SRs rated maternal depressive symptoms as "moderate;" one out of five SRs rated paternal depressive symptoms as "moderate;" one out of six SRs estimated family functioning as "moderate," and the other evidence was rated as "very low" or "low." Of the eight SRs, six (75%) reported that maternal depressive symptoms were significantly reduced, and two SRs (25%) were not reported.

Conclusion: Family-centered interventions may improve maternal depressive symptoms and family function, but not paternal depressive symptoms. However, the quality of methodologies, evidence, reporting, and bias of risk in the included SRs of family-centered interventions for perinatal depression was not satisfactory. The above-mentioned demerits may negatively affect SRs and then cause inconsistent outcomes. Therefore, SRs with a low risk of bias, high-quality evidence, standard reporting, and strict methodology are necessary to provide evidence of the efficacy of family-centered interventions for perinatal depression. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2023.1094360>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-07009

**Psychological distress during pregnancy and adverse maternal and perinatal health outcomes: The role of socioeconomic status.** Daalderop LA, Lagendijk J, Steegers EAP, et al (2023), International Journal of Gynecology & Obstetrics vol 163, no 3, December 2023, pp 920-930

### Objective

To study the contribution of socioeconomic status (SES) to the prevalence of psychological distress during pregnancy, and to investigate the association between psychological distress and maternal and perinatal health among different SES groups.

### Methods

This study was embedded in the Generation R study. Multiple self-reported questionnaires were used to measure psychological distress. Prevalence differences between SES groups were tested with the  $\chi^2$  test. Linear and logistic regression analyses were used to examine the associations between psychological distress and maternal and perinatal health outcomes.

### Results

Women of low SES experience symptoms of psychopathology distress 4.5 times as often and symptoms of stress 2.5 times as often as women with of high SES. Women of low SES experiencing symptoms of psychopathology are at greater risk of delivering preterm. We also found associations between psychological distress and adverse perinatal health outcomes among women of middle and high SES.

### Conclusion

The present study shows that the associations between SES, psychological distress, and maternal and perinatal health are complex, but do exist. To provide a better understanding of these associations, it is important to include mental health information in the standard national data collection on pregnant women, as this allows population-based studies. (Author)

**Full URL:** <https://doi.org/10.1002/ijgo.14891>

## 2023-06958

**Do Psychological and Behavioural Factors Change Over Pregnancy?.** Yu ZM, Van Blyderveen S, Schmidt L, et al (2023), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 45, no 9, September 2023, pp 655-660

### Objective

To investigate how psychological and behavioural factors change from the first to the last half of pregnancy.

### Methods

In this prospective cohort study, we assessed the changes in psychological and behavioural factors across 10 domains among 445 women (mean age = 30.9 years) in Ontario, Canada. We collected data using two standardized questionnaires administered at <21 and 32–36 weeks of gestation. We computed intraclass correlation coefficients (ICC), percentages of no change, decrease, and increase, and mean differences between the two surveys.

### Results

Most psychological and behavioural factors had ICCs < 0.50 between the first and the second half of pregnancy, suggesting remarkable changes over the course of pregnancy. We observed significant decreases in self-efficacy, compensatory health beliefs, guilt regarding binge eating, emotional eating, dietary restriction, pregnancy-related nausea and food cravings, sleep duration, and physical activity. We also found increases in anxious and depressive symptoms and the tendency to accept friends' and family's beliefs regarding pregnancy.

### Conclusions

In the first prospective analysis, we found that many psychological and behavioural factors changed significantly over pregnancy. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-06912**

**Mental Health Services: Mothers [written answer].** House of Commons (2023), Hansard Written question 190297, 20 June 2023

Maria Caulfield responds to a written question from Theresa Villiers to the Secretary of State for Health and Social Care, regarding whether he will include birth trauma in the Women's Health Strategy in the future. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-06-20/190297>

---

**2023-06865**

**Integrating perinatal mental healthcare into maternal and perinatal services in low and middle income countries.** Manolova G, Waqas A, Chowdhary N, et al (2023), BMJ 23 May 2023, online

Gergana Manolova and colleagues argue for a comprehensive approach to the challenge of treating perinatal mental health conditions in maternal, neonatal, and child health services. (Author)

**Full URL:** <https://doi.org/10.1136/bmj-2022-073343>

---

**2023-06773**

**Best Practice Guidelines for Mental Health Disorders in the Perinatal Period: Substance Use Disorders.** BC Reproductive Mental Health Program, Provincial Perinatal Substance Use Program, Perinatal Services BC (2023), May 2023. 36 pages

This Substance Use Disorders chapter of the BC Best Practice Guidelines for Mental Health Disorders in the Perinatal Period is a manual for healthcare professionals who care for birthing individuals in their reproductive years. This guidance describes best practices for the care of birthing individuals with substance use disorders in the perinatal period (preconception through to one year postpartum). (Author)

**Full URL:** [http://www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/Best\\_Practice\\_Guideline\\_Mental\\_Health\\_Disorders\\_in\\_the\\_Perinatal\\_Period.pdf](http://www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/Best_Practice_Guideline_Mental_Health_Disorders_in_the_Perinatal_Period.pdf)

---

**2023-06747**

**Perinatal multidisciplinary teams are necessary to identify mental health needs.** Kraemer S (2023), British Medical Journal vol 381, no 8387, June 2023, p 1296

In the call for the NHS to improve data on antenatal mental health screening, Trudi Seneviratne says, "It's vital that women experiencing mental illness receive timely specialist support," adding that "they are often embarrassed to ask for help, fearing people will view them as weak or unfit to be a mother. Some didn't realise they were unwell, while others didn't know how to get help." (Author)

---

**2023-06709**

**Infant Mental Health and Specialised Parent-Infant Relationship Teams.** Parent-Infant Foundation (2023), Parent-Infant Foundation January 2023. 20 pages

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure, responsive relationships that they need to thrive. Although children's futures are not determined by the age of two, wellbeing in the early years is strongly linked to later outcomes. By protecting and promoting babies' emotional wellbeing and development – improving infant mental health and strengthening parent-infant relationships – we have an opportunity to put children on a positive developmental trajectory, better able to take advantage of other opportunities that lie ahead. Research shows a strong connection between exposure to stress in pregnancy and early life, and later mental ill-health. Supporting infant mental health can prevent emotional disturbances from taking root and escalating into mental health problems. Without taking early action, we risk exposing children to unnecessary suffering and increase the need for later mental health support. (Author)

**Full URL:** <https://parentinfantfoundation.org.uk/wp-content/uploads/2023/01/Infant-Mental-Health-Briefing.pdf>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-06649

**The relationship between personality traits and individual factors with perinatal depressive symptoms: a cross-sectional study.** Serra R, Giacchetti N, Bersani FS, et al (2023), BMC Pregnancy and Childbirth vol 23, no 382, May 2023

#### Background

Pregnancy is a crucial transition moment exposing women to potential mental health problems, especially depressive disturbances. Sociodemographic, pregnancy-related, and psychological factors have been related to depressive symptoms in the perinatal period. This study aims at (1) exploring personality and individual factors related with perinatal depressive symptoms, and (2) testing the mediating role of personality in the relation between characteristics of the woman's family of origin and depressive symptoms.

#### Methods

Women in the perinatal period admitted to the gynecology unit for motherhood-related routine assessments (n = 241) were included in the study. A survey on individual sociodemographic, clinical, and pregnancy-related factors was administered, also including the Edinburgh Postnatal Depression Scale (EPDS) and the BIG-5 personality test.

#### Results

Couple conflict and neuroticism were independent and directly correlated with EPDS total score (respectively:  $B = 2.337$ ;  $p = .017$ ;  $B = 0.303$ ;  $p < .001$ ). Neuroticism was a significant mediator of the relation between the presence of a psychiatric disorder diagnosis in participant's parents and the EPDS total score (indirect  $b = 0.969$ ;  $BCCI95\% = 0.366 - 1.607$ ).

#### Conclusions

Couple relation and neuroticism traits are individual factors related to depressive symptoms in the perinatal period. The family of origin also plays an indirect role on perinatal depressive symptoms. Screening of these factors could lead to early recognition and more tailored treatments, ultimately leading to better outcome for the entire family. (Author)

Full URL: <https://doi.org/10.1186/s12884-023-05701-7>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-06286

**The perspectives of ethnic minority women on the barriers to engaging with perinatal mental health services.** Dougan FA (2023), MIDIRS Midwifery Digest vol 33, no 2, June 2023, pp 130-134

### Background and rationale

The incidence of perinatal mental illness may be higher in ethnic minority women (Watson et al 2019) — yet women from ethnic minority groups are less likely to be asked about their mental wellbeing (Redshaw & Henderson 2016). The consequences of perinatal mental illness may be catastrophic. Current evidence suggests that there is a clear disparity in the utilisation of perinatal mental health services between ethnic groups (Jankovic et al 2020). This is of serious concern and warrants appropriate investigation. The perspectives of ethnic minority women on the barriers to engaging with perinatal mental health services have the potential to underpin effective policy making, future strategic actions and delivery of services.

### Literature review findings

This literature review has identified a number of barriers contributing to the underutilisation of perinatal mental health services among ethnic minority women. These include fear of stigmatisation, inadequate mental health literacy and variation in the conceptualisation of symptoms. In addition, there is a complex interplay of cultural and contextual factors. Nonetheless, these barriers may be mitigated through effective policy making and appropriate interventions, that aims to improve outcomes for ethnic minority women.

### Recommendations for practice

Unconscious bias training, with a strong anti-stigma component may be pivotal in diminishing feelings of stigmatisation among ethnic minority women. Furthermore, the availability of community support groups may also improve engagement with perinatal mental health services. In addition, an appropriate cultural

competency assessment tool may need to be developed to assess the cultural competency of the midwifery workforce.

(Author)

---

## 2023-06283

**Conducting a sensitive research study on perinatal suicide attempts — the power of Patient and Public Involvement and Engagement (PPIE).** De Backer K, Newburn M, Hildersley R, et al (2023), MIDIRS Midwifery Digest vol 33, no 2, June 2023, pp 115-118

Qualitative research into perinatal suicide is important and much needed but requires sensitivity. Through iterative feedback from women with lived experience of maternity care and perinatal mental ill-health and relevant stakeholders, we designed a sensitive and trauma-informed study protocol to explore women's experiences of perinatal suicide attempts, their (unmet) care needs and services available to them. PPIE is a crucial process to ensure research in sensitive topics is conducted in a trauma-informed and co-designed way. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



2023-06255

**Detection of differential depressive symptom patterns in a cohort of perinatal women: an exploratory factor analysis using a robust statistics approach.** Nieser KJ, Stowe ZN, Newport DJ, et al (2023), *EClinicalMedicine* vol 57, March 2023, 101830

**Background:** Postpartum depression can take many forms. Different symptom patterns could have divergent implications for how we screen, diagnose, and treat postpartum depression. We sought to utilise a recently developed robust estimation algorithm to automatically identify differential patterns in depressive symptoms and subsequently characterise the individuals who exhibit different patterns.

**Methods:** Depressive symptom data (N = 548) were collected from women with neuropsychiatric illnesses at two U.S. urban sites participating in a longitudinal observational study of stress across the perinatal period. Data were collected from Emory University between 1994 and 2012 and from the University of Arkansas for Medical Sciences between 2012 and 2017. We conducted an exploratory factor analysis of Beck Depression Inventory (BDI) items using a robust expectation-maximization algorithm, rather than a conventional expectation-maximization algorithm. This recently developed method enabled automatic detection of differential symptom patterns. We described differences in symptom patterns and conducted unadjusted and adjusted analyses of associations of symptom patterns with demographics and psychiatric histories.

**Findings:** 53 (9.7%) participants were identified by the algorithm as having a different pattern of reported symptoms compared to other participants. This group had more severe symptoms across all items-especially items related to thoughts of self-harm and self-judgement-and differed in how their symptoms related to underlying psychological constructs. History of social anxiety disorder (OR: 4.0; 95% CI [1.9, 8.1]) and history of childhood trauma (for each 5-point increase, OR: 1.2; 95% CI [1.1, 1.3]) were significantly associated with this differential pattern after adjustment for other covariates.

**Interpretation:** Social anxiety disorder and childhood trauma are associated with differential patterns of severe postpartum depressive symptoms, which might warrant tailored strategies for screening, diagnosis, and treatment to address these comorbid conditions.

**Funding:** There are no funding sources to declare.

**Keywords:** Adverse childhood experiences; Factor analysis; Postpartum depression; Robust statistics; Self-injurious behavior; Social phobia; Symptom heterogeneity.

© 2023 The Authors. (Author)

**Full URL:** <https://doi.org/10.1016/j.eclinm.2023.101830>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-06112

**Scoping Review of the Use of the Edinburgh Postnatal Depression Scale in the United States.** Moyer SW, Brown R, Jallo N, et al (2023), Journal of Women's Health vol 32, no 7, July 2023, pp 767-778

Objective: To evaluate the validity of the Edinburgh Postnatal Depression Scale (EPDS) for screening during the perinatal period in the United States and concerns regarding its acceptability and performance.

Methods: We conducted a systematic search in OVID MEDLINE, EMBASE (OVID), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycInfo (EBSCO) for articles published from inception of the database through February 2023. We included primary quantitative and qualitative studies on the validation of the EPDS in the United States and identified 880 articles of which 9 met criteria for inclusion. We extracted data related to aim, study population, setting, methods, outcomes, and key findings from each study into a table based on Joanna Briggs Institute (JBI) Scoping Review Guidelines.

Results: We found no evidence that the original wording of the EPDS, which was developed in the United Kingdom, was adapted before validation in the United States.

Conclusion: Our findings suggest that adaptation of the EPDS for use in the United States with a focus on contextual equivalence and validity could improve the performance of the tool and patients' experiences with completing the tool. Future research is warranted on optimal methods to adapt the EPDS for mental health screening in the perinatal period in the United States. (Author)

---

## 2023-05979

**Preventing perinatal suicide: an unmet public health need.** Kobylski LA, Keller J, Davis Molock S, et al (2023), The Lancet Public Health vol 8, no 6, June 2023, p E402

Correspondence highlighting the importance of research and evidence-based interventions for the prevention of perinatal suicide. (JSM)

Full URL: [https://doi.org/10.1016/S2468-2667\(23\)00092-0](https://doi.org/10.1016/S2468-2667(23)00092-0)

---

## 2023-05913

**Digital mental health platforms.** Gournay K, Haddad M, Clough I (2023), British Journal of Midwifery vol 31, no 4, April 2023

With the widespread prevalence of mental health problems, digital platforms for mental healthcare are increasingly commonly used. This article explores what this means for services. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-05907

**A mixed-methods survey of perinatal mental health for Sri Lankan women in the UK.** Liyanage RD, Bray L, Briscoe L (2023), British Journal of Midwifery vol 31, no 4, April 2023

### Background/Aims

The prevalence of perinatal mental health issues is significantly higher among South Asian women in the UK. However, little attention has been given to examine the views and opinions of sub-groups of South Asians in the UK. Although the prevalence of perinatal mental health issues is much higher in Sri Lanka, so far, no studies have focused on Sri Lankan women in the UK. This study's aim was to examine the views and opinions of Sri Lankan women living in the UK about perinatal mental health.

### Methods

A convergent mixed-method online survey was administered in English and Sinhalese. A total of 34 Sri Lankan women living in the UK, from their baby's conception to 24 months postpartum, were recruited. Qualitative responses were interpreted using thematic analysis, supported by quantitative data.

### Results

The participants reported that they maintained good perinatal mental health with the support of their partner and family. Midwives were most involved in inquiring about and providing information on perinatal mental health. Social stigma was a dominant barrier to accessing support.

### Conclusions

Midwives need to ensure that perinatal mental health is discussed sensitively with Sri Lankan women. Future quantitative research needs to examine if existing tools are culturally sensitive and qualitative research should include women's partners and families to explore how best to care for this population. (Author)

---

## 2023-05888

**Peer Support in Perinatal Mental Health [written answer].** Scottish Parliament (2023), Official Report Written question S6W-17831, 10 May 2023

Maree Todd responds to a written question asked by Craig Hoy to the Scottish Government, further to the recommendation in its Peer Support in Perinatal Mental Health action plan, regarding what it has done to ensure that evidence-based, and quality-assured resources are utilised when creating peer support services for perinatal mental health to ensure high-quality practice from the start. (MB)

**Full URL:** <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-17831>

---

## 2023-05887

**Peer Support in Perinatal Mental Health [written answer].** Scottish Parliament (2023), Official Report Written question S6W-17834, 10 May 2023

Maree Todd responds to a written question asked by Craig Hoy to the Scottish Government, further to the recommendation in its Peer Support in Perinatal Mental Health action plan, regarding what targeted peer support in perinatal mental health services it has created to meet the particular needs of groups who are, or were, underserved by services, and what any such services are. (MB)

**Full URL:** <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-17834>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05886**

**Peer Support in Perinatal Mental Health [written answer].** Scottish Parliament (2023), Official Report Written question S6W-17833, 10 May 2023

Maree Todd responds to a written question asked by Craig Hoy to the Scottish Government, further to the recommendation in its Peer Support in Perinatal Mental Health action plan, regarding what it has done to ensure that peer support for perinatal mental health is available in a variety of formats, so that it meets the needs of a wide range of mothers and carers. (MB)

**Full URL:** <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-17833>

---

**2023-05885**

**Peer Support in Perinatal Mental Health [written answer].** Scottish Parliament (2023), Official Report Written question S6W-17839, 10 May 2023

Maree Todd responds to a written question asked by Craig Hoy to the Scottish Government, further to the recommendation in its Peer Support in Perinatal Mental Health action plan, regarding how it has built evaluation into peer support services for perinatal mental health to ensure that they are meeting the needs of clients and peer supporters, and providing safe, appropriate, and effective services. (MB)

**Full URL:** <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-17839>

---

**2023-05805**

**Five Ways Childbirth Educators Can Support the Emotional Health of Expectant and New Parents.** Muza S (2023), Lamaze International 20 May 2023

Presents a range of strategies that childbirth educators can use to support parents' emotional well-being. (MB)

**Full URL:** <https://www.lamaze.org/Connecting-the-Dots/Post/five-ways-childbirth-educators-can-support-the-emotional-health-of-expectant-and-new-parents-1>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05610**

**Clinicians' experiences in signposting an online mental health resource to expectant mothers: a qualitative study.** Saxild S, Wilson P, de Voss S, et al (2023), BMC Pregnancy and Childbirth vol 23, no 336, May 2023

#### Background

Poor maternal mental well-being and a lack of secure parent-infant attachment, have been identified as important factors associated with adverse mental health outcomes later in a child's life. Interventions designed to care for maternal mental well-being during pregnancy and early parenthood, are therefore likely to support healthy child development. Mentalization is a skill parents can practice, improving the emotional bond to the child, offering insights into their own and the child's mental states and potentially improving parental mental well-being. Most pregnant women in Denmark schedule antenatal consultations in general practice, potentially offering a solid platform to promote web-based interventions aiming to enhance mentalization skills. Signposting towards online resources has several advantages including high accessibility, ease of distribution and cost-effectiveness. We aimed to explore the attitudes and experiences of clinicians in general practice in signposting women towards a web-intervention to increase parental mentalization skills.

#### Methods

The intervention was offered to pregnant women at their primary preventive antenatal consultation in Danish general practice around week eight of pregnancy, and was designed to be incorporated into the following antenatal- and pediatric consultations until the child's second birthday. Semi-structured interviews about clinicians' experiences with signposting the intervention were conducted with 11 general practitioners (GP), three practice midwives (MW) and one practice nurse (NR).

#### Results

Clinicians wanted to enhance the focus on mental well-being in pregnancy and early childhood during preventive consultations. The main barriers to signposting the web-program were decreasing motivation over time, lack of financial viability and time limitations. Utilizing a psychoeducational web-intervention was generally accepted by clinicians, but ideally not carried out solely in general practice.

#### Conclusion

Signposting web-programs to improve parental mentalization skills can be welcomed by clinicians in general practice but need to be more tailored to suit the everyday workflow of the clinics. Addressing parental mentalization remains largely uncharted territory for pregnant women and clinicians alike, therefore training clinicians on the subject and its presentation should be offered.

#### Trial registration

The study is part of a larger project that has been approved by the Research Ethics Committee at the University of Copenhagen, Nov. 2019 (reference number 504-0111/19-5000). (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05671-w>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05457**

**Perinatal psychiatric practitioner consultation program delivers rapid response to OB/GYN practitioners.** Doering JJ, Wichman CL, Laszewski A, et al (2023), Birth vol 50, no 4, December 2023, pp 764-772

#### Introduction

Screening and treatment initiation for perinatal psychiatric conditions is a recommended competency in OB/GYN practitioners, yet perinatal psychiatry is rapidly evolving. Practitioner-to-psychiatrist consultation programs have the potential to improve the management of psychiatric conditions in perinatal women. This study describes utilization of a statewide perinatal psychiatric consultation service by OB/GYN practitioners through examination of the volume, responsiveness, content and outcomes of clinical inquiries, and satisfaction.

#### Methods

This quality improvement study describes the 460 telephone or e-mail consultations requested by OB/GYN practitioners over 2 years and housed within a REDCap database. Data include the characteristics of consult users, month-over-month and total utilization, the patient's perinatal status, the reason for contact, current symptoms and medications, and the consulting psychiatrist recommendations. Practitioner satisfaction with consultation is also described.

#### Results

After completion of triage, the psychiatrist returned the practitioner's call  $\leq 5$  min in 59% of consultations. The most common inquiries were for pregnant (64%) women for depressive (51%) or anxiety (46%) symptoms with 47% of inquiries reporting the patient was currently taking a psychiatric medication. Had consultation not been available, referral to mental health (41%) or starting a medication (15%) were most often reported.

#### Conclusions

This perinatal psychiatric consultation service rapidly and effectively met the needs of practitioners practicing in OB/GYN settings across a state having a critical psychiatry shortage and varying urban and rural geography. Future recommendations include the assessment of direct patient outcomes, practitioner skill attainment, and long-term cost savings of this perinatal psychiatric consultation model. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05382**

**An interactive childbirth education platform to improve pregnancy-related anxiety: A randomized trial.** Zafman KB, Riegel ML, Levine LD, et al (2023), American Journal of Obstetrics & Gynecology (AJOG) vol 229, no 1, July 2023, pp 67.e1-67.e9

#### Background

Perinatal anxiety is one of the most common conditions during pregnancy and is associated with adverse maternal and neonatal outcomes. Interventions that are focused on childbirth education and health literacy have been shown to help decrease pregnancy-related anxiety. These programs, however, have limitations. Transportation, childcare, and work conflicts pose barriers to patients. Additionally, many of these programs have not been studied in a high-risk patient population, the patients most at risk for pregnancy-related anxiety. It is uncertain, whether an online childbirth education course can help to improve outcomes in a high-risk patient population.

#### Objective

To compare an interactive online platform for childbirth education (Birthly), to usual prenatal education on anxiety, emergency healthcare utilization, and delivery outcomes for high-risk pregnancies.

#### Study Design

We performed a randomized trial comparing an interactive online childbirth education platform along with usual prenatal education (intervention) to usual prenatal education alone (usual care). Nulliparous, English-speaking patients with internet access and a high-risk pregnancy (medical or mental health disorders) were included. Patients in 2 urban clinics that serve under-resourced patients were enrolled at <20 weeks. The intervention included 3 interactive courses (prenatal bootcamp, breastfeeding, newborn care) and access to a clinician-moderated online community. Pregnancy-related Anxiety Scale questionnaires were administered at randomization and at 34-40 weeks. The primary outcome was 3rd trimester Pregnancy-related Anxiety Scale score. Secondary outcomes included change in Pregnancy-related Anxiety Scale score, unscheduled emergency visits, delivery and postpartum outcomes. In order to demonstrate a 15% decrease in Pregnancy-related Anxiety Scale score 37 patients would be needed per group. Accounting for a 20% loss to follow-up rate, we planned to recruit 90 total patients or 45 per group.

#### Results

90 patients were randomized with no differences in demographics or baseline Pregnancy-related Anxiety Scale scores. The majority of patients self-identified as Black and were publicly insured. More than 60% of patients (62.2%) in the intervention arm completed at least one Birthly course. Patients in the intervention arm had significantly lower third trimester Pregnancy-related Anxiety Scale scores (indicating lower anxiety) compared to usual care,  $44.6 \pm 7.3$  vs.  $53.9 \pm 13.8$ ,  $p < 0.01$  (Table 2), with a decrease in score of 8.3 points (intervention) vs. 0.7 (usual care),  $p < 0.01$ . Patients in the intervention arm also had fewer emergency visits (1[0-2] vs. 2[1-3],  $p = 0.003$ ). There were no differences in delivery outcomes. Patients in the intervention arm were more likely to breastfeed at delivery, though this was not different by the postpartum visit. Finally, patients who received the intervention were more likely to be satisfied with their childbirth education (94.6% vs. 64.9%,  $p < 0.01$ ).

#### Conclusion

An interactive online childbirth education platform can reduce pregnancy-related anxiety and emergency healthcare utilization while improving satisfaction in a high-risk patient population. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2023-05320

**Specialist perinatal mental health care in the UK 2023.** Maternal Mental Health Alliance (2023), May 2023. 37 pages

The MMHA's latest report on specialist perinatal mental health (PMH) community services in the UK highlights the significant progress made in all four nations since 2013. However, access to life-saving mental healthcare for pregnant women and new mothers remains uneven, with many regions still lacking the necessary resources. Mental health-related deaths during pregnancy or up to six weeks after birth are increasing, emphasising the urgency of addressing this issue.

The MMHA's Freedom of Information (FOI) request on budget allocation and spending on services found that although 89% of the 70 areas that responded had seen their budget increase from 2020/1 to 2022/3, 66% indicated there would be an underspend for 2022/3. Workforce-related issues were the most frequently cited reason for underspending (58% of respondents), but many teams provided evidence indicating this was due to unclear or late budget allocation, with no guarantee of continuation. This is inevitably resulting in women, babies, and families not receiving the care they need.

Secure funding is vital for maintaining and building upon the progress made with the expansion of specialist PMH services. Without it, recruitment will be impacted, exacerbating existing problems of understaffing and low morale, and ultimately specialist services may struggle to deliver urgent and necessary care to women who desperately need it. To break this cycle, teams must be shown that there is secure funding available.

In addition to detailed area maps and analysis of FOI data, the MMHA's report features recommendations that aim to enhance the accessibility and quality of specialist PMH services, as well as broader care for women, babies, and families impacted by PMH problems. (Publisher, edited)

**Full URL:** [https://maternalmentalhealthalliance.org/media/filer\\_public/9a/51/9a513115-1d26-408a-9c85-f3442cc3cb2b/mmha-specialist-perinatal-mental-health-services-uk-maps-2023.pdf](https://maternalmentalhealthalliance.org/media/filer_public/9a/51/9a513115-1d26-408a-9c85-f3442cc3cb2b/mmha-specialist-perinatal-mental-health-services-uk-maps-2023.pdf)

---

## 2023-05264

**A public health approach to perinatal mental health: Improving health and wellbeing of mothers and babies.** Tripathy P (2020), Journal of Gynecology, Obstetrics and Human Reproduction vol 49, no 6, June 2020, 101747

Perinatal mental illnesses are one of the challenging aspects of public health. If not taken care of, then they can have a serious impact on women as well as their families. They constitute one of the major reasons behind the maternal mortality during pregnancy or in the later period after child birth with prevalence ranging from 10 to 20 %. The brighter side is that with proper care and support, women can make full recovery from such illness. However, in many places in the world, the perinatal mental health is not given its due recognition and as a result of which it is usually undiagnosed, undertreated and leads to suffering of women. This review article focuses on the global burden of perinatal mental illness and discusses a comprehensive approach to address the perinatal mental health in a community setup. In addition, it provides a comprehensive overview of public health approaches to find a sustainable solution to the mental health issues faced by millions of women throughout the world. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05248**

**Postnatal care: new NICE guideline for the ‘Cinderella service’.** MacDonald C, Sharma S, Kallioinen M, et al (2021), British Journal of General Practice vol 71, no 710, 2021, pp. 394-395

A National Institute for Health and Care Excellence (NICE) guideline for postnatal care published in 2021 supersedes its 15-year-old predecessor. NICE says ‘Postnatal care has for long been regarded as a “Cinderella service” where in comparison with some other European countries, provision is scanty and inadequate. Its publication is timely with the 6–8-week postnatal maternal check now mandated in the GP contract, and the results of the 2020 MBRRACE-UK report reminding us of the continuing risk to women in the first year after giving birth when most have stopped having contact with specialist services. The postnatal mortality rate is largely unchanged over the last decade: 67% of maternal deaths occur postnatally. With suicide a leading cause between 6 weeks and 1 year, timely identification and management of perinatal mental illness is critical. Postnatal care should be sensitive and inclusive for all families and people who have given birth, and NICE highlights the importance of listening to women and parents. (Author)

**Full URL:** <https://doi.org/10.3399/bjgp21X716825>

---

**2023-05216**

**Improving maternal postpartum mental health screening guidelines requires assessment of post-traumatic stress disorder.**

Grisbrook M, Letourneau N (2020), Canadian Journal of Public Health vol 112, no 3, June 2021, pp 240-243

Post-traumatic stress disorder (PTSD) has a prevalence of 4–17% in the postpartum period and, like better known postpartum depression (PPD), is linked to reduced quality maternal-child interactions, decreased maternal sense of life satisfaction and functioning, and negative impacts on child development. Currently, provincial and public health organizations throughout Canada screen new mothers for PPD with the Edinburgh Postpartum Depression Scale, which while laudable does not capture PTSD. PTSD is highly associated with PPD, 65% of women with PTSD also present with PPD, presenting a significant gap in postpartum maternal mental health screening. Numerous self-report PTSD screening questionnaires are available that could be incorporated into routine maternal postpartum mental health care. Furthermore, across Canada, regional differences in availability of maternal mental health screening, services, and programs suggest a gap in one of the tenets of Canadian health care—lack of universality. Not only does Canada require national maternal mental health screening, service and program guidelines, but PTSD screening must be incorporated, in order to identify and treat new mothers experiencing mental health problems. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05080**

**The post-discharge coping difficulty of puerperal women in a middle and low-income tourist city during the COVID-19 pandemic.** Liu Y, Peng L-I, Zhang Y-Y, et al (2023), BMC Pregnancy and Childbirth vol 23, no 251, April 2023

**Background**

Since the coronavirus disease 2019 (COVID-19) pandemic outbreak, the incidence of mental health problems in perinatal women has been high, and particularly prominent in China which was the first country affected by COVID-19. This paper aims to investigate the current situation and the related factors of maternal coping difficulties after discharge during COVID-19.

**Methods**

General information questionnaires (the Perinatal Maternal Health Literacy Scale, Postpartum Social Support Scale and Post-Discharge Coping Difficulty Scale-New Mother Form) were used to investigate 226 puerperal women in the third week of puerperium. The influencing factors were analyzed by single factor analysis, correlation and multiple linear regression.

**Results**

The total score of coping difficulties after discharge was  $48.92 \pm 12.05$ . At the third week after delivery, the scores of health literacy and social support were  $21.34 \pm 5.18$  and  $47.96 \pm 12.71$ . There were negative correlations among health literacy, social support and coping difficulties after discharge ( $r = -0.34$ ,  $r = -0.38$ ,  $P < 0.001$ ). Primipara, family income, health literacy and social support were the main factors influencing maternal coping difficulties after discharge.

**Conclusion**

During the COVID-19 pandemic, puerperal women in a low- and middle-income city had moderate coping difficulties after discharge and were affected by many factors. To meet the different needs of parturients and improve their psychological coping ability, medical staff should perform adequate assessment of social resources relevant to parturients and their families when they are discharged, so they can smoothly adapt to the role of mothers. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05554-0>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05016**

**Feasibility and impact of a mental health chatbot on postpartum mental health: A randomized controlled trial.** Suharwardy S, Ramachandran M, Leonard SA, et al (2023), *AJOG Global Reports* vol 3, no 3, August 2023, 100165

#### Background

Perinatal mood disorders are common yet underdiagnosed and un- or undertreated. Barriers exist to accessing perinatal mental health services, including limited availability, time, and cost. Automated conversational agents (chatbots) can deliver evidence-based cognitive behavioral therapy content through text message-based conversations and reduce depression and anxiety symptoms in select populations. Such digital mental health technologies are poised to overcome barriers to mental health care access but need to be evaluated for efficacy, as well as for preliminary feasibility and acceptability among perinatal populations.

#### Objective

To evaluate the acceptability and preliminary efficacy of a mental health chatbot for mood management in a general postpartum population.

#### Study Design

An unblinded randomized controlled trial was conducted at a tertiary academic center. English-speaking postpartum women aged 18 years or above with a live birth and access to a smartphone were eligible for enrollment prior to discharge from delivery hospitalization. Baseline surveys were administered to all participants prior to randomization to a mental health chatbot intervention or to usual care only. The intervention group downloaded the mental health chatbot smartphone application with perinatal-specific content, in addition to continuing usual care. Usual care consisted of routine postpartum follow up and mental health care as dictated by the patient's obstetric provider. Surveys were administered during delivery hospitalization (baseline) and at 2-, 4-, and 6-weeks postpartum to assess depression and anxiety symptoms. The primary outcome was a change in depression symptoms at 6-weeks as measured using two depression screening tools: PHQ (Patient Health Questionnaire-9) and EPDS (Edinburgh Postnatal Depression Scale). Secondary outcomes included anxiety symptoms measured using GAD (Generalized Anxiety Disorder-7), and satisfaction and acceptability using validated scales. Based on a prior study, we estimated a sample size of 130 would have sufficient (80%) power to detect a moderate effect size ( $d=.4$ ) in between group difference on the PHQ-9.

#### Results

192 women were randomized equally 1:1 to the chatbot or usual care; of these, 152 women completed the 6-week survey ( $n=68$  chatbot,  $n=84$  usual care) and were included in the final analysis. Mean baseline mental health assessment scores were below positive screening thresholds. At 6-weeks, there was a greater decrease in PHQ-9 scores among the chatbot group compared to the usual care group (mean decrease=1.32,  $SD=3.4$  vs mean decrease=0.13,  $SD=3.01$ , respectively). 6-week mean EPDS and GAD-7 scores did not differ between groups and were similar to baseline. 91% ( $n=62$ ) of the chatbot users were satisfied or highly satisfied with the chatbot, and 74% ( $n=50$ ) of the intervention group reported use of the chatbot at least once in 2 weeks prior to the 6-week survey. 80% of study participants reported being comfortable with the use of a mobile smartphone application for mood management.

#### Conclusion

Use of a chatbot was acceptable to women in the early postpartum period. The sample did not screen positive for depression at baseline and thus the potential of the chatbot to reduce depressive symptoms in this population was limited. This study was conducted in a general obstetric population. Future studies of longer duration in high-risk postpartum populations who screen positive for depression are needed to further understand the utility and efficacy of such digital therapeutics for that population. (Author)

**Full URL:** <https://doi.org/10.1016/j.xagr.2023.100165>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-05002**

**Perinatal anxiety and depression amidst the COVID-19 pandemic in Dubai, United Arab Emirates.** Tambawala ZY, Saquib S, Salman A, et al (2023), AJOG Global Reports vol 3, no 1, February 2023, 100164

#### BACKGROUND

Pregnancy and COVID-19 increase the risk of mental health conditions. The stress of pregnancy, childbirth, and uncertainty about the global pandemic has negatively affected the obstetrical population.

#### OBJECTIVE

This study aimed to investigate the effects of the COVID-19 pandemic in terms of anxiety and depression in antenatal and postnatal mothers.

#### STUDY DESIGN

This was a cross-sectional observational study conducted at Dubai Hospital, United Arab Emirates, evaluating depression and anxiety (point prevalence) with the Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scale.

#### RESULTS

Of the 784 women approached, 438 consented to participate in our survey; 43.6% of the women screened positive for depression by the Edinburgh Postnatal Depression Scale (with a cutoff score  $\geq 10$ ), and 42% had a Generalized Anxiety Disorder-7 score of  $\geq 5$ , indicating anxiety. Both anxiety and depression were found in 32.4% of the women; 7.5% had considered self-harm in the last 14 days, and 15% had COVID-19 during the current pregnancy. The 11.87% who had COVID-19, but before the pregnancy, had higher mean Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores than others. Surprisingly, the women who had COVID-19 during pregnancy had statistically significantly ( $P < .05$ ) lower Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores. University graduates had significantly ( $P < .05$ ) higher Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores. Women of Middle Eastern ethnicity (50% positive for depression and 48.5% for anxiety) were more prone to depression and anxiety compared with South Asian (29% positive for depression and 25.2% for anxiety) and African women (39.6% positive for depression and 43.4% for anxiety). There was no statistically significant difference between antenatal and postnatal patients in the prevalence of anxiety or depression.

#### CONCLUSION

The COVID-19 pandemic is associated with an increase in depression and anxiety in pregnant and postnatal women. Women who were more concerned about the effects of the pandemic had higher mean Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores. Additional psychological support for women is necessary during the pandemic for maternal perinatal well-being. (Author)

**Full URL:** <https://doi.org/10.1016/j.xagr.2023.100164>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-04810

**Social disadvantage during pregnancy: effects on gestational age and birthweight.** Luby JL, England SK, Barch DM, et al (2023), *Journal of Perinatology* vol 43, no 4, April 2023, pp. 477-483

### Objective

Whether psychosocial adversity during pregnancy impacts fetal health outcomes at birth remains underexplored. This is a critical issue given significant social disadvantage and psychosocial stress faced by pregnant women worldwide.

### Study design

Measures of social disadvantage and psychological factors, and medical/reproductive and nutritional health status in pregnant women were obtained at each trimester. Using Structural Equation Modeling (SEM), we investigated the relationship of forms of adversity to each other and to infant gestational age, and birthweight.

### Results

Among 399 singletons, Social Disadvantage significantly predicted gestational age ( $p = 0.003$ ), and residual birthweight ( $p = 0.006$ ). There was a 0.4 week decrease in gestational age and a 3% decrease in birthweight for each standard deviation increase in Social Disadvantage.

### Conclusion

Significant negative effects of social adversity on the developing fetus were found. Notably, these effects emerged despite good prenatal care and after accounting for maternal age and medical reproductive risk factors. (Author)

Full URL: <https://doi.org/10.1038/s41372-023-01643-2>

---

## 2023-04802

**The Effect of Maternal–Foetal Attachment–Based Training Programme on Maternal Mental Health Following an Unintended Pregnancy.** Mahmoudi P, Elyasi F, Nadi AJ, et al (2023), *Journal of Reproductive and Infant Psychology* vol 41, no 1, 2023, pp. 26-42

### Introduction

Unintended pregnancy is a risk factor for less maternal–fetal attachment (MFA) and low levels of psychological well-being. This study was conducted to determine the effect of an MFA-based training programme on maternal anxiety, depression and worries following an unintended pregnancy.

### Methods

This randomised clinical trial was conducted on 68 women with an unintended pregnancy in north of Iran during 2018–2019. Participants were allocated to the trained and control groups through simple randomisation. The trained group received the MFA-based training for three 90-min sessions. Demographic questionnaire, London measure of unplanned pregnancy, Cranley's MFA scale, Edinburgh postnatal depression, Spielberger anxiety and prenatal distress questionnaires were used. Data were analysed by descriptive statistics, chi square, Fisher's exact test, independent and paired-samples t-tests, Mann–Whitney U, analysis of covariance, and multivariate analysis of variance.

### Results

After the intervention, the mean MFA, anxiety and depression scores were not significantly different between the trained and control groups. Worry was significantly decreased in the trained group ( $p = 0.001$ ) and increased in the control group ( $p = 0.03$ ).

### Discussion

Although the MFA-based training could not significantly improve MFA, maternal anxiety and depression, it has been effective on worry in women with the unintended pregnancies. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-04800**

**Anxiety symptoms and health-related quality of life in mainland Chinese pregnant women: a cross-sectional study.** Yang J-P, Qu J, Sun K, et al (2023), Journal of Reproductive and Infant Psychology vol 41, no 1, 2023, pp. 3-14

#### Objective

Health-related quality of life allows the health care professionals to envisage new axes of improvement in antenatal care and is a core aspect of contemporary maternity care provision. This study aims to estimate the prevalence of anxiety symptoms and explore the relationship between anxiety symptoms and health-related quality of life among Chinese pregnant women.

#### Methods

A cross-sectional study was conducted in a local teaching hospital in Guangzhou, China between April and June, 2018. Seven hundred and seventy Chinese pregnant women completed the 36-Item Short-Form Health Survey (SF-36), the Self-rating Anxiety Scale (SAS) and socio-demographic questionnaires.

#### Results

18.2% women were classified as having elevated anxiety symptoms as evidenced by a SAS score  $\geq 50$ . Compared with women without anxiety symptoms, the pregnant women with anxiety symptoms had worse physical (SF36-PCS) and mental (SF36-MCS) health-related quality of life and a lower level of seven domains of SF-36 (GH, RP, BP, VT, SF, RE and MH). Elevated anxiety symptoms predicted worse physical (SF36-PCS) and mental (SF36-MCS) health-related quality of life. The third trimester predicted a lower level of physical (SF36-PCS) health-related quality of life, while an unsatisfied relationship with mother-in-law predicted a lower level of mental (SF36-MCS) health-related quality of life.

#### Conclusions

The pregnant women with anxiety symptoms had impaired health-related quality of life. Health care professionals should identify pregnant women with anxiety symptoms and facilitate their treatment, which could improve their health-related quality of life. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



2023-04790

**Perinatal Outcomes during versus Prior to the COVID-19 Pandemic and the Role of Maternal Depression and Perceived Stress: A Report from the ECHO Program.** McKee KS, Tang X, Tung I, et al (2023), American Journal of Perinatology 23 March 2023, online

**Objective** We sought to evaluate the impact of the coronavirus disease 2019 (COVID-19) pandemic on perinatal outcomes while accounting for maternal depression or perceived stress and to describe COVID-specific stressors, including changes in prenatal care, across specific time periods of the pandemic.

**Study Design** Data of dyads from 41 cohorts from the National Institutes of Health Environmental influences on Child Health Outcomes Program (N = 2,983) were used to compare birth outcomes before and during the pandemic (n = 2,355), and a partially overlapping sample (n = 1,490) responded to a COVID-19 questionnaire. Psychosocial stress was defined using prenatal screening for depression and perceived stress. Propensity-score matching and general estimating equations with robust variance estimation were used to estimate the pandemic's effect on birth outcomes.

**Results** Symptoms of depression and perceived stress during pregnancy were similar prior to and during the pandemic, with nearly 40% of participants reporting mild to severe stress, and 24% reporting mild depression to severe depression. Gestations were shorter during the pandemic (B = - 0.33 weeks, p = 0.025), and depression was significantly associated with shortened gestation (B = - 0.02 weeks, p = 0.015) after adjustment. Birth weights were similar (B = - 28.14 g, p = 0.568), but infants born during the pandemic had slightly larger birth weights for gestational age at delivery than those born before the pandemic (B = 0.15 z-score units, p = 0.041). More women who gave birth early in the pandemic reported being moderately or extremely distressed about changes to their prenatal care and delivery (45%) compared with those who delivered later in the pandemic. A majority (72%) reported somewhat to extremely negative views of the impact of COVID-19 on their life.

**Conclusion** In this national cohort, we detected no effect of COVID-19 on prenatal depression or perceived stress. However, experiencing the COVID-19 pandemic in pregnancy was associated with decreases in gestational age at birth, as well as distress about changes in prenatal care early in the pandemic. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-04691**

**The Association of Perceived Labor Agency and Depression and/or Anxiety.** Whelan AR, Recabo O, Ayala NK, et al (2023), American Journal of Perinatology 10 April 2023, online

**Objective** Pregnancies complicated by perinatal mood disorders or a history of mental health disorder are at increased risk for complications including postpartum depression/anxiety. Patients' perceived control over childbirth is known to be an important factor for development of postpartum depression/anxiety. It is unclear whether women with preexisting and/or current depression and/or anxiety have different perceptions of control during childbirth compared with those without these comorbidities. This study aimed to evaluate the association between a current and/or prior diagnosis of depression and/or anxiety and scores on the Labour Agency Scale (LAS), a validated tool evaluating patient's experience of control over their labor and delivery.

**Study Design** This is a cross-sectional study of nulliparous patients admitted at term to a single center. Participants completed the LAS after delivery. A trained researcher performed detailed chart reviews for all participants. Participants were identified as having a current or historical diagnosis of depression/anxiety by self-report confirmed by chart review. Scores on the LAS were compared between those with versus without a diagnosis of depression/anxiety prior to admission for delivery.

**Results** A total of 73 (44.8%) of the 149 participants held a current and/or prior diagnosis of depression and/or anxiety. Baseline demographics were similar between those with and without depression/anxiety. Mean scores on the LAS (range: 91–201) were significantly lower for those with depression/anxiety than those without a prior diagnosis (150.0 vs. 160.5,  $p < 0.01$ ). Even after controlling for mode of delivery, admission indication, anesthesia, and Foley balloon usage, participants with anxiety and depression had scores that were on average 10.4 points lower on the LAS (95% confidence interval:  $-19.25, -1.62$ ).

**Conclusion** Participants with a current and/or prior diagnosis of depression and/or anxiety scored lower on the LAS as compared with those without psychiatric diagnoses. Patients with psychiatric diagnoses may benefit from increased education and support during childbirth.

#### Key Points

Control over childbirth is an important factor in the development of postpartum depression/anxiety.

Patients with a prior or current diagnosis of anxiety and depression have lower labor agency scores.

These differences remained significant even when controlling for confounders such as delivery mode. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-04679**

**The effectiveness of Kangaroo Mother Care (KMC) on depression, anxiety, and stress of mothers with premature infants.**

Mehrpisheh S, Doorandish Z, Farhadi R, et al (2023), Journal of Neonatal Nursing vol 29, no 5, October 2023, pp 786-790

**Objective**

The stress and anxiety of mothers with preterm infants affect mother-infant interactions. Skin-to-skin contact demonstrates benefits in the relationship between a mother and a preterm infant. This study aimed to evaluate the effectiveness of Kangaroo Mother Care (KMC) on depression, anxiety, and stress of mothers with premature infants.

**Methods**

This quasi-experimental study was performed on 100 mothers of premature infants who were admitted to two Bu Ali Sina and Imam hospitals of Sari in 2020. A questionnaire containing demographic information and the Depression, Anxiety, Stress Scale (DASS) were used as data collection tools. All data analysis was performed using SPSS software version 25. Significant level is considered  $P < 0.05$ .

**Results**

The mean age of mothers with premature infants was  $28.7 \pm 5.4$  years. The neonatal birth weight was  $1614 \pm 342$  g and their discharge weight was  $2052 \pm 418$  g. After the intervention, the levels of depression ( $P = 0.004$ ), anxiety ( $P = 0.000$ ), and stress ( $P = 0.003$ ) of mothers in the intervention group were significantly lower than the control group.

**Conclusion**

The results of the present study showed that Kangaroo Mother Care can be used to improve the mental health of mothers with premature infants by reducing the level and severity of depression, anxiety, and stress. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-04338**

**Non-birthing mothers' experiences of perinatal anxiety and depression: Understanding the perspectives of the non-birthing mothers in female same-sex parented families.** Howat A, Masterson C, Darwin Z (2023), Midwifery vol 120, May 2023, 103650

#### Objective

Partners of birthing mothers can themselves experience perinatal mental health (PMH) difficulties. Despite birth rates increasing amongst LGBTQIA+ communities and the significant impact of PMH difficulties, this area is under-researched. This study aimed to examine the experiences of perinatal depression and anxiety of non-birthing mothers in female same-sex parented families.

#### Design

Interpretative Phenomenological Analysis (IPA) was used to explore the experiences of non-birthing mothers who self-identified as having experienced perinatal anxiety and/or depression.

#### Setting and participants

Seven participants were recruited from online and local voluntary and support networks for LGBTQIA+ communities and for PMH. Interviews were in-person, online or via telephone.

#### Measurements and findings

Six themes were generated. Distress was characterised by feelings of "Failure and Inadequacy in Role" (i.e., parent, partner and individual) and "Powerlessness and Intolerable Uncertainty" in their parenting journey. These feelings were reciprocally influenced by perceptions of the "Legitimacy of (Di)stress as a Non-birthing Parent", which impacted help-seeking. Stressors that contributed to these experiences were: "Parenting Without" a parental role template, social recognition and safety, and parental connectedness; and "Changed Relationship Dynamics" with their partner. Finally, participants spoke about "Moving Forward" in their lives.

#### Key conclusions

Some findings are consistent with the literature on paternal mental health, including parents' emphasis on protecting their family and experiencing services as focusing on the birthing parent. Others appeared distinct or amplified for LGBTQIA+ parents, including the lack of a defined and socially recognised role; stigma concerning both mental health and homophobia; exclusion from heteronormative healthcare systems; and the importance placed on biological connectedness.

#### Implications for practice

Culturally competent care is needed to tackle minority stress and recognise diverse family forms. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-04301**

**Barriers and facilitators for referring women with positive perinatal depression screening results in China: a qualitative study.** Xue W, Cheng KK, Liu L, et al (2023), BMC Pregnancy and Childbirth vol 23, no 230, April 2023

#### Background

Timely screening and referral can improve the outcomes of perinatal depression (PND). However, uptake rates of referral after PND screening are low in China and the reasons are unclear. The aim of this article is to explore the barriers and facilitators for referring women with positive results of PND screening in the Chinese primary maternal health care system.

#### Methods

Qualitative data were collected from four primary health centers located in four different provinces of China. Each of the four investigators conducted 30 days of participant observations in the primary health centers from May to August 2020. Data were collected via participant observations and semi-structured in-depth interviews with new mothers who had positive results of PND screening, their family members, and primary health providers. Two investigators analyzed qualitative data independently. A thematic analysis was conducted, and data were framed using the social ecological model.

#### Results

A total of 870 hours of observation and 46 interviews were carried out. Five themes were identified: individual (new mothers' knowledge of PND, perceived need to seek help), interpersonal (new mothers' attitudes towards providers, family support), institutional (providers' perception of PND, lack of training, time constraints), community (accessibility to mental health services, practical factors), and public policy (policy requirements, stigma).

#### Conclusions

The likelihood of new mothers accepting PND referral is related to factors in five areas. Intervention strategies can be developed around these themes and may include educating new mothers and their families about PND, training primary health providers to improve their awareness of condition and indication for referral, building mental health support in routine postpartum home visits, and providing support through mobile technology. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05532-6>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-04277**

**Exploring Black and South Asian women's experiences of help-seeking and engagement in perinatal mental health services in the UK.** Conneely M, Packer KC, Bicknell S, et al (2023), *Frontiers in Global Women's Health* 3 April 2023, online

**Background and aims:** In the United Kingdom (UK), Black and South Asian women are less likely than White British women to access support from perinatal mental health services, despite experiencing similar, or higher, levels of distress. This inequality needs to be understood and remedied. The aim of this study was to answer two questions: how do Black and South Asian women experience (1) access to perinatal mental health services and (2) care received from perinatal mental health services?

**Method:** Semi-structured interviews were conducted with Black and South Asian women (n = 37), including four women who were interviewed with an interpreter. Interviews were recorded and transcribed line-by-line. Data were analyzed using framework analysis, by an ethnically diverse multidisciplinary team of clinicians, researchers and people with lived experience of perinatal mental illness.

**Results:** Participants described a complex interplay of factors that impacted on seeking, and receiving help, and benefiting from services. Four themes emerged that captured the highly varied experiences of individuals: (1) Self-identity, social expectations and different attributions of distress deter help-seeking; (2) Hidden and disorganized services impede getting support; (3) The role of curiosity, kindness and flexibility in making women feel heard, accepted and supported by clinicians; (4) A shared cultural background may support or hinder trust and rapport.

**Conclusion:** Women described a wide range of experiences and a complex interplay of factors impacting access to, and experience of, services. Women described services as giving them strength and also leaving them disappointed and confused about where to get help. The main barriers to access were attributions related to mental distress, stigma, mistrust and lack of visibility of services, and organizational gaps in the referral process. These findings describe that many women feel heard, and supported by services, reporting that services provide a high quality of care that was inclusive of diverse experiences and understandings of mental health problems. Transparency around what PMHS are, and what support is available would improve the accessibility of PMHS. (Author)

**Full URL:** <https://doi.org/10.3389/fpsy.2023.1119998>

---

**2023-04270**

**Mental Health: Women [written answer].** House of Lords (2023), Hansard Written question HL7036, 29 March 2023

Lord Markham responds to a written question from Baroness Thornton to His Majesty's Government, further to their Women's Health Strategy for England, published on 30 August 2022, what steps they are taking to address the high rates of poor mental health amongst girls and young women. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2023-03-29/hl7036>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-04257**

**Adaptation and integration of the thinking healthy programme into pregnancy schools in Istanbul, Turkey.** Boran P, Dönmez M, Atif N, et al (2023), BMC Pregnancy and Childbirth vol 23, no 245, April 2023

#### Background

Perinatal mental health is a major public health concern. In Turkey, public hospitals operate pregnancy schools which provides an opportunity to integrate an evidence-based Thinking Healthy Programme (THP) for perinatal depression. The aim of this study is to adapt the THP for universal use in the group setting and to understand its acceptability and feasibility for integration into the existing antenatal care programme for both face-to-face and online delivery.

#### Methods

Following an expert-led adaptation process using the Bernal Framework, field testing was conducted on a group of women and facilitators followed by in-depth interviews (n:8) and group discussions (n = 13). Data were analysed using Thematic Framework Analysis.

#### Results

Minor but significant adaptations were made to the individually delivered THP for use in the universal group pregnancy schools. Initial findings indicate that the THP-group version was acceptable to its target population and could be integrated into the antenatal care plan for delivery during face-to-face and online group classes.

#### Conclusion

THP is transferable to the Turkish cultural and healthcare context. The THP–group version has the potential to add value to Turkey’s existing perinatal healthcare programme. (Author)

**Full URL:** <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-023-05572-y>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



2023-04253

**Co-occurrence of depression, anxiety, and perinatal posttraumatic stress in postpartum persons.** Howard S, Witt C, Martin K, et al (2023), BMC Pregnancy and Childbirth vol 23, no 232, April 2023

#### Background

The study aim was to describe the incidence of depression, anxiety, perinatal-post-traumatic stress disorder (PTSD), and their co-occurrences in the early postpartum period in a low-resource OB/GYN clinic serving majority Medicaid-eligible persons. We hypothesized that postpartum persons screening positive for depression will have an increased risk of a positive screen for anxiety and perinatal PTSD.

#### Methods

A retrospective study of postpartum persons receiving care in Baton Rouge, Louisiana was conducted using responses abstracted from the electronic medical record (EMR) of the Patient Health Questionnaire-9 (PHQ9), Generalized Anxiety Disorder-7 (GAD7), and Perinatal Post Traumatic Stress Disorder Questionnaire-II (PPQII). Categorical distributions were compared using Fisher exact tests, while t-tests were used to compare continuous covariates. Multivariable logistic regression was used to predict anxiety (GAD7) and perinatal PTSD (PPQII) scores while adjusting for potential confounders, as well as to predict continuous PPQII and GAD7 based on continuous PHQ9 scores.

#### Results

There were 613 birthing persons 4–12 weeks postpartum that completed mental health screening (PHQ9, GAD7, and PPQII) between November 2020 and June 2022 as part of routine postpartum care in the clinic. The incidence of screening positive for symptoms of depression (PHQ9 > 4) was 25.4% (n = 156), while the incidence of positive screening for symptoms of anxiety (GAD7 > 4) and perinatal PTSD (PPQII ≥ 19) were 23.0% (n = 141) and 5.1% (n = 31) respectively. Postpartum patients with mild anxiety or more (i.e. GAD7 > 4) had 26 times higher odds of screening positive for symptoms of depression (PHQ9 > 4) (adjusted odds ratio [aOR] 26.3; 95% confidence interval [CI] 15.29–46.92; p < 0.001). Postpartum persons with a PPQII score indicating symptoms of perinatal PTSD (PPQII ≥ 19) had 44 times higher odds of screening positive for symptoms of depression (PHQ > 4) (aOR 44.14; 95%CI 5.07–5856.17; p < 0.001).

#### Conclusions

Depression, anxiety, and perinatal PTSD are each independent risk factors for each other. To comply with the American College of Obstetricians and Gynecologists (ACOG) recommendations, providers should universally screen postpartum persons with validated screening tools for mood disturbances. However, if a complete full mood assessment is not feasible, this study provides evidence to support screening patients for depression, and if the patient screens positive, prompt additional screening for anxiety and perinatal PTSD. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05555-z>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-03868**

**Supporting Perinatal and Infant Mental Health.** Perinatal and Infant Mental Health Fund (2023), Scottish Government January 2023, online

The period from conception to the end of the second year is a crucial one for the development of babies' brains and minds. Their later mental health and relationships are strongly influenced by what happens at this time and how well their parents and carers are coping with their arrival. It has been estimated that up to 20% of mums and up to 10% of dads are affected by poor mental health in the perinatal period. Almost 20% of babies and young children also experience mental health difficulties. Since launching in October 2020, the Scottish Government's Perinatal and Infant Mental Health (PIMH) Fund has supported charities with delivering vital mental health services to support families across Scotland. This report shares some of the work which has taken place as a result of PIMH funding and the difference it has made. It concludes with some reflections on the third sector's ways of working and the challenges which are currently of concern for organisations. This report has been produced using a combination of charity progress reports, 1:1 conversations with funded charities and insight surveys (Funding and Referrals Survey Jan-Feb 22 and Cost of Living Survey Aug-Sept 22). The Perinatal and Infant Mental Health Fund is a £2.5m investment over 2.5 years (Oct 20 - Mar 23). 16 charities were awarded with a main grant (Oct 20 - Mar 23) and 18 charities were awarded with a small grant (Oct 21 - Mar 23). A full list of funded organisations is included at the end of this report. Individually, organisations use different methods of evaluation and the collective work of all funded charities contributes towards the fund's five outcomes. Charities receiving a main grant report on the impact of their work against the fund's five outcomes as shown on page five - Fund Impact. This report uses the most up to date reporting information available. Charities receiving main grant awards report on their progress every six months (the latest main grant reports covers the period of Oct 21 - Mar 22). Charities receiving a small grant have reported at the half way point of the funding cycle (this report covers the nine month period of Oct 21 - Jul 22). Inspiring Scotland and Scottish Government would like to thank all organisations for their detailed reports. Learning and insight from these reports helps to inform policy and wider practice across Scotland. (Author)

**Full URL:** <https://www.inspiringscotland.org.uk/wp-content/uploads/2023/01/PIMH-Report-Jan-2023-small-002.pdf>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-03824**

**Social determinants of inadequate prenatal care utilization in sheltered homeless mothers in the Greater Paris area in**

**France.** Richard E, Vuillermoz C, Lioret S, et al (2023), *Frontiers in Public Health* 21 March 2023, online

Background: Sheltered homeless families suffer from deleterious living conditions such as housing instability (i.e., moving from one shelter to another) that could be an additional barrier to healthcare utilization. Few studies have specifically examined perinatal health in homeless mothers and their utilization of prenatal healthcare. This study aimed to identify social determinants such as living conditions (i.e., housing instability) associated with inadequate prenatal care utilization (PCU) in sheltered homeless mothers in the Greater Paris area in France.

Methods: The homeless children and families cross-sectional survey [ENFAMS: (Enfants et familles sans logement)] was performed on a random representative sample of homeless families living in shelters in the greater Paris area in 2013. Following French guidelines, PCU was deemed inadequate if one or more of the following criteria was met: attending fewer than 50% of recommended prenatal visits, PCU initiation after the first trimester of pregnancy, and fewer than three ultrasounds during the entire pregnancy. Families were interviewed in 17 languages by trained peer interviewers in face-to-face interviews. Structural equation modeling was used to identify factors associated with inadequate PCU and to estimate correlations between them.

Results: This study analyzed data on 121 homeless sheltered mothers who had at least one child less than one year old. They were socially disadvantaged and most were born outside France. One in five (19.3%) had inadequate PCU. Associated factors were socio-demographic characteristics (young age, primiparous), health status (dissatisfaction with self-perceived general health), and living conditions (housing instability in the second and third trimesters).

Conclusion: It is essential to reduce housing instability to help sheltered mothers to benefit from social, territorial and medical support and healthcare utilization. Housing stability for pregnant sheltered homeless mothers should be a priority to ensure better PCU and guarantee the newborn's health as much as possible. (Author)

Full URL: <https://doi.org/10.3389/fpubh.2023.1080594>

---

**2023-03820**

**Maternal perinatal depression and child neurocognitive development: A relationship still to be clarified.** Severo M, Ventriglio A, Bellomo A, et al (2023), *Frontiers in Global Women's Health* 20 March 2023, online

Pregnancy frequently is associated with emotional conditions such as anxiety and depression. Perinatal depression has an incidence of around 12%. Only recently researcher put the attention on the effects of pre- and postpartum psychopathology on infant neurocognitive development. Neurobiology studies indicate that perinatal maternal depression can significantly affect the structure and function of children's prefrontal cortex and modulate the development of cognitive abilities from intrauterine life. On the topic, the scientific literature appears ambiguous, reporting mixed results. Some studies have found no significant differences in developmental outcomes between prenatal and postpartum exposure to maternal depression, others have suggested a greater burden of depression in pregnancy than in postpartum, and still others have emphasized the role of chronicity of symptoms rather than the period of onset. Few studies have examined the effects of different developmental trajectories of maternal depression on children's neurocognitive outcomes. The assessment of maternal health has for years been limited to postpartum depression often neglecting the timing of onset, the intensity of symptoms and their chronicity. These aspects have received less attention than they deserve, especially in relation to the effects on children's neurocognitive development. The aim of this Perspective was to highlight inconsistencies and gaps that need to be filled in the approach to the study of this problem. Given the wide heterogeneity of data in the current literature, further studies are needed to clarify these interactions. This Perspective provides an overview of current progress, future directions, and a presentation of the authors' views on the topic. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2023.1151897>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-03530**

**Adverse Perinatal Outcomes and Postpartum Suicidal Behavior in California, 2013–2018.** Delker E, Marienfeld C, Baer RJ, et al (2023), Journal of Women's Health vol 32, no 5, May 2023, pp 608–615

Background: The objectives of this study were to describe trends in the prevalence of postpartum suicidal behaviors in California, 2013–2018, and to estimate associations between adverse perinatal outcomes and suicidal behaviors.

Materials and Methods: We used data from a population-based cohort derived from all birth and fetal death certificates. Records were individually linked to maternal hospital discharge records for the years before and after delivery. We estimated the prevalence of postpartum suicidal ideation and attempt by year. Then, we estimated crude and adjusted associations between adverse perinatal outcomes and these suicidal behaviors. The sample included 2,563,288 records.

Results: The prevalence of postpartum suicidal ideation and attempt increased from 2013 to 2018. People with postpartum suicidal behavior were younger, had less education, and were more likely to live in rural areas. A greater proportion of those with postpartum suicidal behavior were Black and publicly insured. Severe maternal morbidity, neonatal intensive care unit admission, and fetal death were associated with greater risk of ideation and attempt. Major structural malformation was not associated with either outcome.

Conclusions: The burden of postpartum suicidal behavior has increased over time and is unequally distributed across population subgroups. Adverse perinatal outcomes may help identify individuals that could benefit from additional care during the postpartum period. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-03443**

**Women's experiences of trauma, the psychosocial impact and health service needs during the perinatal period.** Perera E, Chou S, Cousins N, et al (2023), BMC Pregnancy and Childbirth vol 23, no 197, March 2023

#### Background

Traumatic events are associated with psychological and physical health problems for women in the perinatal period (i.e., pregnancy-12-months after childbirth). Despite the negative impact of trauma on perinatal women, the long-term impact of such diverse trauma and women's experience during the perinatal period remains understudied.

#### Methods

This study explored two research questions: 1) What are the psychological experiences of perinatal women who have experienced interpersonal traumatic events? And 2) What are the service needs and gaps expressed by women relating to perinatal medical protocols and psychological services? These questions were addressed via in-depth semi-structured qualitative interviews with nine perinatal women (one pregnant and eight postpartum) residing in central Canada who reported experiencing interpersonal traumatic events occurring from adolescence to the perinatal period. Recruitment and data collection occurred from October 2020 to June 2021. Interviews were audio-recorded, transcribed, and analyzed according to constructivist grounded theory.

#### Results

The emergent grounded theory model revealed the central theme of the role of prior trauma in shaping women's perinatal experiences, with four related main themes including perinatal experiences during the COVID-19 pandemic, the role of social support in women's perinatal experiences, the barriers that women experienced while seeking psychological and medical services prior to the perinatal period and during the perinatal period, and the specific needs of perinatal women with a history of interpersonal trauma.

#### Conclusions

Findings of this research highlight the negative and long-lasting impact of traumatic events experienced on women's psychological health and psychosocial functioning during the perinatal period, as well as perinatal women's unmet psychological and medical service needs. A call to action for perinatal researchers and clinicians is imperative in furthering this important area of research and practicing person-centered and trauma-informed care with this population. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05509-5>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-03442

**The feasibility and acceptability of Project POWER: a mindfulness-infused, cognitive-behavioral group intervention to address mental and sexual health needs of young pregnant women in Liberia.** Callands TA, Hylick K, Desrosiers A, et al (2023), BMC Pregnancy and Childbirth vol 23, no 196, March 2023

#### Background

Following 14 years of civil war in Liberia, war exposure, gender-based violence, and extreme poverty have been identified as key challenges affecting the mental and sexual health of young pregnant women and the health of their unborn children. Despite ongoing efforts to rebuild the country's healthcare infrastructure, empirical and culturally tailored interventions to address the consequences of war are severely limited. To address these concerns, we developed Project POWER (Progressing Our Well-being, Emotions, and Relationships), a mindfulness-infused, cognitive-behavioral intervention for young adult pregnant women. This study sought to 1) assess the feasibility and acceptability of POWER and 2) determine the preliminary efficacy of POWER for improving mental and sexual health outcomes among Liberian war-exposed young adult pregnant women.

#### Methods

Eighty-seven women aged 18–25 were recruited from three catchment areas in Monrovia, Liberia to participate in a two-condition, pre-post design quasi-experimental pilot trial. Participants were allocated to the intervention (POWER) or the control condition (a health education program) based on where they resided relative to the catchment areas. Each condition completed a ten-session program delivered over 5-weeks. Feasibility and acceptability of POWER were examined using program logs (e.g., the number of participants screened and enrolled, facilitator satisfaction, etc.) and data from an end-of-program exit interview. The preliminary efficacy of POWER on mental and sexual health outcomes was assessed using repeated measures ANOVA with time and condition as factors.

#### Results

Analyses provided preliminary support for the feasibility and acceptability of POWER. Participants attended an average of 8.99 sessions out of 10 and practiced material outside the sessions at least 2.77 times per week. Women in both conditions showed significant reductions in the level of prenatal distress (baseline,  $M = 16.84$ , 3-month assessment,  $M = 12.24$ ), severity of post-traumatic stress disorder (PTSD) symptoms (baseline,  $M = 11.97$ , 3-month assessment,  $M = 9.79$ ), and the number of transactional sexual behaviors (baseline,  $M = 1.37$ , 3-month assessment,  $M = .94$ ) over time. Participants who received POWER showed significant reductions in the frequency of depressive symptoms (baseline,  $M = 5.09$ , 3-month assessment,  $M = 2.63$ ) over women in the control condition.

#### Conclusions

Findings suggest that POWER may be a feasible and acceptable intervention to promote mental and sexual health for young adult pregnant women in Liberia. However, fully powered clinical trials are still needed to determine the efficacy and effectiveness of POWER before recommending its use on a larger scale in Liberia. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05435-6>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-03437**

**Effects of maternal pre-pregnancy body mass index and gestational weight gain on antenatal mental disorders in China: a prospective study.** Zhou X, Rao L, Yang D, et al (2023), BMC Pregnancy and Childbirth vol 23, no 188, March 2023

#### Background

Maternal obesity is the most common medical condition among women of reproductive age worldwide. The pre-pregnancy body mass index and gestational weight gain have been suggested to be associated with maternal mental disorders. This study aimed to investigate the effects of the pre-pregnancy body mass index and gestational weight gain on antenatal depression, stress, and anxiety.

#### Methods

In total, 4,890 pregnant women were enrolled in the present study, which is based on an ongoing prospective cohort study. We used self-reported pre-pregnancy weights and the last weights measured prior to delivery (using professional instruments) to calculate the pre-pregnancy body mass index and gestational weight gain. The questionnaires used included the Center for Epidemiologic Studies Depression Scale (CES-D), Self-Rating Anxiety Scale (SAS), and 10-item version of the Perceived Stress Scale (PSS-10). We used Pearson product-moment correlation and multivariable logistic regression models to examine the impact of the pre-pregnancy body mass index and gestational weight gain on different maternal mental disorders.

#### Results

After adjusting for conception, annual household income, occupation, education, smoking status, and drinking status, excessive gestational weight gain during pregnancy was associated with a greater chance of anxiety symptoms in the entire sample (adjusted model: odds ratio = 1.479, 95% confidence interval = 1.128, 1.938) and especially in women with a normal body mass index (adjusted model: odds ratio = 1.668, 95% confidence interval = 1.209, 2.302). However, the relationship between the maternal pre-pregnancy body mass index and mental health was not significant.

#### Conclusion

Pregnant women with a normal pre-pregnancy body mass index had a greater chance of experiencing anxiety symptoms before delivery if gestational weight gain was excessive; however, its effects on depression or stress symptoms were not observed. The maternal pre-pregnancy body mass index may not be independently associated with maternal mental disorders. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05502-y>

**2023-03410**

**Examining the gaps in perinatal mental health care: A qualitative study of the perceptions of perinatal service providers in Canada.** DeRoche C, Hooykaas A, Ou C, et al (2023), Frontiers in Global Women's Health 15 March 2023, online

In Canada, access to perinatal mental health services is disparate across districts, regions, provinces, and territories. Questions remain as to how gaps in service are being experienced by Canadian service providers and clinicians. This paper examines three key questions: 1) What are the experiences of care providers with respect to the screening, identifying, and managing perinatal mental health disorders? 2) What gaps in perinatal mental health care have been identified? and 3) What approaches have been taken by providers, communities, and regions in addressing the needs of their populations? To address these questions, 435 participants from across Canada were surveyed using an online survey constructed by the research members of the CPMHC. A qualitative analysis of the data revealed three key themes: groups marginalized by the current perinatal mental health system, gaps and supports identified by communities; and systemic and policy issues. From these three themes we have identified the key components of changes required in the national approach to perinatal mental health disorders. We identify key resources that could be utilized to create policy change and provide recommendations for change. (Author)

**Full URL:** <https://doi.org/10.3389/fgwh.2023.1027409>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-03206**

**Mental health and wellbeing.** Department of Health and Social Care (2022), In: Department of Health and Social Care. Policy Paper: Women's Health Strategy for England August 2022

Mental health and wellbeing forms part of the Women's Health Strategy for England: the Government's 10-year strategy that sets out a range of commitments to improve the health of women everywhere. In the call for evidence survey, mental health was in the top five topics selected by respondents for inclusion in the Women's Health Strategy (selected by 39% of respondents) and this was consistent across every age group. Some organisations highlighted that perinatal and postnatal mental health needed more attention and support from healthcare professionals, and many respondents stated that they would like to see improved access to mental health services, and that they had particularly struggled to access mental health services and support during the pandemic. (Author, edited)

**Full URL:** <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england#mental-health-and-wellbeing>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-03132**

**Healthcare professionals' experiences and perceptions of providing support for mental health during the period from pregnancy to two years postpartum.** Pope J, Redsell S, Houghton C, et al (2023), Midwifery vol 118, March 2023, 103581

#### Objective

Mental health issues in the perinatal period are common, and can have negative consequences for maternal and child health. Healthcare professionals (HCPs) who provide women with perinatal care are well-placed to detect mental health issues and provide support. This study therefore examines HCPs' experiences and perceptions of providing mental health support during the perinatal period, including during the COVID-19 pandemic.

#### Design

An exploratory realist qualitative study was conducted.

#### Setting

Republic of Ireland

#### Participants

A purposive sampling strategy was employed to recruit HCPs (e.g., general practitioners, midwives, public health nurses, practice nurses, doulas, and breastfeeding counsellors), via professional bodies in Ireland. An invitation to participate was also circulated via Twitter. A total of 18 HCPs participated in semi-structured interviews conducted between 18/8/2020 and 24/5/2021.

#### Measurements and findings

Semi-structured interviews were conducted according to a topic guide designed by a multidisciplinary team. Data were analysed using thematic analysis. Four themes were developed: 'Supporting women in healthcare settings,' 'Skills and capacity to provide adequate care,' 'Structural barriers to care provision,' and 'The impact of the COVID-19 pandemic on stress support.'

#### Key conclusions

HCPs reported providing emotional support and advocacy, but highlighted challenges, including limited capacity to address women's concerns, clinical culture and hierarchy, insufficient organisational investment, and social inequities in support access. Some HCPs felt these barriers could lead to additional psychological harm. HCPs also reported that the pandemic had introduced novel stressors and changed the nature of the mental health support they provided.

#### Implications for practice

Interventions incorporating education and physical resources for HCPs, increased investment in specialist perinatal mental health services, increased investment in holistic supports, and changes to address cultural challenges in care environments, may facilitate – or enhance – support for women. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-03078

**Impact of the COVID-19 pandemic on women's perinatal mental health and its association with personality traits: An observational study.** Birkelund KS, Rasmussen SS, Shwank SE, et al (2023), *Acta Obstetrica et Gynecologica Scandinavica* vol 102, no 3, March 2023, pp. 270-281

#### Introduction

The burden of perinatal mental health problems was expected to increase during the COVID-19 pandemic. We prospectively investigated the impact of the COVID-19 pandemic on the mental health of pregnant and postpartum women in Norway and explored associations with their sociodemographic characteristics and personality traits.

#### Material and methods

Sociodemographic information and the self-reported impact of pandemic on wellbeing of pregnant women was collected using an online survey. To assess women's mental health, two validated questionnaires, the Edinburgh Postpartum Depression Scale (EPDS) and the Generalized Anxiety Disorder-7 item Scale (GAD-7), were used prenatally and postnatally. Personality traits were evaluated using HumanGuide, a web-based ipsative psychological evaluation instrument.

#### Results

772 women were included prenatally, of which 526 also responded to the survey 4–6 weeks postnatally. The median age was 29 years, 53.6% of the women were nulliparous when enrolled, and 35.1% worked in the healthcare sector. The median EPDS (6.0; interquartile range [IQR] 3.0–10.0 vs 6.0; IQR: 3.0–10.0) and the median GAD-7 (5.0; IQR 2.0–9.0 vs 5.0; IQR 2.0–9.0) were similar pre- and postnatally. Prenatally, the proportion of women scoring  $\geq 13$  on EPDS and  $\geq 10$  on GAD-7 was 14.5% (112/772) and 21.5% (166/772), whereas the postnatal figures were 15.6% (82/526) and 21.5% (113/526), respectively. The differences were not significant ( $P = 0.59$  and  $P = 0.99$ ). Being  $< 25$  years of age, being on pre-pregnancy psychotherapy or psychotropic medication, frequent voluntary isolation, perception of maternity care not proceeding normally, avoiding seeking medical assistance due to fear of infection and having negative economic consequences during the COVID-19 pandemic significantly increased the risk of both anxiety (GAD-7  $\geq 10$ ) and depression (EPDS  $\geq 13$ ). Nullipara had a higher risk of anxiety, whereas being a healthcare worker had a lower risk. The personality trait factors Power ( $P = 0.008$ ), Quality ( $P = 0.008$ ), Stability ( $P < 0.001$ ) and Contacts ( $P < 0.001$ ) were significant predictors of depression among pregnant women, whereas the Quality ( $P = 0.005$ ) and Contacts ( $P = 0.003$ ) were significant predictors of anxiety.

#### Conclusions

During the initial phase of the COVID-19 pandemic, the prevalence of depression (EPDS  $\geq 13$ ) and anxiety (GAD-7  $\geq 10$ ) was 14.5% and 21.5%, respectively, among Norwegian pregnant women. Certain sociodemographic characteristics and personality traits were significant predictors of depression and anxiety. (Author)

Full URL: <https://doi.org/10.1111/aogs.14525>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no. 11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-03065**

**Adolescent antecedents of maternal and paternal perinatal depression: a 36-year prospective cohort.** Thomson KC, Romaniuk H, Greenwood CJ, et al (2021), *Psychological Medicine* vol 51, no 12, September 2021, pp 2126-2133

#### Background

Rates of common mental health problems (depression/anxiety) rise sharply in adolescence and peak in young adulthood, often coinciding with the transition to parenthood. Little is known regarding the persistence of common mental health problems from adolescence to the perinatal period in both mothers and fathers.

#### Methods

A total of 393 mothers (686 pregnancies) and 257 fathers (357 pregnancies) from the intergenerational Australian Temperament Project Generation 3 Study completed self-report assessments of depression and anxiety in adolescence (ages 13–14, 15–16, 17–18 years) and young adulthood (ages 19–20, 23–24, 27–28 years). The Edinburgh Postnatal Depression Scale was used to assess depressive symptoms at 32 weeks pregnancy and 12 months postpartum in mothers, and at 12 months postpartum in fathers.

#### Results

Most pregnancies (81%) in which mothers reported perinatal depression were preceded by a history of mental health problems in adolescence or young adulthood. Similarly, most pregnancies (83%) in which fathers reported postnatal depression were preceded by a preconception history of mental health problems. After adjustment for potential confounders, the odds of self-reporting perinatal depression in both women and men were consistently higher in those with a history of persistent mental health problems across adolescence and young adulthood than those without (ORwomen 5.7, 95% CI 2.9–10.9; ORmen 5.5, 95% CI 1.03–29.70).

#### Conclusions

Perinatal depression, for the majority of parents, is a continuation of mental health problems with onsets well before pregnancy. Strategies to promote good perinatal mental health should start before parenthood and include both men and women.

(Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-02871**

**Non-specialist-delivered psychosocial intervention for prenatal anxiety in a tertiary care setting in Pakistan: a qualitative process evaluation.** Atif N, Rauf N, Nazir H, et al (2023), BMJ Open vol 13, no 2, February 2023, 069988

**Objectives** A manualised cognitive-behavioural therapy-based psychosocial intervention for prenatal anxiety called Happy Mother Healthy Baby is being tested for its effectiveness through a randomised control trial in Pakistan. The aim of this study was to evaluate the intervention delivery process and the research process.

**Design** Qualitative methods were used to explore in depth the intervention delivery and research process.

**Setting** This process evaluation was embedded within a randomised control trial conducted in a tertiary care facility in Rawalpindi, Pakistan.

**Participants** Data were collected through in-depth interviews (n=35) with the trial participants and focus group discussions (n=3) with the research staff. Transcripts were analysed using a Framework Analysis.

**Results** The evaluation of the intervention delivery process indicated that it can be effectively delivered by non-specialist providers trained and supervised by a specialist. The intervention was perceived to be culturally acceptable and appropriately addressing problems related to prenatal anxiety. Lack of awareness of 'talking' therapies and poor family support were potential barriers to participant engagement. The evaluation of the research process highlighted that culturally appropriate consent procedures facilitated recruitment of participants, while incentivisation and family involvement facilitated sustained engagement and retention. Lack of women's empowerment and mental health stigma were potential barriers to implementation of the programme.

**Conclusion** We conclude that non-specialists can feasibly deliver an evidence-based intervention integrated into routine antenatal care in a tertiary hospital. Non-specialist providers are likely to be more cost effective and less stigmatising. Inclusion of family is key for participant recruitment, retention and engagement with the intervention. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2022-069988>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-02771**

**Nocturnal cognitive hyperarousal, perinatal-focused rumination, and insomnia are associated with suicidal ideation in perinatal women with mild to moderate depression.** Kalmbach DA, Ahmedani BK, Gelaye B, et al (2021), Sleep Medicine vol 81, May 2021, pp 439-442

#### Objectives

This prospective study explored associations among insomnia, nocturnal cognitive hyperarousal, and nocturnal perinatal-focused rumination with suicidal ideation (SI) in perinatal women with depression.

#### Methods

From late pregnancy through early postpartum, 39 depressed women completed 17 weekly surveys assessing SI, insomnia, depression, stress, and cognitive arousal.

#### Results

Women with nocturnal cognitive hyperarousal at baseline, relative to those with low cognitive arousal, were at greater risk for new onset SI (33% vs 1%). Moreover, nocturnal perinatal-focused rumination was independently associated with SI. SI-risk was highest when women reported clinical insomnia combined with nocturnal cognitive hyperarousal (OR = 5.66,  $p = 0.037$ ) or perinatal-focused rumination (OR = 11.63,  $p = 0.018$ ). Daytime perseverative thinking was not uniquely associated with SI.

#### Conclusions

Nocturnal cognitive arousal predicts the development of new onset SI, and perinatal-focused rumination is also uniquely associated with SI-risk in late pregnancy and early parenting. Critically, SI-risk is highest when perinatal women endorsed insomnia and high cognitive arousal at the same time. Future research should determine whether alleviating nocturnal cognitive arousal, pregnancy- and fetal/infant-related concerns, and insomnia with psychotherapy reduces SI for women with perinatal depression. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-02665**

**Art-based interventions for women’s mental health in pregnancy and postpartum: A meta-analysis of randomised controlled trials.** Qian J, Sun S, Wang M, et al (2023), *Frontiers in Global Women’s Health* 15 February 2023, online

**Objective:** Pregnant and postpartum women are vulnerable to psychological problems with a high estimated prevalence. To date, there is no meta-analysis that specifically assesses the effectiveness of art-based interventions to improve mental health in pregnant and postpartum women. The objective of this meta-analysis was to assess the efficacy of art-based interventions when delivered to pregnant and postpartum women.

**Methods:** Systematic literature searches were conducted from the inception to 6 March 2022 in seven English databases, including PubMed, Embase, Cochrane Central Register, CINAHL, ProQuest, Scopus, and Web of Science. Randomised controlled trials (RCTs) reporting art-based interventions targeting the improvement of women’s mental health in pregnancy and postpartum were included. Cochrane risk of bias tool was applied to assess evidence quality.

**Results:** Twenty-one randomised controlled trials (RCTs) involving 2,815 participants were eligible for data analysis. A pooled analysis demonstrated that art-based interventions significantly reduced anxiety (SMD =  $-0.75$ , 95% CI =  $-1.10$  to  $-0.40$ ) and depression symptoms (MD =  $-0.79$ , 95% CI =  $-1.30$  to  $-0.28$ ). However, art-based interventions did not alleviate stress symptoms as expected in our findings. Subgroup analysis demonstrated that intervention implementation time, intervention duration and music selected by the participants vs. not could have influence on the efficacy of art-based intervention for anxiety.

**Conclusion:** In perinatal mental health, art-based interventions may be effective in alleviating anxiety and depression. In the future, we still need to conduct high-quality RCTs to validate our findings and enrich clinical application of art-based interventions. (Author)

**Full URL:** <https://doi.org/10.3389/fpsy.2023.1112951>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-02562**

**Pregnant women and health workers' perspectives on perinatal mental health and intimate partner violence in rural Ethiopia: a qualitative interview study.** Keynejad RC, Bitew T, Mulushoa A, et al (2023), BMC Pregnancy and Childbirth vol 23, no 78, January 2023

#### Background

Mental health conditions are common during the perinatal period and associated with maternal, foetal, and neonatal morbidity and mortality. There is an established bidirectional relationship between mental health conditions and intimate partner violence (IPV), including during and after pregnancy. Mean lifetime prevalence of physical, sexual or emotional IPV exposure among women in rural Ethiopia is estimated to be 61% and may be even higher during the perinatal period. We aimed to explore the perspectives of women and antenatal care (ANC) health workers on the relationship between all types of IPV and perinatal mental health, to inform the adaptation of a psychological intervention for pregnant women experiencing IPV in rural Ethiopia.

#### Methods

We conducted in-depth qualitative interviews with 16 pregnant women and 12 health workers in the Gurage zone of the Southern Nations, Nationalities and People's Region of Ethiopia, between December 2018 and December 2019. We conducted thematic analysis of English-translated transcripts of audio-recorded Amharic-language interviews.

#### Results

Participants contextualised IPV as the primary form of abusive treatment women experienced, connected by multiple pathways to emotional and bodily distress. Patriarchal norms explained how the actions of neighbours, family, community leaders, law enforcement, and government agents in response to IPV often reinforced women's experiences of abuse. This created a sense of powerlessness, exacerbated by the tension between high cultural expectations of reciprocal generosity and severe deprivation. Women and health workers advocated a psychological intervention to address women's powerlessness over the range of difficulties they faced in their daily lives.

#### Conclusions

Women and health workers in rural Ethiopia perceive multiple, interconnected pathways between IPV and perinatal emotional difficulties. Contrary to expectations of sensitivity, women and health workers were comfortable discussing the impact of IPV on perinatal mental health, and supported the need for brief mental health interventions integrated into ANC. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-023-05352-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-02550

**A mixed-methods evaluation of a state-wide outreach perinatal mental health service.** Cibralic S, Fay-Stammbach T, Tucker D, et al (2023), BMC Pregnancy and Childbirth vol 23, no 74, January 2023

### Background

Access to perinatal mental health services in rural and remote areas is scarce, particularly perinatal psychiatry services. Telehealth, together with psychiatry consultation-liaison services are one way to improve access to areas of need. The New South Wales State-wide Outreach Perinatal Services – Mental Health (SwOPS) program is a Sydney-based program, offering specialist perinatal consultation-liaison services to rural and remote community mental health clinicians caring for perinatal women with significant mental health problems. This study aimed to evaluate healthcare practitioners' perceptions of the SwOPS program.

### Method

Healthcare practitioners (N = 31) were purposely recruited to participate in the study. Data were analysed using a mixed-methods cross-sectional design.

### Results

Most participants reported being familiar with and satisfied with the service. As a result of accessing the service, participants reported an increase in knowledge and confidence regarding caring for women with moderate-to-severe or complex mental health conditions. Qualitative comments highlight the participant's perceptions of the program.

### Conclusion

This study provides useful insights about a state-wide telehealth psychiatry consultation-liaison service from the perspective of practitioners. It highlights the benefits, facilitators, and barriers associated with implementing such services. (Author)

Full URL: <https://doi.org/10.1186/s12884-022-05229-2>

---

## 2023-02526

**A Conceptual Analysis of Mental Health Maladaptation in Postpartum.** DeFoor M, Amiri A (2023), The Journal of Perinatal Education vol 32, no 1, Winter 2023

**Aim:** This concept analysis aims to explore how the concept of maladaptation applies to mental health changes among postpartum women. **Background:** The concept of maladaptation is utilized throughout various disciplines but minimally in women's health, including a limited focus on maladaptive body dissatisfaction and perfectionistic beliefs of women in the postpartum period. **Methods:** The Walker and Avant eight-phase model was used to guide this analysis. **Data Source:** A search for maladaptation articles through Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete, ProQuest, and PubMed databases, as well as Google Scholar, was conducted. **Results:** A review of the literature concerning maladaptation in postpartum mental health resulted in defining two key attributes, including conforming to cultural norms of body image and pressure of perfection. In understanding maladaptation and its attributes, childbirth educators and health-care professionals will be able to better determine more contributing factors for postpartum depression (PPD) and formulate a plan that includes early intervention and support. **Conclusion:** This concept analysis is intended to improve maternal and neonatal health outcomes by understanding mental health maladaptations related to PPD. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-02501**

**Epidemiological profile of perinatal mental disorders at a tertiary hospital in Yaoundé- Cameroon.** Djatche Miafo J, Woks NIE, Nzebou D, et al (2023), *Frontiers in Global Women's Health* 1 February 2023, online

In developing countries, 15.6% of pregnant women and 19.8% after childbirth experience a mental disorder. In the absence of data on the situation in Cameroon, we carried out a study to determine the prevalence of perinatal mental illness in this hospital and its risk factors among women in perinatal period and the relationship between both at the Yaoundé Gynaeco-Obstetric and Paediatric Hospital, a reference mother and child hospital. We conducted a hospital-based, cross sectional, observational study. Data was collected using structured and semi-structured interviews. There were six sub-themes covered: participants' socio-demographic profile, clinical profile, perinatal history, psychopathology aspects with the Mini International Psychiatric Interview, the Edinburgh Postnatal Depression Scale, the State Trait Anxiety Inventory and the perinatal mental illness risk factors. Data entry was done using Microsoft Excel 2010 and transferred to Statistical Package for the Social Sciences version 23.0 for analysis. Among 194 women who participated in the study, the general prevalence for perinatal mental disorders was 53.6% (104/194), 25.8% among pregnant women and 27.8% among postnatal women. Comorbidities were present in 17.5% of our study population. We observed that 45.8% suffered from depression, 17% had a risk of suicide, 10.3% suffered from perinatal anxiety, 3.1% presented with post-traumatic stress disorder, 3.6% acute stress disorder, 7.7% had adjustment disorder. Concerning risk factors, we found a significant link between depression and severe anxiety before delivery ( $p < 0.05$ ) and the absence of social support ( $p = 0.005$ ). We found that women with at least four risk factors were 1.6 times more likely to present with a perinatal mental disorder. The prevalence of perinatal mental disorders at this Hospital is very high. This highlights the need for institutional screening and management of perinatal mental disorders, which suggests that we explore the situation in others and other health facilities in Cameroon. (Author)

**Full URL:** <https://doi.org/10.3389/fgwh.2023.999840>

---

**2023-02462**

**Mental Health Screening for Refugee Minority Ethnic Women in the UK.** Farrell S (2023), *The Practising Midwife* vol 26, no 3, March 2023, pp 26-30

The importance of assessing mental health during and after pregnancy is being increasingly recognised. Rates of mental health problems during and after pregnancy are higher among those from minority ethnic groups living in the United Kingdom (UK) compared with White British women and birthing people. However, there are cultural differences in understanding mental health struggles, acceptability of admitting symptoms and willingness to accept help. This paper explores the literature about perinatal mental health screening for minority ethnic women and birthing people in the UK. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-02461

**Adapting Mindfulness-Based Cognitive Therapy for Perinatal Depression to Improve Access and Appeal of Preventive Care.**

Tilden EL, Holmes LR, Vasquez Guzman CE, et al (2022), Journal of Midwifery & Women's Health vol 67, no 6, November 2022, pp. 707-713

Existing and emerging evidence indicates that perinatal depression is a key contributor to preventable morbidity and mortality during and after childbearing. Despite this, there are few effective options for prevention and treatment that are readily accessible for and appealing to pregnant people. Aspects of routine health care systems contribute to this situation. Furthermore, societal and health care systems factors create additional barriers for people of color, people living in rural regions, and people living in poverty. Our interprofessional team of perinatal care providers, mental health providers, community partners, health services scientists, health equity scientists, and business leaders developed and are piloting a perinatal mental health preventive intervention designed to increase access and appeal of a program incorporating mindfulness cognitive behavioral therapy with proven efficacy in preventing perinatal depression. In this article, we briefly summarize key systems barriers to delivering preventive care for perinatal depression in standard prenatal care clinics. We then describe Mindfulness-Based Cognitive Therapy for Perinatal Depression and outline our adaptation of this intervention, Center M. Finally, we identify next steps, challenges, and opportunities for this recent innovation. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-02363

**Emotional difficulties, coping strategies, and help-seeking patterns among Czech perinatal women.** Banasova R, Noskova E, Vodickova R, et al (2023), Midwifery vol 116, January 2023, 103526

### Objective

To understand both, women's perception of emotional difficulties in perinatal period and their related coping strategies. Further, we mapped and analysed help-seeking patterns utilized by these women to overcome their emotional difficulties. This study serve as an important piece of information for women-centred innovations in perinatal mental health care in Czechia, and more broadly in the region of Central and Eastern Europe.

### Design

A qualitative study with an exploratory and descriptive approach using thematic analysis.

### Setting

Online survey consisting of open-ended questions mapping women's perception of emotional difficulties in perinatal period and their related coping strategies and help-seeking patterns.

### Participants

Two hundred women self-reporting emotional difficulties in perinatal period, from whom 108 (54 %) stated that they had sought professional help with their emotional difficulties.

### Findings

Two themes were identified in the analysis of women's perception of emotional difficulties including Experience of symptoms of mental disorders, and Mother-child relationship. Three themes were identified in the analysis of women's coping with these difficulties (Personal resources, External resources, and No coping strategy used). Four themes were identified in the analysis of help seeking patterns utilized by study participants (Mental health specialists, Physicians of the first line of contact, Midwives, and Peer consultants).

### Key conclusions

Emotional difficulties of perinatal women stemmed in both, general symptoms of mental disorders and specific concerns connected to mother-child relationship. Therefore, the perinatal mental health services should cover both topics, preferably by a multidisciplinary team. Women search information about perinatal mental health, so thus, easy to reach valid resources are needed. Finally, Czech perinatal women experiencing emotional difficulties utilize various help-seeking patterns. Some of them naturalistically utilize integrated stepped care even when it is not systematically established. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-02229**

**Addressing inequalities in the identification and management of perinatal mental health difficulties: The perspectives of minoritised women, healthcare practitioners and the voluntary sector.** Darwin Z, Blower SL, Nekitsing C, et al (2022), *Frontiers in Global Women's Health* 22 December 2022, online

Background: Perinatal mental health (PMH) difficulties affect approximately one in five birthing women. If not identified and managed appropriately, these PMH difficulties can carry impacts across generations, affecting mental health and relationship outcomes. There are known inequalities in identification and management across the healthcare pathway. Whilst barriers and facilitators have been identified there is a lack of clarity about how these relate to the avoidable and unfair inequalities experienced by various groups of women. Further research is required to understand how to address inequalities in PMH.

Aim: To understand the key factors that enable and hinder access to PMH care for women from minoritised groups across the PMH care pathway, and how these have been affected by the COVID-19 pandemic.

Methods: A sequential mixed-methods approach gathered views and experiences from stakeholders in one region in northern England. This included an online survey with 145 NHS healthcare practitioners and semi-structured interviews with 19 women from ethnic minority and/or socio-economically deprived backgrounds who had experienced PMH difficulties, and 12 key informants from the voluntary and community sector workforce. Quantitative data were analysed using descriptive statistics and framework analysis was applied to qualitative data.

Findings: Barriers and facilitators were mapped using a socio-technical framework to understand the role of (i) processes, (ii) people (organised as women, practitioners and others), (iii) technology, and (iv) the system as a whole in deepening or alleviating inequalities. Influences that were identified as pertinent to inequalities in identification and management included provision of interpreters, digital exclusion, stigma, disempowerment, distrust of services, practitioner attitudes, data capture, representation in the workforce, narrow rules of engagement and partnership working. Stakeholder groups expressed that several barriers were further compounded by the COVID-19 pandemic.

Discussion: The findings highlight the need for change at the system level to tackle inequalities across the PMH care pathway. Four inter-connected recommendations were developed to enable this systems change: building emotional safety between professionals and women; making PMH a part of core healthcare business; increasing cultural competency specific to PMH; and enhanced partnership working. (Author)

Full URL: <https://doi.org/10.3389/fgwh.2022.1028192>

**2023-02221**

**The approach to managing perinatal anxiety: A mini-review.** Silverwood VA, Bullock L, Turner K, et al (2022), *Frontiers in Global Women's Health* 15 December 2022, online

Perinatal Anxiety (PNA) is defined as anxiety occurring during pregnancy and up to 12 months post-partum and is estimated to affect up to 20% of women. Risk factors for PNA are multiple and can be classed as psychological, social and biological. PNA negatively impacts on the mother, child and family. PNA is not well-recognized and diagnosis of PNA can be challenging for clinicians. There is currently no validated case-finding or diagnostic test available for PNA. PNA has been less extensively researched than perinatal depression (PND). Clinical guidance currently recommends pharmacological and psychological therapies for the management of women with PNA, however the limited research available suggests that other intervention types may also be effective with some evidence on the effectiveness of non-pharmacological interventions in primary care for PNA. This article provides a mini-review of PNA, summarizing current evidence around PNA including risk factors, the impact of PNA, the process of diagnosis of PNA and focussing predominantly on available management options for PNA. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2022.1022459>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-02216**

**Revealing the impact of lifestyle stressors on the risk of adverse pregnancy outcomes with multitask machine learning.** Becker M, Dai J, Chang AL, et al (2022), *Frontiers in Pediatrics* 13 December 2022, online

Psychosocial and stress-related factors (PSFs), defined as internal or external stimuli that induce biological changes, are potentially modifiable factors and accessible targets for interventions that are associated with adverse pregnancy outcomes (APOs). Although individual APOs have been shown to be connected to PSFs, they are biologically interconnected, relatively infrequent, and therefore challenging to model. In this context, multi-task machine learning (MML) is an ideal tool for exploring the interconnectedness of APOs on the one hand and building on joint combinatorial outcomes to increase predictive power on the other hand. Additionally, by integrating single cell immunological profiling of underlying biological processes, the effects of stress-based therapeutics may be measurable, facilitating the development of precision medicine approaches.

**Objectives:** The primary objectives were to jointly model multiple APOs and their connection to stress early in pregnancy, and to explore the underlying biology to guide development of accessible and measurable interventions.

**Materials and Methods:** In a prospective cohort study, PSFs were assessed during the first trimester with an extensive self-filled questionnaire for 200 women. We used MML to simultaneously model, and predict APOs (severe preeclampsia, superimposed preeclampsia, gestational diabetes and early gestational age) as well as several risk factors (BMI, diabetes, hypertension) for these patients based on PSFs. Strongly interrelated stressors were categorized to identify potential therapeutic targets. Furthermore, for a subset of 14 women, we modeled the connection of PSFs to the maternal immune system to APOs by building corresponding ML models based on an extensive single cell immune dataset generated by mass cytometry time of flight (CyTOF).

**Results:** Jointly modeling APOs in a MML setting significantly increased modeling capabilities and yielded a highly predictive integrated model of APOs underscoring their interconnectedness. Most APOs were associated with mental health, life stress, and perceived health risks. Biologically, stressors were associated with specific immune characteristics revolving around CD4/CD8 T cells. Immune characteristics predicted based on stress were in turn found to be associated with APOs.

**Conclusions:** Elucidating connections among stress, multiple APOs simultaneously, and immune characteristics has the potential to facilitate the implementation of ML-based, individualized, integrative models of pregnancy in clinical decision making. The modifiable nature of stressors may enable the development of accessible interventions, with success tracked through immune characteristics. (Author)

**Full URL:** <https://doi.org/10.3389/fped.2022.933266>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2023-02075**

**Systematic Review of Online Interventions to Reduce Perinatal Mood and Anxiety Disorders in Underserved Populations.**

Canfield S, Canada KE (2023), The Journal of Perinatal and Neonatal Nursing vol 37, no 1, January 2023, pp 14-26

**Background:**

Online health interventions increase access to care, are acceptable to end users and effective for treating mental and physical health disorders. However, less is known about interventions to prevent and treat perinatal mood and anxiety disorders (PMADs). This review synthesizes existing research on PMAD prevention and treatment by exploring the treatment modalities and efficacy of online interventions and examining the inclusion of underserved populations in PMAD research.

**Methods:**

Using PRISMA guidelines, authors conducted a systematic review of peer-reviewed literature published between 2008 and 2018 on online interventions aimed to prevent or treat PMADs. The authors also assessed quality. Eligible articles included perinatal women participating in preventive studies or those aimed to reduce symptoms of PMADs and utilized a Web-based, Internet, or smartphone technology requiring an online component. This study excluded telephone-based interventions that required one-on-one conversations or individualized, text-based responses without a Web-based aspect.

**Results:**

The initial search yielded 511 articles, and the final analysis included 23 articles reporting on 22 interventions. Most studies used an experimental design. However, no study achieved an excellent or good quality rating. Psychoeducation and cognitive-behavioral therapies (CBTs) were most common. Several interventions using CBT strategies significantly decreased depression or anxiety. Four studies recruited and enrolled mainly people identifying as low-income or of a racial or ethnic minority group. Attrition was generally high across studies.

**Discussion:**

More research using rigorous study designs to test PMAD interventions across all perinatal times is needed. Future research needs to engage diverse populations purposefully. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-02025

**The global burden of perinatal common mental health disorders and substance use among migrant women: a systematic review and meta-analysis.** Stevenson K, Fellmeth G, Edwards S, et al (2023), *The Lancet Public Health* vol 8, no 3, March 2023, pp e203-e216

#### Background

There are one billion migrants globally, of whom 82 million are forced migrants. Pregnant migrants face pre-migration stressors such as conflict, transit stressors including poverty, and post-migration stressors including navigating the immigration system; these stressors can make them vulnerable to mental illness. We aimed to assess the global prevalence of and risk factors for perinatal mental health disorders or substance use among women who are migrants.

#### Methods

In this systematic review and meta-analysis, we searched OVID MEDLINE, Embase, PsycINFO, CENTRAL, Global Health, Scopus, and Web of Science for studies published from database inception until July 8, 2022. Cohort, cross-sectional, and interventional studies with prevalence data for any mental illness in pregnancy or the postnatal period (ie, up to a year after delivery) or substance use in pregnancy were included. The primary outcome was the prevalence of perinatal common mental health disorders among women who are migrants, globally. Data for study quality and risk factors were also extracted. A random-effects meta-analysis was used to calculate pooled prevalence estimates, when appropriate. Sensitivity analyses were conducted according to study quality, sample representativeness, and method of outcome assessment. Risk factor data were synthesised narratively. This study is registered with PROSPERO, CRD42021226291.

#### Findings

18 650 studies were retrieved, of which 135 studies comprising data from 621 995 participants met the inclusion criteria. 123 (91%) of 135 studies were conducted in high-income host countries. Five (4%) of 135 studies were interventional, 40 (30%) were cohort, and 90 (66%) were cross-sectional. The most common regions of origin of participants were South America, the Middle East, and north Africa. Only 26 studies presented disaggregated data for forced migrants or economic migrants. The pooled prevalence of perinatal depressive disorders was 24.2% (range 0.5–95.5%; I<sup>2</sup> 98.8%;  $\tau^2$  0.01) among all women who are migrants, 32.5% (1.5–81.6; 98.7%; 0.01) among forced migrants, and 13.7% (4.7–35.1; 91.5%; 0.01) among economic migrants ( $p < 0.001$ ). The pooled prevalence of perinatal anxiety disorders was 19.6% (range 1.2–53.1; I<sup>2</sup> 96.8%;  $\tau^2$  0.01) among all migrants. The pooled prevalence of perinatal post-traumatic stress disorder (PTSD) among all migrant women was 8.9% (range 3.2–33.3; I<sup>2</sup> 97.4%;  $\tau^2$  0.18). The pooled prevalence of perinatal PTSD among forced migrants was 17.1% (range 6.5–44.3; I<sup>2</sup> 96.6%;  $\tau^2$  0.32). Key risk factors for perinatal depression were being a recently arrived immigrant (ie, approximately within the past year), having poor social support, and having a poor relationship with one's partner.

#### Interpretation

One in four women who are migrants and who are pregnant or post partum experience perinatal depression, one in five perinatal anxiety, and one in 11 perinatal PTSD. The burden of perinatal mental illness appears higher among women who are forced migrants compared with women who are economic migrants. To our knowledge, we have provided the first pooled estimate of perinatal depression and PTSD among women who are forced migrants. Interpreting the prevalence estimate should be observed with caution due to the very wide range found within the included studies. Additionally, 66% of studies were cross-sectional representing low quality evidence. These findings highlight the need for community-based routine perinatal mental health screening for migrant communities, and access to interventions that are culturally sensitive, particularly for forced migrants who might experience a higher burden of disease than economic migrants.

#### Funding

UK National Institute for Health Research (NIHR); March of Dimes European Preterm Birth Research Centre, Imperial College; Imperial College NIHR Biomedical Research Centre; and Nuffield Department of Population Health, University of Oxford. (Author)

Full URL: [https://doi.org/10.1016/S2468-2667\(22\)00342-5](https://doi.org/10.1016/S2468-2667(22)00342-5)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-01827**

**Psychological impact of hypnosis for pregnancy and childbirth: A systematic review.** Catsaros S, Wendland J (2023), Complementary Therapies in Clinical Practice vol 50, February 2023, 101713

#### Background

The use of hypnosis as a complementary therapy in the perinatal field is expanding, however, there is little research for its impact on perinatal mental health. Here, we review studies that evaluate the effect of hypnosis on women's mental health and subjective experiences.

#### Methods

A systematic review was conducted according to the PRISMA protocol for articles with experimental designs of hypnosis that measured their impact on several psychological variables, such as the presence of symptoms of anxiety, depression or fear of childbirth. Studies were evaluated according to the Critical Appraisal Skills Program Checklists (CASP), and analyzed for their designs and intervention themes.

#### Results

Seven studies were included and six themes emerged: preparation for birth and unexpected events; change in the perception and experience of pain; pregnant body as a natural process; connection with the baby during pregnancy; development of inner resources; and progressive relaxation and guided imagery. Although results were partly mitigated, most studies found positive effects of hypnosis in alleviating anxiety, depression, and fear towards birth, empowering women with a higher sense of confidence and improving the overall emotional experience. Two studies also indicate encouraging outcomes in postnatal wellbeing.

#### Conclusion

While it is still argued as to what extent hypnosis has positive effects on physical aspects of labor, the empowerment and the increase in confidence associated with hypnosis seem to bring a significant contribution to a more positive subjective experience of pregnancy and childbirth, and on women's overall wellbeing in the perinatal period. (Author)

---

**2023-01796**

**The Antenatal Risk Questionnaire: Identifying mothers at risk of developing perinatal mental illness.** Terry J (2023), Journal of Health Visiting vol 11, no 1, January 2023

Perinatal mental illness (PMI) often goes undiagnosed and untreated. Early identification of risk factors can help women receive timely intervention to reduce associated child and maternal comorbidities. This article considers the use of a validated screening tool to identify maternal risk factors of developing PMI. An analysis of a perinatal mental health policy, literature review and project implementation plan were carried out to explore current gaps in the research. Validated perinatal mental health risk assessment screening tools are being used across the world but not in the UK. It is concluded that the Antenatal Risk Questionnaire should be recommended for health visiting practice to promote early identification of PMI and intervention, which can improve outcomes for families. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-01603**

**Perinatal mental healthcare: Developing skills in midwifery students.** Fox D, Solanki K, Brown G, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 2, March 2023, pp 167-170

Midwives have a pivotal role in screening for risk factors for mental illness and psychosocial vulnerabilities in women during the perinatal period. They also have a key responsibility to provide women with the appropriate resources to support their mental wellbeing. Midwives can lack confidence and/or feelings of competence regarding these skills.

Care of women in the context of their perinatal mental health is a core midwifery skill that deserves practical learning during pre-registration education, just as the more 'hands on' skills such as abdominal palpation, labour and birth support or newborn examination. However, there is limited opportunity for students to gain clinical placement experiences that are specific to perinatal mental health (PMH).

This discussion paper describes an innovative teaching and learning project that aimed to improve confidence in students' ability to conduct screening, support, and referral of women experiencing mental ill health. The project involved the development of an Objective Structured Clinical Examination (OSCE) and audio visual resources to support learning and teaching and clinical placement. Feedback was collected to inform the refinement of the first OSCE, and to assist in the design of the audio visual resources that are now displayed publicly on the Australian College of Midwives website at <https://www.midwives.org.au/Web/Web/Professional-Development/Resources.aspx?hkey=12c2360e-d8b9-4286-8d0a-50aeeaca9702>. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-01407

**Perinatal mood and anxiety disorders: biomarker discovery using plasma proteomics.** Accortt E, Mirocha J, Zhang D, et al (2023), American Journal of Obstetrics & Gynecology (AJOG) vol 229, no 2, August 2023, pp 166.e1-166.e16

#### Background

Perinatal mood and anxiety disorders encompass a range of mental health disorders that occur during pregnancy and up to 1 year postpartum, affecting approximately 20% of women. Traditional risk factors, such as a history of depression and pregnancy complications including preeclampsia, are known. Their predictive utility, however, is not specific or sensitive enough to inform clinical decision-making or prevention strategies for perinatal mood and anxiety disorders. Better diagnostic and prognostic models are needed for early identification and referral to treatment.

#### Objective

This study aimed to determine if a panel of novel third-trimester plasma protein biomarkers in pregnant women can be used to identify those who have a high predisposed risk for perinatal mood and anxiety disorders within 3 months postpartum.

#### Study Design

We studied 52 women (n=34 with a risk for perinatal mood and anxiety disorders and n=18 controls) among whom mental health screening was conducted at 2 time points, namely in the third trimester and again at 3 months postdelivery. An elevated perinatal mood and anxiety disorder risk was identified by screening individuals with above-validated cutoffs for depression (Edinburgh Postnatal Depression Scale  $\geq 12$ ), anxiety (Overall Anxiety Severity and Impairment Scale  $\geq 7$ ), and/or posttraumatic stress disorder (Impact of Events Scale  $> 26$ ) at both time points. Plasma samples collected in the third trimester were screened using the aptamer-based SomaLogic SomaScan proteomic assay technology to evaluate perinatal mood and anxiety disorder-associated changes in the expression of 1305 protein analytes. Ingenuity Pathway Analysis was conducted to highlight pathophysiological relationships between perinatal mood and anxiety disorder-specific proteins found to be significantly up- or down-regulated in all subjects with perinatal mood and anxiety disorder and in those with perinatal mood and anxiety disorders and no preeclampsia.

#### Results

From a panel of 53 significant perinatal mood and anxiety disorder-associated proteins, a unique 20-protein signature differentiated perinatal mood and anxiety disorder cases from controls in a principal component analysis ( $P < .05$ ). This protein signature included NCAM1, NRCAM, and NTRK3 that converge around neuronal signaling pathways regulating axonal guidance, astrocyte differentiation, and maintenance of GABAergic neurons. Interestingly, when we restricted the analysis to subjects without preeclampsia, a 30-protein signature differentiated perinatal mood and anxiety disorder cases from all controls without overlap on the principal component analysis ( $P < .001$ ). In the nonpreeclamptic perinatal mood and anxiety disorder group, we observed increased expression of proteins, such as CXCL11, CXCL6, MIC-B, and B2MG, which regulate leucocyte migration, inflammation, and immune function.

#### Conclusion

Participants with perinatal mood and anxiety disorders had a unique and distinct plasma protein signature that regulated a variety of neuronal signaling and proinflammatory pathways. Additional validation studies with larger sample sizes are needed to determine whether some of these molecules can be used in conjunction with traditional risk factors for the early detection of perinatal mood and anxiety disorders. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-01211**

**Psychosocial interprofessional perinatal education: Design and evaluation of an interprofessional learning experience to improve students' collaboration skills in perinatal mental health.** Keedle H, Stulz V, Conti J, et al (2023), *Women and Birth: Journal of the Australian College of Midwives* vol 36, no 4, July 2023, pp e379-e387

#### Background

Perinatal mental health disorders are one of the leading causes of maternal illness and suffering and care and services need to be well coordinated by an interprofessional team who are skilled in working collaboratively.

#### Aim

The aim of this paper is to describe the design and evaluation of an innovative interprofessional education initiative to increase midwives and other health professional students' knowledge and skills in caring collaboratively for women with psychosocial issues in the perinatal period, including women experiencing domestic and family violence.

#### Methods

The Psychosocial Interprofessional Perinatal Education workshop was designed for midwifery, psychology, social work and medical students. It provided a simulated learning experience with case studies based on real life situations. Students undertook pre and post surveys to measure changes in students' perceptions of interprofessional collaboration and their experiences of participating in the interprofessional simulation-based learning activity. Quantitative survey data were analysed using paired t-tests and a qualitative content analysis was undertaken on the open-ended questions in the survey.

#### Findings

Comparison of pre and post surveys found students from all disciplines reported feeling more confident working interprofessionally following the workshop. The following categories were generated from analysis of the open ended survey data: Greater understanding of each others' roles; Recognising benefits of interprofessional collaboration; Building on sense of professional identity; Respecting each other and creating a level playing field; and Filling a pedagogical gap.

#### Conclusion

Through this innovative, simulated interprofessional education workshop students developed skills essential for future collaborative practice to support women and families experiencing psychosocial distress. (Author)

**Full URL:** <https://doi.org/10.1016/j.wombi.2023.01.001>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-01069**

**Impact of the COVID-19 pandemic on perinatal mental health screening, illness and pregnancy outcomes: A cohort study.** Lo ACQ, Kemp M, Kabacs N (2023), *Obstetric Medicine* vol 16, no 3, September 2023, pp 178–183

#### Background

The aim was to explore the impact of the COVID-19 pandemic on perinatal mental health screening, illness and related pregnancy complications/outcomes.

#### Methods

A single-centre retrospective cohort study in mothers giving birth before versus during the pandemic. Primary outcomes were the comparative prevalence/incidence of peripartum psychiatric diagnoses. Secondary outcomes were the pandemic's effect on psychiatric screening accuracy, and on other pregnancy outcomes linked to mental health.

#### Results

The pandemic did not significantly increase the crude incidence of diagnosed peripartum anxiety (risk ratio (RR) = 1.39, 95% CI = 0.66–2.95), depression (RR = 1.63, 95% CI = 0.72–3.70) or other pregnancy outcomes. In multivariate models, the pandemic decreased Apgar scores and was involved in interaction effects for postpartum mental illness and birthweight. Psychiatric screening at the booking appointment exhibited lower sensitivity in predicting antenatal mental illness (pre-pandemic = 85.71%, pandemic = 25.00%;  $p = 0.035$ ).

#### Conclusions

The lowered screening sensitivity likely meant mental illness was poorly anticipated/under-detected during the pandemic, leading to no crude increase in perinatal psychiatric diagnoses. (Author)

Full URL: <https://doi.org/10.1177/1753495X221139565>

---

**2023-00975**

**Suicidal ideation and behavior among perinatal women and their association with sleep disturbances, medical conditions, and known risk factors.** Arditi-Arbel B, Hamdan S, Winterman M, et al (2023), 19 January 2023, online

Objective: Suicide is considered one of the leading causes of maternal mortality, especially among women with postpartum depression. In the current systematic review, we conducted a qualitative data synthesis of recent studies exploring novel risk factors including sleep disturbances and medical conditions, alongside known and significant risk factors for perinatal suicidality.

Evidence acquisition: We conducted a systematic search of the literature according to PRISMA guidelines on PubMed, PsycNET, and Scopus databases. Search terms were “pregnancy” “OR” “postpartum” “OR” “peripartum” “OR” “perinatal” “OR” “postnatal” combined with the Boolean “AND” operator with “suicide” “OR” “suicidality” “OR” “suicidal ideation” “OR” “suicidal behavior.”

Evidence synthesis: The initial search yielded 1,458 records, of which 51 research reports that met inclusion criteria were analyzed. These 51 studies sampled a total of 45,942 participants. Clinically, sleep disturbance, psychopathology, and social support have been identified as dominant risk factors for suicidal behavior among pregnant and postpartum women, as well as medical conditions and aversive life events.

Conclusion: Monitoring sleep disturbance, depression, and perceived social support is critical given that they are significant risk factors for suicide among perinatal women. Early identification of perinatal women who may be at risk of suicide, although not depressed, is crucial.

Limitations: The use of tools designed to identify depression to identify suicidal risk, fail to identify women who are at risk but who do not suffer from depression. Other methodological limitations are the lack of longitudinal studies and the complexity of examining suicidal behavior in sample studies. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2022.987673>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



2023-00950

**Global Peripartum Mental Health The Silent Burden for Women in Low- and Middle-Income Countries.** Callister LC (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 6, Nov/Dec 2022

Global maternal mental health issues are increasing in low- and middle-income countries as well as the United States. The COVID-19 pandemic has had a negative effect on maternal mental health. Our global health and nursing expert, Dr. Callister, summarizes some of the recently published evidence on global maternal mental health.

As a nurse researcher I have had the privilege of listening to the voices of women from the highlands of Guatemala, to Russian birth houses, and to refugee camps in Jordan. I learned of the daunting challenges women face as they struggle with the social contexts in which they bear and rear children. Their stories document profound experiences of culturally diverse women. There is a greater recognition that we must listen to women and not disregard their questions, concerns, and requests. Women must be partners in their care and offered information so they can make decision about what is best for them and their babies. This makes a difference in outcomes. There is growing evidence about strengthening maternal mental health and wellbeing.

There is mounting concern about the increasing incidence of global common perinatal mental disorders and severe peripartum mental disorders in low- and middle-income countries (LMICs), described as “the silent burden” of childbearing and childrearing women (McNab et al., 2022, p. 342). In a synthesis of studies of the perceptions of peripartum women with mental health disorders, themes included: the relationship between social support and experiencing anxiety and depression; experiences of positive or negative health care, social norms and expectations that have an impact on coping; and maternal–newborn health factors (McNab et al., 2022). Identification of and attention to social determinants of health in peripartum women is critical. Social determinants of health include cultural and social context, race and ethnicity, lack of social support, financial and nutritional insecurity, substance use, gender inequities, intimate partner violence, and a paucity of appropriate health care resources (Kalra et al., 2022; McCarthy et al., 2021; McNab et al., 2022; Ruyak & Kivlighan, 2021).

Systematic reviews document current evidence and provide recommendations for interventions to strengthen health and wellbeing of peripartum women, especially those living in LMICs. In a systematic review of peripartum mental health issues, no assessment treatment guides were found to facilitate care for women living in LMICs (Kalra et al., 2022). Implementation of evidence-based interventions for reduction of common perinatal mental disorders is essential for women who are often suffering in silence (McNab et al., 2022). They should be integrated into peripartum health care (Kalra et al., 2022), with group care models such as Centering Pregnancy, which has shown to be an effective approach making an important difference. Midwife caseload models are proving effective globally, particularly for childbearing and childrearing women living in LMICs (Michel-Schuldt et al., 2020).

Community-based interventions recommended in multiple systematic reviews include pharmacotherapy, referral for stepped health care (progressive mental health services), detailed context assessments (evaluating the context of women's lives), task-sharing models, and talk therapy. Health facility interventions include mental health education and support for providers, sensitive referral and assessment, and most importantly respectful and culturally appropriate care for childbearing women and their families (McNab et al., 2022). Attention to the complex relationship between social determinants of health and the mental health of peripartum women is critical. Nurses and midwives are uniquely prepared to provide care as we listen to the voices of peripartum women experiencing mental health issues. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-00873**

**Stress, anxiety, intolerance of uncertainty, and psychological well-being characteristics of pregnant women with and without threatened miscarriage: a case-control study.** Cankaya S, Ibrahimoglu T (2022), Journal of Obstetrics and Gynaecology 19 December 2022, Online

The aim of this study was to examine the stress, anxiety, intolerance of uncertainty, and psychological well-being of pregnant women with and without threatened miscarriage. This is a case-control study. The research was carried out between January 2022 and March 2022 in the early pregnancy service and obstetrics clinic of the only training and research hospital in a province in the Central Anatolian Region of Turkey. Two hundred and one pregnant women with threatened miscarriage constituted the study group and 201 pregnant women without threatened miscarriage constituted the control group. A total of 402 pregnant women were included in the study. Stress, anxiety, and intolerance of uncertainty were found to be important risk factors affecting the psychological well-being of pregnant women with threatened miscarriage at a rate of 52% ( $F = 63,196, p < 0.001$ ). In addition, the pregnant women with threatened miscarriage had higher levels of stress, anxiety, and intolerance of uncertainty, and their psychological well-being was considerably lower compared to pregnant women without threatened miscarriage ( $p < 0.05$ ). There was a moderate and negative relationship between psychological well-being and intolerance of uncertainty ( $p < 0.05$ ). It was determined that stress, anxiety, and uncertainty of pregnant women with threatened miscarriage were considerably higher compared to controls, and their psychological well-being was adversely affected. Health professionals should evaluate the levels of anxiety, stress, intolerance of uncertainty, and psychological well-being of pregnant women, especially in the routine follow-up of pregnant women with threatened miscarriage, and they should provide holistic care, not only physiologically but also bio-psychosocially. (Author)

**Full URL:** <https://doi.org/10.1080/01443615.2022.2158319>

---

**2023-00864**

**University of Oxford are changing the way we think about parental and maternal mental health.** National Perinatal Epidemiology Unit (2023), Oxford: NPEU 31 January 2023

From understanding fetal neurodevelopment in pregnancy to analysing the impacts of parental psychosis, researchers at the University of Oxford are changing the way we think about parental and maternal mental health. They're standardising global measurements for fetal brain growth and working with theatre directors to raise awareness of women's lived experiences of mental illness during pregnancy and after birth. (Author)

**Full URL:** <https://www.npeu.ox.ac.uk/news/2365-university-of-oxford-are-changing-the-way-we-think-about-parental-and-maternal-mental-health>

---

**2023-00571**

**When less is more: The way forward for mental health interventions during the perinatal period.** Tomlinson M, Rotheram-Borus MJ (2022), PLoS Medicine vol 19, no 12, December 2022, e1004138

No abstract available.

**Full URL:** <https://doi.org/10.1371/journal.pmed.1004138>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

### 2023-00330

**Perinatal emotional states: a comparative study between two cohorts recruited in a Mediterranean environment.** Voltas N, Arija V, Hernández-Martínez C, et al (2021), *Women and Health* vol 61, no 3, March 2021, pp 221-234

Experiencing negative emotional states during pregnancy has been linked to adverse outcomes for mother and offspring. Our study aims to compare the perinatal emotional states and obstetrical variables between pregnant women recruited in Spain (n = 202) and Italy (n = 103), and to investigate prenatal anxiety related factors. The study had two phases. In the 1st phase (3rd trimester of pregnancy), prenatal anxiety was assessed using the State-Trait Anxiety Inventory (STAI); other prenatal and sociodemographic variables were also collected. In the 2nd phase (40 days postpartum), the STAI and the Edinburgh Postnatal Depression Scale were administered. Compared to the Spanish sample, the Italian sample presented higher STAI state and STAI factor 1 mean scores (22.5 vs. 18.6 and 10.0 vs. 7.2), shorter gestations (mean gestation weeks: 39.1 vs. 39.8), more unplanned pregnancies (31.1% vs. 16.4%), and more cesareans deliveries (42.5% vs. 16.0%). Low socioeconomic levels, younger ages, previous miscarriages and unplanned pregnancies were related to prenatal anxiety. Postpartum depression rates was 31.3% and there were no differences between countries. Our results suggested that it may be interesting in both countries to create a prenatal monitoring protocol that attaches more importance to emotional wellbeing both during pregnancy and in the long term. (Author)

---

### 2023-00328

**Are “Superwomen” without social support at risk for postpartum depression and anxiety?** Arnold M, Kalibatseva Z (2021), *Women and Health* vol 61, no 2, February 2021, pp 148-159

Postpartum depression and anxiety are common among women. Previous research has found perfectionism and the lack of social support to be associated with psychological distress. This study examined (1) social support as a protective factor against postpartum depressive and anxiety symptoms and perfectionism as a risk factor; (2) associations between different types of social support and postpartum depressive and anxiety symptoms; and (3) social support as a moderator between the relationship of perfectionism and postpartum depressive and anxiety symptoms. A total of 596 postpartum participants were included. Participants completed measures on postpartum depression, anxiety, social support, and perfectionism. Multivariate regressions revealed perfectionism was not significantly associated with depressive symptoms but predicted anxiety symptoms. Social support was a significant protective factor against depressive and anxiety symptoms. All support subscales were significantly associated with depressive and anxiety symptoms, with support from friends having the largest effect size (partial  $\eta^2 = .061$ ). High levels of support significantly moderated the relationship between perfectionism and depressive symptoms,  $\beta = .003$ , 95% CI [.0006, .005],  $t(592) = 2.53$ ,  $p = .012$ , and average and high levels of support significantly moderated the relationship between perfectionism and anxiety symptoms,  $\beta = .0023$ , 95% CI [.0002, .004],  $t(592) = 2.13$ ,  $p = .03$ . These results emphasize the importance of social support for postpartum women’s mental health, especially for “Superwomen” with perfectionistic tendencies. Implications for healthcare and policies are discussed. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-00267**

**Maternity survey 2022.** Care Quality Commission (2023), 11 January 2023

Presents the findings of a survey undertaken by the Care Quality Commission (CQC) which looked at the experiences of women and pregnant people who had a live birth between 1 and 28 February 2022 (if a Trust did not have the minimum research requirement of 300 live births, some women or pregnant people who gave birth in January were invited to take part in the survey). Fieldwork took place between April and August 2022. Responses were received from 20,927 women and people who had recently given birth. This was a response rate of 46.5%.

At national level the CQC found a deterioration in people's experiences of care in the last five years, but it also found some positive upward trends for those who had recently given birth, with 62% reporting no delay in their discharge from hospital, an improvement on 55% in 2017. The survey also found improvements in support for mental health, with 71% saying their midwife asked about their mental health during antenatal appointments, an improvement compared with 69% in 2021 and 67% in 2019. 85% of those completing the survey felt they had received enough support for their mental health during pregnancy, compared with 83% in 2021, and 96% reported that they had been asked by a midwife or health visitor about their mental health in the postnatal period, compared with 95% in 2021 and 2019.

The survey acknowledges that experiences vary according to some demographic characteristics. Each trust has been provided with a benchmark report, which provides: detail of the survey methodology, headline results, the trust score for each evaluative question, banding for how a trust score compares with other trusts and historical data (where available). (JSM)

**Full URL:** <https://www.cqc.org.uk/publication/surveys/maternity-survey-2022>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2023-00244

**Longitudinal association between maternal psychological stress during pregnancy and infant neurodevelopment: The moderating effects of responsive caregiving.** Shi Y, Zhang Y, Wei Q, et al (2022), 18 November 2022, Online

Background: Little is known regarding the role of responsive caregiving in the association between maternal psychological stress and child neurodevelopment. We, therefore, herein investigated the relationship between maternal psychological stress during pregnancy and children's neurodevelopment with modifications in responsive caregiving.

Methods: A total of 3,603 mother–child pairs were recruited from the Shanghai Maternal-Child Pairs Cohort, and we assessed maternal psychological stress using the Life Events Scale for Pregnant Women (LESPW) during early and late pregnancy. Early neurodevelopment of infants at 6 and 12 months of age was also evaluated using the Age and Stage Questionnaire, Third Edition (ASQ-3). The 2-month-old infant nursing-care questionnaire was designed based on the Five Elements of Parenting Care Framework released by the World Health Organization (WHO) and used to evaluate the levels of early responsive caregiving for infants. Multivariate logistic regression analysis was then applied to determine the association between maternal psychological stress during pregnancy and child development.

Results: The suspected developmental delay rate of infants aged 6 and 12 months ranged between 13.3% and 24.5%. After adjusting for confounders, we noted that high maternal subjective events stress during early pregnancy was associated with an increased risk of suspected developmental delay in problem-solving domains at 12 months of age [adjusted OR (aOR) = 1.51; 95% confidence interval (CI), 1.09–2.20]. High general negative objective events' stress during late pregnancy also constituted a risk factor for development in the personal–social domain at 12 months of age (aOR = 1.57; 95% CI, 1.13–2.19). Remarkably, we noted in infants with insufficient responsive caregiving that there were greater associations between the risk of general maternal negative objective events during late pregnancy and personal–social domain at 12 months of age (aOR = 2.06; 95% CI, 1.15–3.68). Similarly, there was a greater association between the risk for maternal subjective events during early pregnancy and problem-solving at 12 months of age (aOR = 1.55; 95% CI, 1.11–2.34).

Conclusions: Maternal psychological stress during pregnancy was predominantly associated with suspected developmental delay in infants at 6 and 12 months of age, and these associations were modified by early responsive caregiving. (Author)

Full URL: <https://www.frontiersin.org/articles/10.3389/fped.2022.1007507/full>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2023-00219**

**Effectiveness and cost-effectiveness of psychiatric mother and baby units: quasi-experimental study.** Howard LM, Trevillion K, Potts L, et al (2022), British Journal of Psychiatry vol 221, no 4, October 2022, pp 628-636

#### Background

Psychiatric mother and baby units (MBUs) are recommended for severe perinatal mental illness, but effectiveness compared with other forms of acute care remains unknown.

#### Aims

We hypothesised that women admitted to MBUs would be less likely to be readmitted to acute care in the 12 months following discharge, compared with women admitted to non-MBU acute care (generic psychiatric wards or crisis resolution teams (CRTs)).

#### Method

Quasi-experimental cohort study of women accessing acute psychiatric care up to 1 year postpartum in 42 healthcare organisations across England and Wales. Primary outcome was readmission within 12 months post-discharge. Propensity scores were used to account for systematic differences between MBU and non-MBU participants. Secondary outcomes included assessment of cost-effectiveness, experience of services, unmet needs, perceived bonding, observed mother–infant interaction quality and safeguarding outcome.

#### Results

Of 279 women, 108 (39%) received MBU care, 62 (22%) generic ward care and 109 (39%) CRT care only. The MBU group (n = 105) had similar readmission rates to the non-MBU group (n = 158) (aOR = 0.95, 95% CI 0.86–1.04, P = 0.29; an absolute difference of –5%, 95% CI –14 to 4%). Service satisfaction was significantly higher among women accessing MBUs compared with non-MBUs; no significant differences were observed for any other secondary outcomes.

#### Conclusions

We found no significant differences in rates of readmission, but MBU advantage might have been masked by residual confounders; readmission will also depend on quality of care after discharge and type of illness. Future studies should attempt to identify the effective ingredients of specialist perinatal in-patient and community care to improve outcomes. (Author)

**Full URL:** <https://doi.org/10.1192/bjp.2022.48>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2023-00218

**Self-harm risk in pregnancy: recurrent-event survival analysis using UK primary care data.** Hope H, Pierce M, Osam CS, et al (2022), British Journal of Psychiatry vol 221, no 4, October 2022, pp 621-627

### Background

Perinatal self-harm is of concern but poorly understood.

### Aims

To determine if women's risk of self-harm changes in pregnancy and the first postpartum year, and if risk varies by mental illness, age and birth outcome.

### Method

This was a retrospective cohort study of 2 666 088 women aged 15–45 years from the 1 January 1990 to 31 December 2017 linked to 1 102 040 pregnancies and their outcomes, utilising the Clinical Practice Research Datalink and Pregnancy Register. We identified self-harm events and mental illness (depression/anxiety/addiction/affective/non-affective psychosis/eating/personality disorders) from clinical records and grouped women's age into 5-year bands. They calculated the rate of self-harm during discrete non-perinatal, pregnant and postpartum periods. We used a gap-time, stratified Cox model to manage multiple self-harm events, and calculated the unadjusted and adjusted hazard ratios (adjHR) of self-harm associated with pregnancy and the postpartum compared with non-perinatal periods. Pre-planned interactions tested if risk varied by mental illness, age and birth outcome.

### Results

The analysis included 57 791 self-harm events and 14 712 319 person-years of follow-up. The risk of self-harm shrank in pregnancy (2.07 v. 4.01 events/1000 person-years, adjHR = 0.53, 95% CI 0.49–0.58) for all women except for 15- to 19-year-olds (adjHR = 0.95, 95% CI 0.84–1.07) and the risk reduced most for women with mental illness (adjHR = 0.40, 95% CI 0.36–0.44). Postpartum, self-harm risk peaked at 6–12 months (adjHR = 1.08, 95% CI 1.02–1.15), at-risk groups included young women and women with a pregnancy loss or termination.

### Conclusions

Maternity and perinatal mental health services are valuable. Family planning services might have psychological benefit, particularly for young women. (Author)

Full URL: <https://doi.org/10.1192/bjp.2022.31>

---

## 2023-00011

**Mental Health Services: Mothers [written answer].** House of Commons (2022), Hansard Written question 112190, 16 December 2022

Maria Caulfield responds to a written question asked by Feryal Clark to the Secretary of State for Health and Social Care, regarding what assessment he has made of the adequacy and effectiveness of maternal mental health services. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-12-16/112190>

---

## 2023-00001

**Pregnancy: Mental Health Services [written answer].** House of Commons (2022), Hansard Written question 112189, 16 December 2022

Maria Caulfield responds to a written question asked by Feryal Clark to the Secretary of State for Health and Social Care, with reference to page 91 of the Women's Health Strategy, regarding how many women with moderate to complex perinatal mental health needs have access to specialist community care. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-12-16/112189>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-11027**

**Statement affirming the importance of perinatal depression screening in BC [British Columbia].** British Columbia Women's Hospital and Health Centre, Perinatal Services BC (2022), December 2022. 3 pages

Statement from The BC Reproductive Mental Health program and Perinatal Services BC encouraging all primary care, maternity care, allied health, and public health professionals seeing individuals in the perinatal period to continue to use the Edinburgh Postnatal Depression Scale (EPDS) to screen for depression, in light of the recent recommendation against such screening by the Canadian Task Force on Preventive Health Care (CTFPHC). (Author, edited)

**Full URL:** [http://www.perinatalservicesbc.ca/Documents/About/News-Stories/BC\\_Statement\\_in\\_support\\_of\\_instrument-based\\_perinatal\\_depression\\_screening.pdf](http://www.perinatalservicesbc.ca/Documents/About/News-Stories/BC_Statement_in_support_of_instrument-based_perinatal_depression_screening.pdf)

---

**2022-10836**

**Childbirth [written answer].** House of Commons (2022), Hansard Written question 95908, 24 November 2022

Maria Caulfield responds to a written question from Mr Tanmanjeet Singh Dhesi to the Secretary of State for Health and Social Care, regarding what recent assessment he has made of the adequacy of the support available for parents of premature children. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2022-11-24/95908>

---

**2022-10819**

**WHO guide for integration of perinatal mental health in maternal and child health services.** World Health Organization (2022), World Health Organization 19 September 2022

Supporting good mental health can improve health outcomes, and the quality of maternal and child health services for all women can be improved by creating an environment where they feel safe to discuss any difficulties they are experiencing in a respectful and caring environment that is free from stigmatization.

The guide for integration of perinatal mental health in maternal and child health services outlines an evidence-informed approach describing how program managers, health service administrators and policy-makers responsible of planning and managing maternal and child health services can develop and sustain high-quality, integrated mental health services for women during the perinatal period. It brings together the best available evidence to support maternal and child health providers in promoting good mental health, identifying symptoms of mental health problems and responding in a way that is adapted to their local and cultural context. (Author)

**Full URL:** <https://www.who.int/publications/i/item/9789240057142>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-10722**

**Barriers to Perinatal Mental Health Care Experiences by Midwives and Obstetricians and their Patients: A Rapid Review.**

Marshman A, Saunders E, Chaves D, et al (2023), Midwifery vol 117, February 2023, 103544

**Introduction**

While perinatal mental health concerns are common, little attention is paid to noticing or addressing these concerns. Midwives and obstetricians are uniquely positioned to universally screen their patients for mental health conditions during the perinatal period, and provide referrals for additional mental health supports if relevant. Previous studies on perinatal mental health care have focused primarily on midwifery care, excluding perinatal healthcare providers such as obstetricians. This rapid review aims to examine the barriers to accessing mental health care during the perinatal period as experienced by obstetricians, midwives, and their patients.

**Methods**

A rapid review of literature was conducted on barriers to perinatal mental health care as experienced by patients, midwives, and obstetricians. The search strategy included published literature from PubMed, CINAHL, PsycINFO, and Web of Science published between 2000-2020. All documents were screened by two researchers and disagreements were resolved through consensus with a third reviewer. After data from all included articles were extracted, thematic analysis was conducted, and findings were compared with related reviews that focused on mental health access for individuals who accessed midwifery care.

**Results**

Of the 539 references and documents that were screened, 31 articles met the inclusion criteria. In the extraction phase, country, study objective(s), study design, perspective(s), barriers, and the dimension(s) impacted along the pathway to accessing care were retrieved from the 31 included articles. After all barriers were classified using the Supply-Side Dimensions of Access, we developed a classification framework to further examine stigma at the societal, institutional, and individual levels.

**Discussion**

While midwives utilize a more holistic approach to care as compared with obstetricians, the barriers identified through this rapid review indicate that obstetricians and their patients face similar struggles to accessing and providing mental health care. Moreover, stigma plays a large role in the barriers experienced by patients, midwives, and obstetricians - at individual and institutional levels.

**Conclusion**

Obstetricians encounter similar stigma-related barriers as midwives in detecting mental health concerns, as well as connecting clients to available mental health resources and supports. Therefore, to effectively eliminate barriers to accessing perinatal mental health care, a systemic change must be enacted throughout all three layers to address the deep-rooted stigma associated with accessing mental health care during the perinatal period. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-10719

**The impact of midwifery continuity of care on maternal mental health: A narrative systematic review.** Cibralic S, Pickup W, Diaz AM, et al (2023), Midwifery vol 116, January 2023, 103546

### Background

Systematic reviews have shown that midwifery continuity of care programs lead to improvements in birth outcomes for women and babies, but no reviews have focused specifically on the impact of midwifery continuity of care on maternal mental health outcomes.

### Objective

To systematically review the available evidence on the impact of midwifery continuity of care on maternal mental health during the perinatal period.

### Method

A systematic search of published literature available through to March 2021 was conducted. A narrative approach was used to examine and synthesise the literature.

### Results

The search yielded eight articles that were grouped based on the mental health conditions they examined: fear of birth, anxiety, and depression. Findings indicate that midwifery continuity of care leads to improvements in maternal anxiety/worry and depression during the perinatal period.

### Conclusion

There is preliminary evidence showing that midwifery continuity of care is beneficial in reducing anxiety/worry and depression in pregnant women during the antenatal period. As the evidence stands, midwifery continuity of care may be a preventative intervention to reduce maternal anxiety/worry and depression during the perinatal period. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-10465

**Assessment of Canadian perinatal mental health services from the provider perspective: Where can we improve?.** Hicks LM, Ou C, Charlebois J, et al (2022), 23 September 2022, online

Purpose: Perinatal mental health disorders are common, and rates have increased during the COVID-19 pandemic. It is unclear where providers may improve perinatal mental health care, particularly in countries lacking national guidelines, such as Canada.

Methods: A cross-sectional survey of perinatal health providers was conducted to describe the landscape of perinatal mental health knowledge, screening, and treatment practices across Canada. Providers were recruited through listservs, social media, and snowball sampling. Participants completed an online survey that assessed their perinatal mental health training, service provision types, their patient wait times, and treatment barriers, and COVID-19 pandemic-related impacts.

Results: A total of 435 providers completed the survey, including physicians, midwives, psychologists, social workers, nurses, and allied non-mental health professionals. Most (87.0%) did not have workplace mandated screening for perinatal mental illness but a third (66%) use a validated screening tool. Many (42%) providers stated their patients needed to wait more than 2 months for services. More than half (57.3%) reported they did not receive or were unsure if they received specialized training in perinatal mental health. Most (87.0%) indicated there were cultural, linguistic, and financial barriers to accessing services. Over two-thirds (69.0%) reported the COVID-19 pandemic reduced access to services.

Conclusion: Survey findings reveal significant gaps in training, screening tool use, and timely and culturally safe treatment of perinatal mental health concerns. There is critical need for coordinated and nationally mandated perinatal mental health services in Canada to improve care for pregnant and postpartum people. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2022.929496>

---

## 2022-10365

**Maternal mental health: Women's voices and data from across the globe.** Redshaw M, Wynter K (2022), BMC Pregnancy and Childbirth vol 22, no 796, 28 October 2022

Pregnancy and childbirth represent major life events for women, their families and communities. BMC Pregnancy and Childbirth publishes many papers concerning women's health in relation to these events, associated clinical interventions, the organisation of maternity care and differences between groups and outcomes. For this Collection however, the focus has been specifically on women's mental health during pregnancy and the first postnatal year. (Author)

Full URL: <https://doi.org/10.1186/s12884-022-05064-5>

---

## 2022-09914

**Mental Health Services: Mothers [written answer].** House of Commons (2022), Hansard Written Question 60155, 10 October 2022

Dr Caroline Johnson responds to a written question asked by Feryal Clark to the Secretary of State for Health and Social Care, regarding what assessment she has made of the adequacy of counselling services available to mothers (a) pre-maternity and (b) during hospital discharge who have (i) experienced birth trauma, (ii) existing mental health conditions and (iii) babies with suspected neonatal problems.

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-10-10/60155>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-09864**

**Maternity Services [written answer].** House of Commons (2022), Hansard Written question 60153, 10 October 2022

Dr Caroline Johnson responds to a written question from Feryal Clark to the Secretary of State for Health and Social Care, regarding whether she will make an assessment of the potential merits of introducing mother and baby respite homes to help lower levels of maternal suicide. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2022-10-10/60153>

---

**2022-09434**

**Towards Developing a Predictive Model Explaining Postnatal Anxiety.** Mayhew J, Thomas M (2022), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 36, no 2, Summer 2022, pp 4-27

Postnatal anxiety negatively impacts gestational parents and infants yet lacks the clinical attention received by similar postnatal mood disorders. This preliminary study aimed to identify predictors of postnatal anxiety. An archival dataset including prenatal and postnatal screening results (Edinburgh Postnatal Depression Scale and Antenatal (Psychosocial) Risk Questionnaire) from 240 women from Melbourne, Australia, was analyzed using hierarchical regression analysis. Prenatal anxiety explained a large proportion of the variance in postnatal anxiety, consistent with an emerging body of research demonstrating this. A distressing childbirth experience and emotional abuse explained a modest amount of additional variance. Future research incorporating other variables may provide a more comprehensive and clinically useful model for predicting postnatal anxiety. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-08973**

**Mental healthcare-seeking behavior during the perinatal period among women in rural Bangladesh.** Dutta GK, Sarker BK, Ahmed HU, et al (2022), BMC Health Services Research vol 22, no 310, 7 March 2022

#### Introduction

Mental health conditions are of rising concern due to their increased contribution to the global burden of disease. Mental health issues are inextricably linked with other socio-cultural and health dimensions, especially in the rural areas in developing countries. The complex relationship between mental health issues and socio-cultural settings may largely toll upon healthcare-seeking behavior. So, it urges to document the current status of mental healthcare-seeking behavior during the perinatal period among rural women in Bangladesh to develop a context-specific intervention in the future.

#### Methods

This study was carried out in one sub-district in Bangladesh from April 2017 to June 2018. We conducted 21 In-depth Interviews (IDIs) and seven Focus Group Discussions (FGDs) with different groups of purposively selected participants. After collecting the recorded interview and making the verbatim transcription, the data were coded through Atlasti 5.7.a. Data were analyzed thematically to interpret the findings.

#### Results

Two-thirds of the total respondents did not seek mental healthcare during the perinatal period at the community level. They also did not know about the mental health service provider or the facility to get set these services. Only one respondent out of twenty-one sought maternal mental healthcare from a gynecologist from a private hospital. Socio-cultural factors such as social stigma, traditional beliefs and practices, social and religious taboos, and social capital negatively influence healthcare-seeking behaviors. Besides, the community-level service providers were not found to be adequately trained and did not have proper guidelines regarding its management.

#### Conclusion

The findings provide evidence that there is an urgent need to increase the awareness for service users and formulate a guideline for the community-level service provider to manage maternal mental problems during the perinatal period of women in rural Bangladesh. (Author)

**Full URL:** <https://doi.org/10.1186/s12913-022-07678-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-08581**

**Lifetime prevalence and correlates of perinatal depression in a case-cohort study of depression.** Kiewa J, Meltzer-Brody S, Milgrom J, et al (2022), *BMJ Open* vol 12, no 8, July 2022, e059300

**Objectives** This study sought to evaluate the prevalence, timing of onset and duration of symptoms of depression in the perinatal period (PND) in women with depression, according to whether they had a history of depression prior to their first perinatal period. We further sought to identify biopsychosocial correlates of perinatal symptoms in women with depression.

**Design and setting** The Australian Genetics of Depression Study is an online case cohort study of the aetiology of depression. For a range of variables, women with depression who report significant perinatal depressive symptoms were compared with women with lifetime depression who did not experience perinatal symptoms.

**Participants** In a large sample of parous women with major depressive disorder (n=7182), we identified two subgroups of PND cases with and without prior depression history (n=2261; n=878, respectively).

**Primary and secondary outcome measures** The primary outcome measure was a positive screen for PND on the lifetime version of the Edinburgh Postnatal Depression Scale. Descriptive measures reported lifetime prevalence, timing of onset and duration of PND symptoms. There were no secondary outcome measures.

**Results** The prevalence of PND among parous women was 70%. The majority of women reported at least one perinatal episode with symptoms both antenatally and postnatally. Of women who experienced depression prior to first pregnancy, PND cases were significantly more likely to report more episodes of depression (OR=1.15 per additional depression episode, 95% CI 1.13 to 1.17, p<0.001), non-European ancestry (OR 1.5, 95% CI 1.0 to 2.1, p=0.03), severe nausea during pregnancy (OR 1.3, 95% CI 1.1 to 1.6, p=0.006) and emotional abuse (OR 1.4, 95% CI 1.1 to 1.7, p=0.005).

**Conclusions** The majority of parous women with lifetime depression in this study experienced PND, associated with more complex, severe depression. Results highlight the importance of perinatal assessments of depressive symptoms, particularly for women with a history of depression or childhood adverse experiences. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2021-059300>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-08447**

**Effectiveness of mobile application-based perinatal interventions in improving parenting outcomes: A systematic review.**

Chua JYX, Shorey S (2022), Midwifery vol 114, November 2022, 103457

**Objective**

Parents face many challenges during the perinatal period and are at risk for mental health issues, especially during the current coronavirus (COVID-19) pandemic. Mobile application-based interventions can help parents to improve their psychosocial well-being in a convenient and accessible manner. This review aims to examine the effectiveness of mobile application-based perinatal interventions in improving parenting self-efficacy, anxiety, and depression (primary outcomes), as well as stress, social support, and parent-child bonding (secondary outcomes) among parents.

**Methods**

Seven electronic databases (PubMed, Embase, CINAHL, PsycINFO, Web of Science, Scopus, and ProQuest Thesis and Dissertations) were searched from their respective inception dates until August 2021. The Cochrane Risk of Bias-2 tool was used to conduct quality appraisals. Results were narratively synthesized due to the high heterogeneity of intervention and participant types.

**Findings**

A total of 6164 articles were retrieved from the seven electronic databases and citation searching. After excluding duplicate records and irrelevant titles/abstracts, 105 full texts were examined. Full-text screening excluded another 93 articles, leaving 12 included studies in this review. All studies were rated as having some concerns or a high overall risk of bias. Mobile application-based interventions were found to be feasible and promising in improving parents' overall well-being post-intervention during the perinatal period. Further research would be needed to determine their long-term effects.

**Key conclusions and implications for practice**

Parental well-being was shown to improve using the following intervention components: educational resources on perinatal and infant care, psychotherapy, and support from peers and healthcare professionals. Hence, future interventions could aim to include these components and evaluate all inter-related parenting outcomes (parenting self-efficacy, stress, anxiety, depression, social support, and parent-child bonding). Parents could be provided with experiential learning exposure by using computer animations and virtual reality. Future research could be conducted on more fathers and parents from varied geographical regions. (Author)

**Full URL:** <https://doi.org/10.1016/j.midw.2022.103457>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-08267**

**A scoping review of non-pharmacological perinatal interventions impacting maternal sleep and maternal mental health.**

Ladyman C, Sweeney B, Sharkey KM, et al (2022), BMC Pregnancy and Childbirth vol 22, no 659, 23 August 2022

**Background**

A woman's vulnerability to sleep disruption and mood disturbance is heightened during the perinatal period and there is a strong bidirectional relationship between them. Both sleep disruption and mood disturbance can result in significant adverse outcomes for women and their infant. Thus, supporting and improving sleep in the perinatal period is not only an important outcome in and of itself, but also a pathway through which future mental health outcomes may be altered.

**Methods**

Using scoping review methodology, we investigated the nature, extent and characteristics of intervention studies conducted during the perinatal period (pregnancy to one-year post-birth) that reported on both maternal sleep and maternal mental health. Numerical and descriptive results are presented on the types of studies, settings, sample characteristics, intervention design (including timeframes, facilitation and delivery), sleep and mood measures and findings.

**Results**

Thirty-seven perinatal interventions were identified and further described according to their primary focus (psychological (n = 9), educational (n = 15), lifestyle (n = 10), chronotherapeutic (n = 3)). Most studies were conducted in developed Western countries and published in the last 9 years. The majority of study samples were women with existing sleep or mental health problems, and participants were predominantly well-educated, not socio-economically disadvantaged, in stable relationships, primiparous and of White race/ethnicity. Interventions were generally delivered across a relatively short period of time, in either the second trimester of pregnancy or the early postnatal period and used the Pittsburgh Sleep Quality Index (PSQI) to measure sleep and the Edinburgh Postnatal Depression Scale (EPDS) to measure mood. Retention rates were high (mean 89%) and where reported, interventions were well accepted by women. Cognitive Behavioural Therapies (CBT) and educational interventions were largely delivered by trained personnel in person, whereas other interventions were often self-delivered after initial explanation.

**Conclusions**

Future perinatal interventions should consider spanning the perinatal period and using a stepped-care model. Women may be better supported by providing access to a range of information, services and treatment specific to their needs and maternal stage. The development of these interventions must involve and consider the needs of women experiencing disadvantage who are predominantly affected by poor sleep health and poor mental health. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04844-3>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-08024**

**Care of pregnant women with epilepsy in the United Kingdom: A national survey of healthcare professionals.** Taylor E, Junaid F, Khattak H, et al (2022), *European Journal of Obstetrics & Gynecology and Reproductive Biology* vol 276, September 2022, pp 47-55

#### Objectives

To map the care provided to pregnant women with epilepsy in UK maternity units and identify future research priorities by conducting a nationwide survey of healthcare professionals.

#### Study design

A prospective cross-sectional electronic survey was conducted between 29 April and 30 October 2021. The survey included 23 questions developed and refined with relevant stakeholders, including a woman with lived experience of epilepsy and pregnancy. We used descriptive analyses to summarise responses and estimated proportions with medians and interquartile ranges.

#### Results

144 individual healthcare professionals from 94 hospitals, representing 77 NHS Trusts, participated in the survey. Obstetricians were the most common responders (45%, 65/144) and almost half (47%, 7/15) of regions had a survey response rate per NHS Trust greater than 50%. Six pregnant women with epilepsy, on average, were booked into antenatal care per hospital per month, and 49% (46/94) of hospitals saw women for specialist antenatal care in the first trimester. The care provided across healthcare systems varied, with multiple pathways for referral to specialist care within regions. Midwife referral was the most used care pathway (80%, 75/94). Less than a third of hospitals (31%, 29/94) ran joint obstetric/neurology clinics for pregnant women with epilepsy. Most survey respondents (81%, 117/144) were confident talking to pregnant women about their risk of seizures but only a minority (20%, 29/144) used validated calculators to assess this risk. There was broad agreement across healthcare professionals that the priorities for research should focus on how to improve communication and address pregnant women's concerns regarding epilepsy and pregnancy, and to develop further understanding on the optimal use and long-term effects of anti-seizure medication.

#### Conclusion

Our UK nationwide survey of hospital-based maternity services for pregnant women with epilepsy identified wide variation in when, how and by whom these women are seen, with differences between and within the UK regions. This survey highlights areas for improvement in the care of pregnant women with epilepsy. (Author)

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2022.06.021>

---

**2022-07940**

**Dozens of referrals for vulnerable mothers refused due to 'lack of beds'.** Kirton H, Townsend E (2022), *Health Service Journal* 16 August 2022

Dozens of referrals to specialist care for women with serious mental health problems during or after pregnancy are being turned down because no bed was available, data collected by HSJ reveals. (Author)

**Full URL:** <https://www.hsj.co.uk/mental-health/dozens-of-referrals-for-vulnerable-mothers-refused-due-to-lack-of-beds/7032970.article>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-07746**

**Which roads lead to depression in Latinas? A network analysis of prenatal depressive symptoms, discrimination, acculturative stress, and low birth weight.** Harris RA, Chen D, Santos HP Jr, et al (2022), Research in Nursing and Health vol 45, no 3, June 2022, pp 350-363

Although immigrant mothers from some Latinx subgroups initially achieve healthy birth outcomes despite lower socioeconomic status, this advantage deteriorates across generations in the United States. Interpersonal discrimination and acculturative stress may interact with economic hardship to predict an intergenerational cascade of emotional and biological vulnerabilities, particularly perinatal depression. Network analyses may elucidate not only how and which psychosocial experiences relate to depressive symptoms, but which symptom-to-symptom relationships emerge. This study aims to understand (1) how economic, acculturative, and discrimination stressors relate to prenatal depression and low birth weight and (2) how Latinas may respond to and cope with stressors by exploring symptom–symptom and symptom–experience relationships. A sample of 151 pregnant Latinas (predominantly foreign-born and Mexican and Central American descent) completed the EPDS and psychosocial questionnaires (discrimination, acculturation, acculturative stress, economic hardship) during pregnancy (24–32 weeks). Birth weights were recorded from postpartum medical records. We created network models using the Extended Bayesian Information Criterion Graphical Least Absolute Shrinkage and Selection Operator to estimate the relationship between variables. Discrimination exposure connected psychosocial stressors to depressive symptoms, particularly worry, crying, sadness, and self-blame. Discrimination also revealed a connection between acculturation and low birth weight. Furthermore, younger age of migration and greater acculturation levels were correlated to greater discrimination stress and low birth weights. Perinatal research in Latinas must account not only for measures of cultural adaptation but recognize how developmental exposures across the life span, including discrimination, may be associated with adverse health trajectories for a mother and her child. (Author)

---

**2022-07661**

**Community Perinatal Mental Health Teams: Northern Ireland [written answer].** Northern Ireland Assembly (2022), Hansard Written question AQW 2211/22-27, 27 June 2022

The Minister of Health responds to a written question from Mr. Mark Durkan to the Northern Ireland Assembly, asking for an update on the established Community Perinatal Mental Health team in the Western Health and Social Care Trust. (JSM)

**Full URL:** <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=377197>

---

**2022-07655**

**Perinatal Services: Northern Ireland [written answer].** Northern Ireland Assembly (2022), Hansard Written question AQW 2348/22-27, 29 June 2022

The Minister of Health responds to a written question from Gerry Carroll to the Northern Ireland Assembly, regarding when all Health and Social Care Trusts will get access to perinatal services. (JSM)

**Full URL:** <https://www.midirs.org/resources/literature-searches/covid-19-literature-search-packs/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-07546**

**Does midwifery continuity of care make a difference to women with perinatal mental health conditions: A cohort study, from Australia.** Cummins A, Baird K, Melov SJ, et al (2023), *Women and Birth: Journal of the Australian College of Midwives* vol 36, no 2, March 2023, pp e270-e275

#### Background

Perinatal mental health (PMH) conditions are associated with an increased risk of adverse perinatal outcomes including preterm birth. Midwifery caseload group practice (continuity of care, MCP) improves perinatal outcomes including a 24 % reduction of preterm birth. The evidence is unclear whether MCP has the same effect for women with perinatal mental health conditions.

#### Aim

To compare perinatal outcomes in women with a mental health history between MCP and standard models of maternity care. The primary outcome measured the rates of preterm birth.

#### Methods

A retrospective cohort study using routinely collected data of women with PMH conditions between 1st January 2018 – 31st January 2021 was conducted. We compared characteristics and outcomes between groups. Multivariate logistic regression models were performed adjusting for a-priori selected variables and factors that differ between models of care.

#### Results

The cohort included 3028 women with PMH, 352 (11.6 %) received MCP. The most common diagnosis was anxiety and depression (n = 723, 23.9 %). Women receiving MCP were younger (mean 30.9 vs 31.3, p = 0.03), Caucasian (37.8 vs 27.1, p < 0.001), socio-economically advantaged (31.0 % vs 20.2, p < 0.001); less likely to smoke (5.1 vs 11.9, p < 0.001) and with lower BMI (mean 24.3 vs 26.5, p < 0.001) than those in the standard care group. Women in MCP had lower odds of preterm birth (adjOR 0.46, 95 % CI 0.24–0.86), higher odds of vaginal birth (adjOR 2.55, 95 % CI 1.93–3.36), breastfeeding at discharge (adj OR 3.06, 95 % CI 2.10–4.55) with no difference in severe adverse neonatal outcome (adj OR 0.79, 95 % CI 0.57–1.09).

#### Conclusions

This evidence supports MCP for women with PMH. Future RCTs on model of care for this group of women is needed to establish causation. (Author)

**Full URL:** <https://doi.org/10.1016/j.wombi.2022.08.002>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-07290**

**Effects of 1-day e-learning education on perinatal psychological support skills among midwives and perinatal healthcare workers in Japan: a randomised controlled study.** Shinohara E, Ohashi Y, Hada A (2022), BMC Psychology vol 10, no 1, 23 May 2022, p 133

**Background:** Although midwives are expected to play a key role for psychological support throughout perinatal periods, their educational chances are limited. Versatile teaching strategies such as e-learning may be promising in expanding education. The objective of our study was to clarify the effects of an e-learning educational programme on midwives' empathic communication skills.

**Methods:** From April 2019 to September 2019, a randomised controlled trial of a 1-day e-learning educational programme on perinatal psychological issues (both perinatal mental health assessment and empathic communication) was conducted to improve empathic communication skills of midwives and perinatal healthcare workers. Two types of measurements (paper-and-pencil multiple-choice test and video-viewing tests of simulated patient) were used to measure the competency of empathic communication skills.

**Results:** Participants (N = 115) were randomly allocated to two groups (Intervention: n = 58, Control: n = 57). The intervention group was at a significantly higher level for both post-tests of empathic communication skills compared with the control group. Both intervention and control groups showed improvements in acquiring knowledge about perinatal mental health assessments.

**Conclusions:** The results of our study show that a 1-day e-learning programme helped improve the midwives' empathic communications skills. Therefore, an effective 1-day e-learning educational programme of perinatal mental health will expand opportunity to learn about empathic communication skills for midwives and perinatal healthcare workers.

Trial registrations: UMIN000036052.

© 2022. The Author(s)

**Full URL:** <https://doi.org/10.1186/s40359-022-00832-6>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-07285**

**Educational programs and teaching strategies for health professionals responding to women with complex perinatal mental health and psychosocial concerns: A scoping review.** Everitt L, Stulz V, Elmir R, et al (2022), Nurse Education in Practice vol 60, March 2022, 103319

#### Background

Mental health and psychosocial concerns such as domestic violence in pregnancy and after birth are significant issues. Maternal health, social and environmental contexts have a direct influence on child development and long-term health. However, midwives, nurses and other health professionals lack confidence and skills in assessing, supporting and referring women with perinatal psychosocial concerns.

#### Aim and objectives

The aim of the scoping review is to review educational innovations and teaching strategies used to build skills and knowledge in health professionals and students to address psychosocial concerns including perinatal mental health, domestic violence and drug and alcohol misuse.

#### Design

A scoping review was undertaken to help identify the breadth of papers reporting educational innovations and strategies particularly to address psychosocial concerns.

#### Method

Four databases CINAHL, PsychoInfo, PubMed, OvidMedline and the grey literature were searched using a diverse range of terms for papers published in English between January 2009 and December 2020. This yielded 2509 papers and after review, 34 papers were included in the scoping review.

#### Results

The 34 papers in this review found a diversity of educational initiatives and strategies delivered either face-to-face, online or in a blended mode addressing the learning needs of health professionals working with women with complex psychosocial concerns. The following characteristics in the papers were examined; focus of education, design and development, length, target audience including interprofessional focus, self-care, sensitive topics, debriefing, involving lived experience consumers and evaluation measures.

#### Participants

In the studies indicated that they benefited from hearing about the individuals' lived experiences, opportunities for simulated practice and valued interprofessional learning experiences for both content and teamwork. The emergence of virtual modes offered some innovative and engaging ways to create a safe space for psychosocial education. However, the research does not provide guidance as to the best mode of delivery or length of program

#### Conclusion

This scoping review provides a broad overview of innovative and diverse educational methods and strategies being used in the nursing, midwifery and health disciplines to engage students and practitioners in learning in the areas of perinatal mental health and psychosocial care. Involvement of lived experience consumers in the design and delivery of education programs can positively impact learners' knowledge and understandings of sensitive psychosocial topics. These diverse approaches could be used to shape the development and evaluation of future education programs. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-07156**

**Perinatal mental health literacy: knowledge, attitudes, and help-seeking among perinatal women and the public – a systematic review.** Daehn D, Rudolf S, Pawils S, et al (2022), BMC Pregnancy and Childbirth vol 22, no 574, 19 July 2022

#### Background

The perinatal period is a time of increased vulnerability to mental health problems, however, only a small proportion of women seek help. Poor mental health literacy (MHL) is a major barrier to seeking help for mental health problems. This study aimed to collect the existing evidence of MHL associated with perinatal mental health problems (PMHP) among perinatal women and the public. This review analysed which tools were used to assess perinatal MHL as well as the findings concerning individual components of perinatal MHL.

#### Methods

Four electronic databases (PubMed, PsycINFO, Web of Science, and CINAHL) were analysed from their inception until September 1, 2020. Not only quantitative studies reporting on components of MHL (knowledge, attitudes, and help-seeking), but also studies reporting overall levels of MHL relating to PMHP were taken into account. Two independent reviewers were involved in the screening and extraction process and data were analysed descriptively.

#### Results

Thirty-eight of the 13,676 retrieved articles satisfied the inclusion criteria. The majority of selected studies examined MHL related to PMHP in perinatal women (N = 28). The most frequently examined component of MHL in the selected data set was help-seeking. A lack of uniformity in assessing MHL components was found. The most common focus of these studies was postpartum depression. It was found that the ability to recognize PMHP and to identify relevant symptoms was lacking among both perinatal women and the public. Perinatal women had low intentions of seeking help for PMHP and preferred seeking help from informal sources while reporting a variety of structural and personal barriers to seeking help. Stigmatizing attitudes associated with PMHP were found among the public.

#### Conclusions

There is a need for educational campaigns and interventions to improve perinatal MHL in perinatal women and the public as a whole. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04865-y>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-07108**

**A qualitative analysis of feelings and experiences associated with perinatal distress during the COVID-19 pandemic.** Jones K, Harrison V, Moulds ML, et al (2022), BMC Pregnancy and Childbirth vol 22, no 572, 18 July 2022

#### Background

Rates of perinatal mental health difficulties (experienced during pregnancy and the 12-months postpartum) increased worldwide during the COVID-19 pandemic. In the UK, anxiety and depression were estimated to affect more than half of perinatal women during the first national lockdown. However, little is known about women's qualitative experiences of distress. This study aimed to extend published quantitative findings resulting from the same data set (Harrison et al., Women Birth xxx, 2021; Harrison et al., J Reprod Infant Psychol 1–16, 2021) to qualitatively explore: 1) the feelings and symptoms associated with maternal perinatal distress during the COVID-19 pandemic; and 2) the associated sources of distress.

#### Methods

As part of an online survey during May 2020, 424 perinatal women responded to an open-ended question regarding a recent experience of distress. Qualitative data were analysed using an initial content analysis, followed by an inductive thematic analysis adopting a realist approach. Data were explored in the context of self-reported perinatal anxiety and depression symptoms.

#### Results

Initial content analysis of the data identified twelve distinct categories depicting participants' feelings and symptoms associated with psychological distress. Despite the high rates of probable depression in the sample, women's descriptions were more indicative of anxiety and general distress, than of symptoms traditionally related to depression. In terms of the associated psychosocial stressors, a thematic analysis identified five themes: Family wellbeing; Lack of support; Mothering challenges; Loss of control due to COVID-19; and Work and finances. Unsurprisingly given the context, isolation was a common challenge. Additionally, psychological conflict between maternal expectations and the reality of pregnancy and motherhood, loss of autonomy and control, and fears surrounding family health, safety, and wellbeing underlay many of the themes.

#### Conclusions

This study presents an array of feelings and symptoms expressed by perinatal mothers which may be useful to consider in relation to perinatal wellbeing. Furthermore, our data highlights several common sources of distress, including multiple COVID-19 specific factors. However, many were related to more general perinatal/maternal experiences. Our findings also point to considerations that may be useful in alleviating distress in pregnancy and early motherhood, including social support, realistic perinatal/maternal expectations, and support for those with perceived perinatal trauma. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04876-9>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-06941

**Prevalence of Perinatal Depression and Anxiety in Both Parents: A Systematic Review and Meta-analysis.** Smythe KL, Petersen I, Schartau P (2022), JAMA Network Open vol 5, no 6, June 2022, e2218969

**Importance** New and expectant parents experience perinatal mood disorders, with consequences to parenting ability, bonding with the neonate, interpersonal relationships, and health and well-being of parents. Research shows that maternal and paternal perinatal mood disorders are associated, but no recent systematic review has addressed the prevalence of perinatal mood disorders in both mothers and fathers (parental dyad).

**Objective** To examine the prevalence of perinatal mood disorders in parental dyads and identify factors associated with perinatal mood disorders in parental dyads.

**Data Sources** Ovid (MEDLINE, Embase, and PsycINFO) and Web of Science were searched from January 1, 1990, to June 8, 2021, for observational studies reporting on the prevalence of perinatal depression or anxiety in a parental dyad.

**Study Selection** Studies reporting the prevalence of anxiety or depression in both members of a parental dyad were included, with diagnosis according to established criteria (Diagnostic and Statistical Manual of Mental Disorders [Fifth Edition], International Classification of Diseases, 11th Revision) or use of validated screening tools.

**Data Extraction and Synthesis** Prevalence data were extracted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Data were analyzed in subgroups: antenatal depression, early postnatal depression (0-12 weeks), late postnatal depression (3-12 months), and perinatal anxiety. Pooled prevalence was calculated using a random-effects meta-analysis model. Quality assessment was performed using Joanna Briggs Institute Appraisal Checklist for Studies Reporting Prevalence Data. Data were analyzed in June 2021.

**Main Outcomes and Measures** Prevalence of perinatal anxiety and perinatal depression in parental dyads.

**Results** Twenty-three studies were included, with data from 29 286 couples. The pooled prevalence of antenatal depression in both parents was 1.72% (95% CI, 0.96%-2.48%;  $P < .001$ ). The prevalence of early postnatal depression (up to 12 weeks post partum) was 2.37% (95% CI, 1.66%-3.08%;  $P < .001$ ) and the prevalence of late postnatal depression (3-12 months post partum) was 3.18% (95% CI, 2.3-4.05;  $P < .001$ ). Only 3 studies reported on perinatal anxiety in both parents, precluding a quantitative analysis.

**Conclusions and Relevance** In up to 3.18% of couples, both parents may concurrently experience perinatal depression. Perinatal health care must consider the mental health needs of parents, both as individuals and as a parental dyad. Further research is needed to examine outcomes in families where both parents experience perinatal mood disorders. (Author)

**Full URL:** <https://doi.org/10.1001/jamanetworkopen.2022.18969>

---

## 2022-06938

**Mental Health Services: Mothers [written answer].** House of Commons (2022), Hansard Written question 35079, 12 July 2022  
Gillian Keegan responds to a written question asked by Feryal Clark to the Secretary of State for Health and Social Care, regarding if he will make an assessment of the potential merits of mother and baby respite homes in helping to prevent escalation of (a) maternal and (b) perinatal mental health conditions. (LDO)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2022-07-12/35079>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-06860

**How demographics and concerns about the Trump administration relate to prenatal mental health among Latina women.** Fox M (2022), Social Science and Medicine vol 307, August 2022, 115171

### Rationale

The 2016 U.S. presidential election and its aftermath involved political rhetoric and policies that especially targeted women, Latinos, and immigrants. It is possible that concerns about the political environment could affect mental health of individuals in targeted groups.

### Objective

In a cohort of 148 pregnant Latina women, this study investigated how demographics and political concerns related to each other and to maternal anxiety, depression, and perceived stress, which have been associated with adverse birth and child development outcomes.

### Methods

In this cross-sectional, self-report study, participants in Southern California completed a one-time questionnaire from January 2017 to May 2018.

### Results

The highest rates of endorsement were for concerns regarding President Trump's racism, attitude towards women, and deportation risk for family or friends. From several demographic variables, the only significant predictor of state anxiety was expectant parents' birthplaces. From several political concerns variables, the only significant predictor of state anxiety was President Trump's attitude towards women or women's rights. There were no significant effects on other mental health outcomes.

### Conclusions

Results suggest that birthplace and women's issues may be particularly salient anxiety risk factors for Latina pregnant women in this context. Because of the cross-sectional study design, it is possible that, conversely, pregnant women with high anxiety levels are particularly sensitive to the issue of birthplace or women's rights. Results imply that the political climate and events in the U.S. could have deleterious consequences that may cascade across generations of Latino Americans via effects on pregnant women. (Author)

---

## 2022-06718

**Mental health: 'Being in a mother and baby unit saved my life'.** Clarke O (2022), BBC News 14 July 2022

Gives an insight into Uned Gobaith, the only specialist perinatal mental health unit in Wales providing inpatient care to women across the country, who may previously have had to travel to England for specialist services, or have had to enter health facilities without their babies. Includes audio-visual footage and testimonies from women who have stayed at the unit, in Tonna Hospital, Neath, which offers psychologists, doctors, beds, and music workshops. (JSM)

**Full URL:** [https://www.bbc.co.uk/news/uk-wales-62141119?at\\_medium=RSS&at\\_campaign=KARANGA](https://www.bbc.co.uk/news/uk-wales-62141119?at_medium=RSS&at_campaign=KARANGA)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-06676**

**How do we provide women-centred care for the one in five women who have a mental health condition? 1. Screening and stigma.** Weir C (2022), *The Practising Midwife* vol 25, no 7, July/August 2022, pp 20-24

The Scottish Government released the Mental Health Strategy to improve mental health services. With one in five pregnant women being identified as having a mental health condition, it is a prevalent issue for midwives. There are obstacles in midwifery to being able to meet the expectations of the aims of the Mental Health Strategy. These include accessing services, mental health stigma, organisational challenges, training and the impact of COVID-19. Solutions such as The Best Start and continuity of care within midwifery, appropriate referral process, training and education, and increased awareness can help midwives achieve the Scottish Government's aims. This is the first in a two-part series exploring these issues. (Author)

---

**2022-06671**

**Health visitors' lived experiences supporting women with perinatal mental health problems.** Duku EM, Lusher J, Banbury S (2022), *Journal of Health Visiting* vol 10, no 6, June 2022, pp 246-258

Health visitors play a critical role in supporting the mental wellbeing of vulnerable groups including perinatal women. This review synthesised qualitative and mixed-methods research from eight countries to provide a current understanding of how health visitors make sense of their experiences when supporting perinatal mental health problems. Electronic search engines were used to identify studies from 2011–2021. Of the 887 articles generated, a total of 19 eligible primary studies were selected for review. Clusters of themes emerged from the study findings and included health visitors' perceived role in supporting perinatal mental health problems and current practice in managing perinatal mental health. These included listening visits, cognitive behavioural therapy, referrals, and alternate inventions such as the internet-based-interventions. This review highlights the facilitators and challenges of these types of interventions along with the support and training needs of health visitors, which is of particular relevance in a post-pandemic world. (Author)

---

**2022-06154**

**Telepsychiatry in Obstetrics.** Worley LLM, Wise-Ehlers A (2020), *Obstetrics and Gynecology Clinics of North America* vol 47, no 2, June 2020, pp 333-340

Each year in the United States, approximately half a million reproductive-aged women are afflicted with major depression. Pregnant and postpartum women can be reluctant to openly disclose their suffering related to depression and other stigmatizing illnesses (eg, mood and anxiety disorders, posttraumatic stress disorder, and substance use disorders) and subsequently remain symptomatic with no relief. Maternal mortality related to these conditions is significant, with maternal suicide and overdose-related death peaking between 7 and 12 months postpartum. Geographic challenges in accessing perinatal mental health experts can be overcome through the use of telepsychiatry services using a secure video platform (telemedicine). (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-05833**

**The effect of COVID-19 lockdowns on women's perinatal mental health: a systematic review.** Wall S, Dempsey M (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 1, February 2023, pp 47-55

#### Background

Risk factors for poor maternal perinatal mental health include a previous mental health diagnosis, reduced access to perinatal services, economic concerns and decreased levels of social support. Adverse maternal perinatal mental health can negatively influence the psychological wellbeing of infants. The outbreak of the COVID-19 pandemic presented an additional stressor. While literature on the impact of COVID-19 on perinatal mental health exists, no systematic review has focused specifically on maternal perinatal mental health during periods of COVID-19 lockdown.

#### Aims

This systematic review explores how periods of COVID-19 lockdown impacted women's perinatal mental health.

#### Methods

Searches of CINAHL, PsycARTICLES, PsycINFO, PubMed, Scopus and Web of Science were conducted for literature from 1st January 2020 to 25th May 2021. Quantitative, peer-reviewed, cross-sectional studies published in English with perinatal women as participants, and data collected during a period of lockdown, were included. Data was assessed for quality and narratively synthesized.

#### Findings

Sixteen articles from nine countries met the inclusion criteria. COVID-19 lockdowns negatively impacted perinatal mental health. Risk factors for negative perinatal mental health noted in previous literature were confirmed. In addition, resilience, educational attainment, trimester, and ethnicity were identified as other variables which may influence mental health during perinatal periods experienced during lockdown. Understanding nuance in experience and harnessing intra and interpersonal support could advance options for intervention.

#### Conclusion

Developing resources for perinatal women that integrate informal sources of support may aid them when normal routine is challenged, and may mediate potential long-term impacts of poor perinatal maternal health on infants. (Author)

**Full URL:** <https://doi.org/10.1016/j.wombi.2022.06.005>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-05211**

**Associations between COVID-19 lockdown and post-lockdown on the mental health of pregnant women, postpartum women and their partners from the Queensland family cohort prospective study.** Clifton VL, Kumar S, Borg D, et al (2022), BMC Pregnancy and Childbirth vol 22, no 468, 4 June 2022

#### Background

There are very few developed countries where physical isolation and low community transmission has been reported for COVID-19 but this has been the experience of Australia. The impact of physical isolation combined with low disease transmission on the mental health of pregnant women is currently unknown and there have been no studies examining the psychological experience for partners of pregnant women during lockdown. The aim of the current study was to examine the impact of the first COVID-19 lockdown in March 2020 and post lockdown from August 2020 on the mental health of pregnant women or postpartum women and their partners.

#### Methods

Pregnant women and their partners were prospectively recruited to the study before 24 weeks gestation and completed various questionnaires related to mental health and general wellbeing at 24 weeks gestation and then again at 6 weeks postpartum. The Depression, Anxiety and Stress Scale (DASS-21) and the Edinburgh Postnatal Depression Scale (EPDS) were used as outcome measures for the assessment of mental health in women and DASS-21 was administered to their partners. This analysis encompasses 3 time points where families were recruited; before the pandemic (Aug 2018-Feb 2020), during lockdown (Mar-Aug 2020) and after the first lockdown was over (Sept-Dec 2020).

#### Results

There was no significant effect of COVID-19 lockdown and post lockdown on depression or postnatal depression in women when compared to a pre-COVID-19 subgroup. The odds of pregnant women or postpartum women experiencing severe anxiety was more than halved in women during lockdown relative to women in the pre-COVID-19 period (OR = 0.47; 95%CI: 0.27–0.81; P = 0.006). Following lockdown severe anxiety was comparable to the pre-COVID-19 women. Lockdown did not have any substantial effects on stress scores for pregnant and postpartum women. However, a substantial decrease of over 70% in the odds of severe stress was observed post-lockdown relative to pre-COVID-19 levels. Partner's depression, anxiety and stress did not change significantly with lockdown or post lockdown.

#### Conclusion

A reproductive age population appear to be able to manage the impact of lockdown and the pandemic with some benefits related to reduced anxiety. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04795-9>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-05090**

**Narrating Perinatal Obsessive-Compulsive Disorder Through Blogs.** Beck CT (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 5, September/October 2022, pp 273-280

Purpose:

To describe women's experiences of perinatal obsessive-compulsive disorder (OCD) as written in their blogs.

Study Design and Method:

This qualitative descriptive study examined perinatal OCD blogs identified using Google search engine. Krippendorff's thematic content analysis method for qualitative data was used. The unit of analysis included segments of the bloggers' descriptions of their perinatal OCD. Clustering and dendrograms were used to group the data into themes.

Results:

Forty-three different posts from women in the United Kingdom, United States, Australia, and South Africa were analyzed. Five themes were identified that described women's experiences of perinatal OCD as told in their blogs: (1) Starting to tighten its grip during pregnancy, (2) Keeping horrific secrets all to themselves, (3) Tortured with terrifying images and thoughts, (4) Driven to compulsive behaviors to protect their infants, and (5) Long difficult road to recovery but so worth it.

Clinical Implications:

Perinatal OCD is a hidden problem that can have negative consequences for mothers and for their infants and families if not diagnosed or if misdiagnosed. There are effective treatments for OCD, but first nurses and other health care providers need to identify the women who are struggling with this anxiety disorder. During the perinatal period nurses can screen women for OCD. Developing a trusting relationship with pregnant and postpartum women is critical for nurses so that their patients can feel safe enough to share their horrific secret thoughts. (Author)

Full URL: <https://doi.org/10.1097/NMC.0000000000000842>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-04791

### **A qualitative study of minority ethnic women's experiences of access to and engagement with perinatal mental health care.**

Pilav S, De Backer K, Easter A, et al (2022), BMC Pregnancy and Childbirth vol 22, no 421, 18 May 2022

#### Background

Approximately one in five women will experience mental health difficulties in the perinatal period. However, for a large group of women, symptoms of adverse perinatal mental health remain undetected and untreated. This is even more so for women of ethnic minority background, who face a variety of barriers which prevents them from accessing appropriate perinatal mental health care.

#### Aims

To explore minority ethnic women's experiences of access to and engagement with perinatal mental health care.

#### Methods

Semi-structured interviews were conducted with 18 women who had been diagnosed with perinatal mental health difficulties and who were supported in the community by a specialist perinatal mental health service in South London, United Kingdom. Women who self-identified as being from a minority ethnic group were purposefully selected. Data were transcribed verbatim, uploaded into NVivo for management and analysis, which was conducted using reflective thematic analysis.

#### Results

Three distinct overarching themes were identified, each with two or three subthemes: 'Expectations and Experiences of Womanhood as an Ethnic Minority' (Shame and Guilt in Motherhood; Women as Caregivers; Perceived to Be Strong and Often Dismissed), 'Family and Community Influences' (Blind Faith in the Medical Profession; Family and Community Beliefs about Mental Health and Care; Intergenerational Trauma and Family Dynamics) and 'Cultural Understanding, Empowerment, and Validation' (The Importance of Understanding Cultural Differences; The Power of Validation, Reassurance, and Support).

#### Conclusion

Women of ethnic minority background identified barriers to accessing and engaging with perinatal mental health support on an individual, familial, community and societal level. Perinatal mental health services should be aware ethnic minority women might present with mental health difficulties in different ways and embrace principles of cultural humility and co-production to fully meet these women's perinatal mental health needs. (Author)

Full URL: <https://doi.org/10.1186/s12884-022-04698-9>

---

## 2022-04743

**Peer support in perinatal mental health. Action plan 2020-2023.** The Scottish Government (2021), 14 pages. March 2021

Presents the Scottish Government's plan to develop a structure for peer perinatal mental health support across different sectors. (CI)

Full URL: <https://www.gov.scot/publications/peer-support-perinatal-mental-health-action-plan-2020-2023/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-04704**

**Coping strategies mediate the associations between COVID-19 experiences and mental health outcomes in pregnancy.** Khoury JE, Atkinson L, Bennett T, et al (2021), Archives of Women's Mental Health vol 24, no 6, December 2021, pp 1007-1017

The COVID-19 pandemic has resulted in elevated mental health problems for pregnant women. Effective coping strategies likely reduce the impact of COVID-19 on mental health. This study aimed to (1) understand how COVID-19 stressors are related to different coping strategies and (2) identify whether coping strategies act as mechanisms accounting for the associations between COVID-19 stressful experiences and mental health problems in pregnancy. Participants were 304 pregnant women from Ontario, Canada. Depression, anxiety, insomnia, and perceived stress were assessed using validated measures. COVID-related stressors (i.e., financial difficulties, social isolation), subjective negative impact of COVID-19, and coping strategies used in response to COVID-19 were assessed by questionnaires. Results indicated that the subjective negative impact of COVID-19 was associated with more dysfunctional coping and less emotion-focused coping, whereas specific COVID-19 stressors, namely financial difficulties and social isolation, were associated with more dysfunctional coping and problem-focused coping. Dysfunctional coping was linked to elevated mental health problems and emotion-focused coping was linked to less mental health problems. Dysfunctional coping and emotion-focused coping partially mediated the effects of specific COVID-19 stressors on mental health outcomes. Findings indicate that coping is one pathway through which the COVID-19 pandemic impacts mental health in pregnancy. Supports and interventions for pregnant women during the pandemic should focus on bolstering coping skills, in order to minimize the mental health consequences of COVID-19. (Author)

Full URL: <https://doi.org/10.1007/s00737-021-01135-2>

**2022-04693**

**A systematic review of mHealth application interventions for peripartum mood disorders: trends and evidence in academia and industry.** Feldman N, Back D, Boland R, et al (2021), Archives of Women's Mental Health vol 24, no 6, December 2021, pp 881-892

In this review, we aim to summarize research findings and marketplace apps for women with perinatal mood disorders with the goal of informing clinicians and patients about current risks and benefits, as well as proposing clinical implementation advice and a harmonized agenda for both academic and industry advancement in this space. Multiple searches were run of academic databases in 2018–2020, examining literature on mobile apps for peripartum mental health. Multiple searches were also run of the iOS and Android app stores in 2019 and 2020, looking at apps for peripartum mental health. Results were compared within the academic dataset as well within the commercial app dataset; the two datasets were also examined for overlap. The academic search results were notable for small sample sizes and heterogeneous endpoints. The app store search results were notable for apps of generally poor quality (as assessed by a modified Silberg scale). Very few of the mHealth interventions studied in the academic literature were available in the app store; very few of the apps from the commercial stores were supported by academic literature. The disconnect between academically developed apps and commercially available apps highlights the need for better collaboration between academia and industry. More collaboration between the two approaches may benefit both app developers and patients in this demographic moving forwards. Additionally, we present a set of practice guidelines for mHealth in perinatal psychiatry based on the trends identified in this review. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-04691**

**How music may support perinatal mental health: an overview.** Sanfilippo KRM, Stewart L, Glover V (2021), Archives of Women's Mental Health vol 24, no 5, October 2021, pp 831-839

There is strong evidence that engaging with music can improve our health and well-being. Music-based interventions, approaches and practices, such as group music-making (singing or playing musical instruments), listening to music and music therapy, have all been shown to reduce symptoms of depression and anxiety. Although the existing literature needs expanding, mounting evidence suggests that music-based interventions, approaches and practices may help support maternal mental health prenatally and postnatally. The purpose of this descriptive overview is to provide a broad view of this area by bringing together examples of research across different practices and research disciplines. Selected evidence is examined, showing how music-based interventions, approaches and practices can reduce labour anxiety and pain, anxiety symptoms in pregnancy, postnatal depression symptoms and support maternal-infant bonding. The examined research includes single studies and reviews that use both qualitative and quantitative methods. Drawing on animal and human models, the effect of music on foetal behaviour and various possible biological, psychological and social mechanisms are discussed. The potential preventive effect of music-based interventions, approaches and practices and their possible use across different cultures are also considered. Overall, we highlight how music, employed in a variety of ways, may support perinatal mental health with the aim of stimulating more interest and research in this area. (Author)

Full URL: <https://doi.org/10.1007/s00737-021-01178-5>

---

**2022-04682**

**Challenges and opportunities of the COVID-19 pandemic for perinatal mental health care: a mixed-methods study of mental health care staff.** Wilson CA, Dalton-Locke C, Johnson S, et al (2021), Archives of Women's Mental Health vol 24, no 5, October 2021, pp 749-757

The aim of this study was to explore staff perceptions of the impact of the COVID-19 pandemic on mental health service delivery and outcomes for women who were pregnant or in the first year after birth ('perinatal' women). Secondary analysis was undertaken of an online mixed-methods survey open to all mental health care staff in the UK involving 363 staff working with women in the perinatal period. Staff perceived the mental health of perinatal women to be particularly vulnerable to the impact of stressors associated with the pandemic such as social isolation (rated by 79.3% as relevant or extremely relevant; 288/363) and domestic violence and abuse (53.3%; 192/360). As a result of changes to mental health and other health and social care services, staff reported feeling less able to assess women, particularly their relationship with their baby (43.3%; 90/208), and to mobilise safeguarding procedures (29.4%; 62/211). While 42% of staff reported that some women engaged poorly with virtual appointments, they also found flexible remote consulting to be beneficial for some women and helped time management due to reductions in travel time. Delivery of perinatal care needs to be tailored to women's needs; virtual appointments are perceived not to be appropriate for assessments but may be helpful for some women in subsequent interactions. Safeguarding and other risk assessment procedures must remain robust in spite of modifications made to service delivery during pandemics. (Author)

Full URL: <https://doi.org/10.1007/s00737-021-01108-5>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-04681**

**Perinatal suicidality: prevalence and correlates in a South African birth cohort.** Maré KT, Pellowski JA, Koopowitz S-M, et al (2021), Archives of Women's Mental Health vol 24, no 5, October 2021, pp 737-748

Suicidal ideation and behaviour (SIB) in the perinatal period is prevalent in low- and middle-income countries (LMICs). Past work has been limited by reliance on self-rated scales, and there are few data on SIB severity in such settings. We collected cross-sectional data on SIB using a clinician-administered scale and explored risk factors associated with the presence of SIB and SIB severity. Data were collected from the Drakenstein Child Health Study cohort antenatally and at 6 months postpartum. SIB was measured using the Mini International Neuropsychiatric Interview, and potential sociodemographic, psychosocial, and psychiatric risk factors were assessed. Multivariable analysis determined cross-sectional risk factors. Multinomial regressions determined predictors of SIB risk categories. Among 748 women, the antenatal SIB prevalence was 19.9% and postpartum 22.6%. SIB was associated with younger age (antepartum), PTSD (postpartum), and depression (ante- and postpartum). Depression and PTSD predicted belonging to the high-risk SIB group. The medium-risk group was more likely to have depression, alcohol use during pregnancy, and substance abuse. Depression, PTSD, food insecurity, recent intimate partner violence (IPV), and childhood trauma were associated with the low-risk group versus the no-risk group. Screening is needed for perinatal SIB. Associations of perinatal SIB with younger age and major depression are consistent with previous work. The association with PTSD is novel, and underscores the importance of assessment of trauma exposure and outcomes in this population. Different risk categories of SIB may have different causal pathways and require different interventions. (Author)

---

**2022-04678**

**Google search behaviour relating to perinatal mental wellbeing during the United Kingdom's first COVID-19 lockdown period: a warning for future restrictions.** Chapman GE, Ishlek I, Spoons J (2021), Archives of Women's Mental Health vol 24, no 4, August 2021, pp 681-686

Infodemiological studies derive public health information from internet activity. Here we compare Google searches of perinatal mental health-related terms during the U.K.'s first COVID-19 lockdown with the corresponding period in 2019. We report evidence of reduced pathologising/recognition of perinatal mental illness; increased perceived maternal inadequacy and estrangement from newborn baby; increased maternal domestic abuse; and increased domestic and substance abuse generally. These insights offer important population-level considerations ahead of further U.K. restrictions, and should be imminently confirmed with epidemiological work. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-021-01110-x>

---

**2022-04670**

**Preconception origins of perinatal maternal mental health.** Kee MZL, Ponmudi S, Phua DY, et al (2021), Archives of Women's Mental Health vol 24, no 4, August 2021, pp 605-618

Perinatal maternal symptoms of depression and anxiety compromise psychosocial function and influence developmental outcomes in the offspring. The onset of symptoms remains unclear with findings that suggest a preconceptional origin. We addressed this issue with a prospective analysis of anxiety and depressive symptom profiles from preconception through to parturition. Women were recruited into a preconception study to assess (a) variation in symptom levels of depression and anxiety from pre- to post-conception and (b) if the symptom network profiles of depression and anxiety change from pre-conception to post-conception. A within-subject intraclass correlation analyses revealed that symptoms of depression or anxiety in the preconception phase strongly predicted those across pregnancy and into the early postnatal period. The symptom network analysis revealed that the symptom profiles remained largely unchanged from preconception into the second trimester. Our findings suggest that for a significant portion of women, maternal mental health remains stable from preconception into pregnancy. This finding highlights the need for early intervention studies on women's mental health to be targeted during the preconception period and to be extended across the population. (Author)

**Full URL:** <https://doi.org/10.1007/s00737-020-01096-y>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-04664**

**Suicidal behaviours in the peripartum period: a systematic scoping review of data linkage studies.** Meurk CS, Wittenhagen L, Lucke J, et al (2021), Archives of Women's Mental Health vol 24, no 4, August 2021, pp 579-593

The purpose of this scoping review was to summarize research that uses linked data to examine peripartum suicidal behaviours and critically appraise studies to identify evidence gaps and future research priorities. A systematic search of PubMed, Scopus, and grey literature was undertaken to identify data linkage studies that examined suicidal behaviours among women in the peripartum period. All articles available through PubMed and Scopus up until the search date of 26 September 2019 were deemed eligible for inclusion. A grey literature search was also undertaken, through the Google search engine, on 11 November 2019. Studies were analysed descriptively and synthesized qualitatively. Eighteen studies were identified that met inclusion criteria. All studies examined the incidence of suicidal behaviours. Twelve studies examined sociodemographic correlates, associations, or risk factors, and nine studies examined mental health. There was a high degree of variability regarding how both peripartum status and suicidal behaviours were defined. Few studies used data linkage to examine suicidal behaviours from a health services or social services perspective. The evidence base could benefit from conceptual clarity and standardization of constructs regarding suicidal behaviours in the peripartum period, to enable meaningful synthesis of results across studies. Data linkage can be used to improve understandings of risk factors and pathways. It can also be harnessed to examine both health and social services utilization, to inform coordinated multi-sectoral interventions and care pathways for women and their children. (Author)

---

**2022-04647**

**Prevalence and correlates of suicidal behaviors during pregnancy: evidence from the National Survey on Drug Use and Health.** Kitsantas P, Aljoudi SM, Adams AR, et al (2021), Archives of Women's Mental Health vol 24, no 3, June 2021, pp 473-481

Suicidal behaviors during pregnancy are prevalent and have the potential to adversely affect a woman's health and her developing infant. The purpose of this study was to examine prevalence and correlates of suicidal behaviors in a national sample of pregnant women. Using data from the 2009–2018 National Survey on Drug Use and Health, a sample of 7479 pregnant women was analyzed. Multiple logistic regression was used to examine associations between sample characteristics and suicidal behaviors overall and by pregnancy trimester. In this sample, 3.4% of women exhibited suicidal behaviors such as ideation, planning, and attempt. Suicidal behaviors were more prevalent at 4.4% among women in the first trimester compared to the second/third trimesters (2.9%). Of those exhibiting suicidal behavior, 63.0% were ideators, 18.9% planned suicide, and 18.1% attempted suicide. Logistic regression analyses revealed that all racial/ethnic groups of women in the third trimester were less likely to be suicidal relative to black non-Hispanic women. Alcohol abuse (OR 3.70, 95% CI 1.97, 6.81) and major depressive episode (OR 4.91, 95% CI 3.10, 7.84) in the past year significantly increased the odds of suicidality for all pregnant women. Perceived unmet need for treatment increased the likelihood (OR 5.64, 95% CI 3.55, 8.97) of suicidal behavior regardless of trimester. These findings underscore the importance of screening for suicidal behaviors in the first trimester, especially among those with existing mood disorders and substance abuse. Racial/ethnic differences should be considered in targeted interventions for suicide prevention. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-04578**

**Midwives' experiences of supporting women's mental health: a mixed-method study.** Savory NA, Sanders J, Hannigan B, et al (2022), *Midwifery* vol 111, August 2022, 103368

Objective

To explore midwives' skills, knowledge and experiences of supporting women's mental health.

Research design and setting

This paper reports the second phase of a larger project, the 'Mothers' Mood Study', which recruited women and midwives to explore their experiences of perinatal mental health and service provision and focuses on midwives' experiences of supporting women with perinatal mental health problems. This paper reports on midwives' experiences through self-administered questionnaires and focus groups. Descriptive statistics were used to analyse questionnaire data and focus group data were thematically analysed.

Participants

All midwives employed at one Health Board in South Wales UK, were eligible to participate. Recruitment took place between February and October 2018. Questionnaires were completed by 145 midwives and 15 attended one of three focus groups.

Findings

Questionnaire data showed the majority of midwives had cared for women with mental health problems, most commonly anxiety (95.0%, n = 138) and depression (87.0%, n = 127). Midwives assessed women's mental health informally by observing or asking questions about mood (99.3%, n = 144), anxiety levels (94.5%, n = 137), levels of support (91.0%, n = 132) and mental health history (95.9%, n = 139). The majority of midwives (82.8%, n = 120) indicated they would make some sort of mental health assessment at least 50% of the time. Around a third of midwives 31.7% (n = 46) reported receiving training relating to perinatal mental health in the previous two years, however only 21.4% (n = 31) of these suggested this had helped them in their practice. Three themes were generated from the focus groups, 1) Conversations 2) Support 3) Knowledge and skills.

Key conclusions and implications for practice

A lack of time and continuity at appointments and a focus on physical health of mother and baby reduced the opportunity for conversations around mental health. In addition a lack of experience reduced midwives' confidence resulting in a low threshold for referring women to other services for support. Midwives' main concerns were a need for training on aspects of day-to-day practice and referral options to support women's mental health. A package of training to improved skills and confidence as well as a clear pathway of care will enable midwives to be better placed to support women's mental health. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2022.103368>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2022-04537

**Process evaluation of Virtual Pregnancy in Mind during the COVID-19 pandemic.** McElearney A, Hyde-Dryden G, Walters H, et al (2021), 44 pages. May 2021

Describes how the NSPCC adapted their face-to-face Pregnancy in Mind (PiM) service, a preventative mental health service for parents who are experiencing or at risk of mild to moderate anxiety and depression during the perinatal period (during pregnancy and the first year after birth), to comply with COVID-19 restrictions.

This process evaluation looks at the case data of 186 parents who accessed the adapted service between March and September 2020 and considers:

- practitioners' experiences of using virtual and digital methods to deliver the service
- opportunities and challenges associated with virtual and digital delivery
- practitioners' views about the adapted service
- whether there were improvements in parental mental health for those using the virtual service. (Publisher, edited)

**Full URL:** <https://learning.nspcc.org.uk/media/2579/process-evaluation-of-virtual-pregnancy-in-mind-during-covid.pdf>

---

## 2022-03998

**Comment: silent burden no more: a global call to action to prioritize perinatal mental health.** McNab S, Fisher J, Honikman S, et al (2022), BMC Pregnancy and Childbirth vol 22, no 308, 11 April 2022

Common perinatal mental disorders are the most frequent complications of pregnancy, childbirth and the postpartum period, and the prevalence among women in low- and middle-income countries is the highest at nearly 20%. Women are the cornerstone of a healthy and prosperous society and until their mental health is taken as seriously as their physical wellbeing, we will not improve maternal mortality, morbidity and the ability of women to thrive. On the heels of several international efforts to put perinatal mental health on the global agenda, we propose seven urgent actions that the international community, governments, health systems, academia, civil society, and individuals should take to ensure that women everywhere have access to high-quality, respectful care for both their physical and mental wellbeing. Addressing perinatal mental health promotion, prevention, early intervention and treatment of common perinatal mental disorders must be a global priority. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04645-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2022-03992

**Factors affecting the mental health of pregnant women using UK maternity services during the COVID-19 pandemic: a qualitative interview study.** McKinlay AR, Fancourt D, Burton A (2022), BMC Pregnancy and Childbirth vol 22, no 313, 12 April 2022

#### Background

People using maternity services in the United Kingdom (UK) have faced significant changes brought on by the COVID-19 pandemic and social distancing regulations. We focused on the experiences of pregnant women using UK maternity services during the pandemic and the impact of social distancing rules on their mental health and wellbeing.

#### Methods

We conducted 23 qualitative semi-structured interviews from June 2020 to August 2021, with women from across the UK who experienced a pregnancy during the pandemic. Nineteen participants in the study carried their pregnancy to term and four had experienced a miscarriage during the pandemic. Interviews took place remotely over video or telephone call, discussing topics such as mental health during pregnancy and use of UK maternity services. We used reflexive thematic analysis to analyse interview transcripts.

#### Results

We generated six higher order themes: [1] Some pregnancy discomforts alleviated by social distancing measures, [2] The importance of relationships that support coping and adjustment, [3] Missed pregnancy and parenthood experiences, [4] The mental health consequences of birth partner and visitor restrictions, [5] Maternity services under pressure, and [6] Lack of connection with staff. Many participants felt a sense of loss over a pregnancy experience that differed so remarkably to what they had expected because of the pandemic. Supportive relationships were important to help cope with pregnancy and pandemic-related changes; but feelings of isolation were compounded for some participants because opportunities to build social connections through face-to-face parent groups were unavailable. Participants also described feeling alone due to restrictions on their partners being present when accessing UK maternity services.

#### Conclusions

Our findings highlight some of the changes that may have affected pregnant women's mental health during the COVID-19 pandemic. Reduced social support and being unable to have a partner or support person present during maternity service use were the greatest concerns reported by participants in this study. Absence of birth partners removed a protective buffer in times of uncertainty and distress. This suggests that the availability of a birth partner or support person must be prioritised wherever possible in times of pandemics to protect the mental health of people experiencing pregnancy and miscarriage.

(Author)

Full URL: <https://doi.org/10.1186/s12884-022-04602-5>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-03975**

**Measurement of pregnancy-related anxiety worldwide: a systematic review.** Hadfield K, Akyirem S, Sartori L, et al (2022), BMC Pregnancy and Childbirth vol 22, no 331, 15 April 2022

#### Background

The perinatal period is often characterized by specific fear, worry, and anxiety concerning the pregnancy and its outcomes, referred to as pregnancy-related anxiety. Pregnancy-related anxiety is uniquely associated with negative maternal and child health outcomes during pregnancy, at birth, and early childhood; as such, it is increasingly studied. We examined how pregnancy-related anxiety is measured, where measures were developed and validated, and where pregnancy-related anxiety has been assessed. We will use these factors to identify potential issues in measurement of pregnancy-related anxiety and the geographic gaps in this area of research.

#### Methods

We searched the Africa-Wide, CINAHL, MEDLINE, PsycARTICLES, PsycINFO; PubMed, Scopus, Web of Science Core Collection, SciELO Citation Index, and ERIC databases for studies published at any point up to 01 August 2020 that assessed pregnancy-related anxiety. Search terms included pregnancy-related anxiety, pregnancy-related worry, prenatal anxiety, anxiety during pregnancy, and pregnancy-specific anxiety, among others. Inclusion criteria included: empirical research, published in English, and the inclusion of any assessment of pregnancy-related anxiety in a sample of pregnant women. This review is registered on PROSPERO (CRD42020189938).

#### Results

The search identified 2904 records; after screening, we retained 352 full-text articles for consideration, ultimately including 269 studies in the review based on the inclusion and exclusion criteria. In total, 39 measures of pregnancy-related anxiety were used in these 269 papers, with 18 used in two or more studies. Less than 20% of the included studies (n = 44) reported research conducted in low- and middle-income country contexts. With one exception, all measures of pregnancy-related anxiety used in more than one study were developed in high-income country contexts. Only 13.8% validated the measures for use with a low- or middle-income country population.

#### Conclusions

Together, these results suggest that pregnancy-related anxiety is being assessed frequently among pregnant people and in many countries, but often using tools that were developed in a context dissimilar to the participants' context and which have not been validated for the target population. Culturally relevant measures of pregnancy-related anxiety which are developed and validated in low-income countries are urgently needed. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04661-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-03880

### **Monitored home-based with or without face-to-face exercise for maternal mental health during the COVID-19 pandemic.**

Veisy A, Mohammad-Alizadeh-Charandabi S, Abbas-Alizadeh S, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 1, 2024, pp 110-125

#### Introduction

Despite the known beneficial effects of exercise, most pregnant women do not exercise regularly. Most studies on exercise have been conducted on supervised exercise and there is limited evidence regarding the adherence and effect of other exercise programs on pregnancy outcomes. Therefore, we aimed to investigate adherence to a face-to-face plus monitored home exercise program versus a monitored home-based exercise program on its own during pregnancy. In addition, effects of these two exercise programs on women's mental health during pregnancy and postpartum (primary outcomes) and on some other maternal and neonatal outcomes (secondary outcomes) will be assessed.

#### Methods

In this superiority trial with three parallel arms, 150 women at 12–18 weeks of gestation will be randomised equally into three groups (face-to-face plus monitored home exercise, only monitored home-based exercise, and control). The exercise programs will be performed up to the 38th week of gestation during which participants will be assessed at specific intervals during the pregnancy, and post-partum and followed up until six months after childbirth. The exercise diary will be used to assess the adherence. The Edinburgh Depression Scale and the Positive and Negative Affect Schedule will be used to assess prenatal and postnatal depression and affect, respectively.

#### Discussion

This study reflects the feasibility and acceptance of two exercise programs for pregnant women and their effects on important outcomes. If these programs are followed properly and effectively, pregnant women's health can be improved using these methods at a lower cost compared to the conventional supervised exercise program. (Author)

---

## 2022-03797

**Perinatal Mood and Anxiety Disorders.** Association of Women's Health, Obstetric and Neonatal Nurses (2022), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 51, no 4, July 2022, pp e1-e4

The Association of Women's Health, Obstetric and Neonatal Nurses maintains that individuals should be screened for mood and anxiety disorders, especially during pregnancy and the postpartum period. It is imperative that on-going screening and referral to treatment occurs in both the perinatal and pediatric setting. Nurses are in key positions to screen individuals and provide education regarding Perinatal Mood and Anxiety Disorders (PMAD). To effectively impact PMAD, it is crucial for health care facilities, especially those serving women and children, to have policies and processes that address screening, interventions, referral to treatment and education for those assessing for or impacted by PMAD. (Author)

---

## 2022-03706

**Lavender blue.** Allon K, Johnson D (2022), Midwives vol 25, May 2022, pp 37-39

Kate Allon, specialist perinatal mental health midwife at Darent Valley Hospital in Kent, and Debbie Johnson, senior midwifery lecturer at the University of Greenwich, London, believe mothers with mental health conditions and suffering sleep deprivation can be better supported. (Author)

---

## 2022-03705

**Pieces of the puzzle.** Laing H (2022), Midwives vol 25, May 2022, pp 34-35

Final-year student midwife Harriet Laing has invented a puzzle that helps families to visualise their mental health and how to support it. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-03596**

**Mental disorder in pregnancy and the early postpartum.** Cantwell R (2021), *Anaesthesia* vol 76, suppl 4, April 2021, pp 76-83

Perinatal mental illness is common, affecting up to 20% of women, but remains under-recognised and under-diagnosed. It may have adverse effects on pregnancy and neonatal outcomes, and mental disorder remains one of the leading causes of maternal death in the UK. Women with mental ill health face difficult decisions in balancing risks and benefits of treatment. Stigma related to mental disorder may lead to non-engagement with maternity care. Some disorders bring specific challenges for anaesthetists working in maternity settings and it is vital that anaesthetists have knowledge of these disorders so they may offer care which is sensitive and appropriate. (Author)

**Full URL:** <https://doi.org/10.1111/anae.15424>

---

**2022-03387**

**The silent burden: a landscape analysis of common perinatal mental disorders in low- and middle-income countries.** McNab SE, Dryer SL, Fitzgerald L, et al (2022), *BMC Pregnancy and Childbirth* vol 22, no 342, 20 April 2022

**Background**

Mental health has long fallen behind physical health in attention, funding, and action—especially in low- and middle-income countries (LMICs). It has been conspicuously absent from global reproductive, maternal, newborn, child, and adolescent health (MNCAH) programming, despite increasing awareness of the intergenerational impact of common perinatal mental disorders (CPMDs). However, the universal health coverage (UHC) movement and COVID-19 have brought mental health to the forefront, and the MNCAH community is looking to understand how to provide women effective, sustainable care at scale. To address this, MOMENTUM Country and Global Leadership (MCGL) commissioned a landscape analysis in December 2020 to assess the state of CPMDs and identify what is being done to address the burden in LMICs.

**Methods**

The landscape analysis (LA) used a multitiered approach. First, reviewers chose a scoping review methodology to search literature in PubMed, Google Scholar, PsychInfo, and Scopus. Titles and abstracts were reviewed before a multidisciplinary team conducted data extraction and analysis on relevant articles. Second, 44 key informant interviews and two focus group discussions were conducted with mental health, MNCAH, humanitarian, nutrition, gender-based violence (GBV), advocacy, and implementation research experts. Finally, reviewers completed a document analysis of relevant mental health policies from 19 countries.

**Results**

The LA identified risk factors for CPMDs, maternal mental health interventions and implementation strategies, and remaining knowledge gaps. Risk factors included social determinants, such as economic or gender inequality, and individual experiences, such as stillbirth. Core components identified in successful perinatal mental health (PMH) interventions at community level included stepped care, detailed context assessments, task-sharing models, and talk therapy; at health facility level, they included pre-service training on mental health, trained and supervised providers, referral and assessment processes, mental health support for providers, provision of respectful care, and linkages with GBV services. Yet, significant gaps remain in understanding how to address CPMDs.

**Conclusion**

These findings illuminate an urgent need to provide CPMD prevention and care to women in LMICs. The time is long overdue to take perinatal mental health seriously. Efforts should strive to generate better evidence while implementing successful approaches to help millions of women “suffering in silence.” (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04589-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-03330

**State of the nation: understanding public attitudes to the early years.** Ipsos MORI (2020), 27 November 2020

Presents the findings of a study commissioned by The Royal Foundation of the Duke and Duchess of Cambridge on UK public attitudes towards the early years. It also explores how COVID-19 has impacted the perceptions and experiences of parents and carers of the under-fives.

The research involved a face to face survey of 3,733 parents and non-parents, in-depth qualitative interviews with 40 parents, 'ethnographic research' with 12 families, and a survey of 435,141 members of the public. (CI)

**Full URL:** [https://royalfoundation.com/wp-content/uploads/2020/11/Ipsos-MORI-SON\\_report\\_FINAL\\_V2.4.pdf](https://royalfoundation.com/wp-content/uploads/2020/11/Ipsos-MORI-SON_report_FINAL_V2.4.pdf)

---

## 2022-03146

**Mothers' experiences of acute perinatal mental health services in England and Wales: a qualitative analysis.** Powell C, Bedi S, Nath S, et al (2022), Journal of Reproductive and Infant Psychology vol 40, no 2, April 2022, pp 155-167

### Background/Objective

Perinatal mental health services are a current NHS priority and services are being increased for women. There is limited research on mothers' perspectives of these services and most research focuses on mother and baby units (MBUs). This study explored women's views of their experiences of generic wards, MBUs and crisis resolution teams.

### Methods

A qualitative thematic analysis was conducted on written feedback on a service-user-designed questionnaire. One hundred and thirty-nine women recruited across 42 mental health trusts made comments.

### Results

Two key themes were identified: support networks and staff authority. Support networks included subthemes relating to families, peers and staff. The theme of staff authority incorporated subthemes about communication, confidence in staff and service-user autonomy. All themes contributed to whether mothers felt safe in these services. Mothers reported the benefits of positive, non-coercive relationships with family and staff for their recovery. The findings highlight that the challenges women face in perinatal settings reflect the literature on general psychiatric services, particularly around coercion.

### Conclusions

Specific implications for mothers accessing perinatal mental health services: 1) integrated mental health care and support with babies; 2) support with separation from babies for mothers in acute wards; 3) improvement of women's relationships with social services across all services. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-02991**

**Perceptions and attitudes around perinatal mental health in Bangladesh, India and Pakistan: a systematic review of qualitative data.** Insan N, Weke A, Rankin J, et al (2022), BMC Pregnancy and Childbirth vol 22, no 293, 6 April 2022

**Background**

Perinatal mental health (PMH) is a worldwide public health issue crossing cultural boundaries. However, the prevalence of PMH conditions vary considerably. These disparities stem in part from poor understanding and stigma surrounding PMH which hinder pregnant women from seeking mental health care and may exacerbate their conditions. Bangladesh, India and Pakistan are South Asian countries with a higher burden of PMH conditions than in the Global North-West and very different social and cultural norms around gender and mental health. The aim of this systematic review (PROSPERO Ref: CRD42020167903) was to identify, synthesise and appraise the available literature on perceptions and attitudes of perinatal (pregnant and postpartum) women, their families and healthcare providers surrounding PMH in Bangladesh, India and Pakistan.

**Methods**

Five electronic databases, MEDLINE, Embase, PsycINFO, Scopus and Web of science, and grey literature were searched using predefined search terms. Qualitative or quantitative articles with a qualitative component reporting perceptions and attitudes surrounding PMH in Bangladesh, India and Pakistan were eligible for inclusion, if published in English between January 2000 and January 2021. The Critical Appraisal Skills Programme Qualitative Research Checklist and Newcastle–Ottawa Scale for cross-sectional studies were used to assess study quality. Findings were synthesised using thematic synthesis, as described by Thomas and Harden 2008.

**Results**

Eight studies were included. Five overarching themes comprising 17 sub-categories were identified. These descriptive themes were: perceived causes of PMH, perceived symptoms of PMH, perceptions of motherhood, accessing PMH care and emotional sharing and coping strategies. Sociocultural expectations underpin many of the themes identified in this review including the importance of familial and societal causes of PMH, emphasis on physical symptoms, sacredness of motherhood, lack of awareness, stigma, shame, limited resources allocated for mental health and lack of emotional sharing.

**Conclusions**

There is a complex range of perceptions and attitudes around PMH which influence women’s experiences and access to PMH care. These findings will inform policy and practice through targeted interventions to tackle stigmatising attitudes and increasing education and training for healthcare providers. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04642-x>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-02984**

**Parents of young infants report poor mental health and more insensitive parenting during the first Covid-19 lockdown.** van den Heuvel MI, Vacaru SV, Boekhorst MGBM, et al (2022), BMC Pregnancy and Childbirth vol 22, no 302, 9 April 2022

#### Background

The Covid-19 pandemic has put an unprecedented pressure on families with children. How parents were affected by the first Covid-19 lockdown during the early postpartum period, an already challenging period for many, is unknown.

#### Aim

To investigate the associations between Covid-19 related stress, mental health, and insensitive parenting practices in mothers and fathers with young infants during the first Dutch Covid-19 lockdown.

#### Methods

The Dutch Covid-19 and Perinatal Experiences (COPE-NL) study included 681 parents of infants between 0 and 6 months (572 mothers and 109 fathers). Parents filled out online questionnaires about Covid-19 related stress, mental health (i.e. anxiety and depressive symptoms), and insensitive parenting. Hierarchical regression models were used to analyze the data.

#### Results

Parents of a young infant reported high rates of Covid-19 related stress, with higher reported stress in mothers compared to fathers. Additionally, the percentages of mothers and fathers experiencing clinically meaningful mental health symptoms during the pandemic were relatively high (mothers: 39.7% anxiety, 14.5% depression; fathers: 37.6% anxiety, 6.4% depression). More Covid-19 related stress was associated with more mental health symptoms in parents and increased insensitive parenting practices in mothers.

#### Conclusions

The results emphasize the strain of the pandemic on young fathers' and mothers' mental health and its potential negative consequences for parenting. As poor parental mental health and insensitive parenting practices carry risk for worse child outcomes across the lifespan, the mental health burden of the Covid-19 pandemic might not only have affected the parents, but also the next generation. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04618-x>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-02722

**Memory and mood changes in pregnancy: a qualitative content analysis of women's first-hand accounts.** Pownall M, Hutter RRC, Rockliffe L, et al (2023), *Journal of Reproductive and Infant Psychology* vol 41, no 5, 2023, pp 516-527

### Objective

This qualitative study aimed to explore how pregnant women and new mothers self-report changes to their mood and memory during pregnancy.

### Background

Researchers have investigated the various changes that women report throughout their pregnancy. Despite this evidence base, there is a notable lack of studies that take a qualitative approach to understanding how pregnant women and women in the postpartum period experience memory and mood changes through their pregnancy.

### Method

The present study involved a qualitative content analysis of women's first-hand accounts. Of the 423 participants who responded, 118 participants provided textual responses to questions about their memory and 288 participants provided textual responses to questions about their mood. Data were collected online via a free-text survey and analysed using both deductive inductive open coding.

### Results

A qualitative content analysis generated four overall categories: two typologies of self-reported memory changes in pregnancy ('short-term memory lapses' and 'chronic memory fog') and two typologies of self-reported mood changes ('mood instability and constant change' and 'low mood and parenting anxiety').

### Conclusion

These typologies represent unique profiles of the memory and mood changes that women experience during pregnancy and serve to accompany and expand the quantitative literature, which documents the changes women experience during pregnancy. (Author)

**Full URL:** <https://doi.org/10.1080/02646838.2022.2052827>

---

## 2022-02690

**Transition to Parenthood: Antenatal Education Promotes Perinatal Mental Health When Collaboratively Delivered by Midwives, Mental Health Peer Workers and Perinatal and Infant Mental Health Professionals.** Baldwin A, Herde E, Hoehn E, et al (2022), *The Journal of Perinatal Education* vol 31, no 2, Spring 2022, pp 104-110

Transition to Parenthood is a two-session (antenatal and postnatal) module for inclusion in a birth and parenting education course, designed to proactively support perinatal and infant mental health. In this pilot study, 299 mothers and 241 fathers/partners participated in the whole module, with 35 mothers completing pre- and post-program measures of depression, anxiety, stress, and parenting confidence. Statistically significant improvements were found on all four measures with high effect sizes. Participant ratings of learning and satisfaction were high and persisted over time. These results provide support for the usefulness of group-based birth and parenting education that focuses on perinatal and infant mental health, with mental health peer workers co-delivering the program. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-02688

**Promotion and Prevention of Perinatal Mood and Anxiety Disorders: Doulas' Roles and Challenges.** Shklarski L, Kalogridis L (2022), *The Journal of Perinatal Education* vol 31, no 2, Spring 2022, pp 82-93

Doulas are uniquely positioned to support women during birth and the postpartum period and can serve as a great asset to identify symptoms of perinatal mood and anxiety disorders (PMADs) and refer women to treatment. The goal of this study is to increase knowledge of doulas' training on PMADs and their work with women who experienced symptoms. Results from a survey of 156 doulas and interviews with 27 doulas indicate that they felt ill-prepared to identify PMAD symptoms. They struggled in referring patients to the appropriate services and finding professional support related to supporting clients with PMADs. The study concludes that there is a need to develop a standardized model for postpartum doula care that explicitly addresses PMADs. (Author)

---

## 2022-02647

**The 'new normal' includes online prenatal exercise: exploring pregnant women's experiences during the pandemic and the role of virtual group fitness on maternal mental health.** Silva-Jose C, Nagpal TS, Coterón J, et al (2022), *BMC Pregnancy and Childbirth* vol 22, no 251, 25 March 2022

### Background

Prenatal anxiety and depressive symptoms have significantly increased since the onset of the coronavirus (COVID-19) pandemic. In addition, home confinement regulations have caused a drastic increase in time spent sedentary. Online group fitness classes may be an effective strategy that can increase maternal physical activity levels and improve mental health outcomes by providing an opportunity for social connectedness. The present study explores the experiences of pregnant women who participated in an online group exercise program during the pandemic and identifies relationships with maternal mental health and well-being. In addition, we present person-informed recommendations on how to improve the delivery of future online prenatal exercise programs.

### Methods

Semi-structured interviews were conducted with pregnant women (8-39 weeks of pregnancy) who participated in an online group exercise program, from March to October 2020 in Spain. A phenomenological approach was taken, and open-ended questions were asked to understand women's experiences throughout the pandemic and the role the online exercise classes may have had on their physical activity levels, mental health, and other health behaviours such as diet. A thematic analysis was performed to evaluate data. In addition, women completed the State-Trait Anxiety Inventory and these data supplemented qualitative findings.

### Results

Twenty-four women were interviewed, and the anxiety scores were on average  $32.23 \pm 9.31$ , ranging from low to moderate levels. Thematic analysis revealed that women felt safe exercising from home, an increased availability of time to schedule a structured exercise class, and consequently an improvement in their adherence to the program and other behaviours (i.e., healthier diet). Women emphasized feeling connected to other pregnant women when they exercised online together, and overall, this had a positive effect on their mental well-being. Women suggested that future online exercise programs should include flexible options, detailed instructions and facilitation by a qualified exercise professional.

### Conclusion

Pregnant women are receptive to online group exercise classes and expressed that they are an accessible option to accommodating physical activity during the pandemic. In addition, the online group environment provides an important sense of connectivity among pregnant women exercising together and this may mitigate the detrimental effect of COVID-19 on maternal mental health. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04587-1>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-02630

### Self-reported mental health status of pregnant women in Sweden during the COVID-19 pandemic: a cross-sectional survey.

Ho-Fung C, Andersson E, Hsuan-Ying H, et al (2022), BMC Pregnancy and Childbirth vol 22, no 260, 28 March 2022

#### Background

The COVID-19 pandemic has contributed to unprecedented worries and challenges for pregnant women due to social restrictions and changes in maternity care provision. We aimed to investigate the mental health impact of COVID-19 pandemic on pregnant women in Sweden and explore factors associated with poor perinatal mental health in this specific context.

#### Method

This was a nation-wide cross-sectional survey of pregnant women living in Sweden. Validated questionnaires were distributed through non-profit organizations' websites and social media channels from May 2020 to February 2021. Perinatal depression, anxiety, and acute stress reaction were assessed using the Edinburgh Postnatal Depression Scale (EPDS), Generalized Anxiety Disorder-7 (GAD-7) and Impact Event Scale (Revised) (IES-R), respectively. Sociodemographic characteristics and self-perceived mental well-being were also obtained. Factors associated with mental health outcomes were analyzed using multivariate logistic regression model.

#### Results

Among a total of 470 participants, 43.2% (n = 203) reported depression (EPDS  $\geq 13$ ), 25.7% (n = 121) moderate to severe anxiety (GAD-7 score  $\geq 10$ ), and 23.7% (n = 110) moderate to severe acute stress reaction (IES-R  $\geq 33$ ). 27.4% participants (n = 129) expressed concerns regarding their mental well-being during the pandemic. Pregnant mothers who had sick family members reported poorer mental health outcomes than those who did not (median [Interquartile range (IQR)] EPDS scores: 14.0 [8.75–18.0] vs 11.0 [6.25–15.0],  $p < .001$ ; median (IQR) GAD7 scores: 7.0 [4.0–12.25] vs 6.0 [3.0–9.0],  $p = .003$ ; median (IQR) IES-R scores: 20.0 [9.0–38.0] vs 15.0 [7.0–30.0],  $p = .048$ ). Logistic regression analyses revealed that risk factors for poor mental health outcomes were having a sick family member with any illness, unemployment, and experiencing a substantially stressful life event. Having a higher educational level and a younger age during the pandemic were protective.

#### Conclusion

Depression and anxiety were highly prevalent among pregnant women in Sweden during the COVID-19 pandemic, indicating a need for professional mental health support for this vulnerable group of population. Unemployment was an associated risk factor whereas younger age and higher educational level were protective suggesting an important role of socio-economic factors in modulating the impact of COVID-19 pandemic on perinatal mental health. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04553-x>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-02624

**The prevalence of suicide ideation and predictive factors among pregnant women in the third trimester.** Zhang L, Yang Y, Li M, et al (2022), BMC Pregnancy and Childbirth vol 22, no 266, 29 March 2022

### Background

Pregnancy is a period for women undergo major physical and psychological changes. Suicide is a cause of maternal death and suicidal ideation is a key factor in suicidal behavior. The purpose of this study was to investigate the prevalence of suicidal ideation in the third trimester and associated predictors including psychological factors such as attachment.

### Methods

A cross-sectional study included 432 pregnant women in the third trimester of pregnancy was conducted in a tertiary hospital. The Edinburgh Postpartum Depression Scale (EPDS) was used to assess prenatal depression and suicidal ideation. The Zung Self-Rating Anxiety Scale (SAS) and Experience of Close Relationship (ECR) scale were used to assess anxiety and attachment respectively.

### Results

The results showed that the EPDS scale screened 6.71% of pregnant women with suicidal ideation. Compared with those without suicidal ideation, pregnant women with suicidal ideation had a higher prevalence of insecure attachment, higher scores on the two dimensions of attachment (attachment avoidance and attachment anxiety), and higher prevalence of prenatal depression and anxiety. Binary logistic regression showed that marital satisfaction was a protective factor for suicidal ideation, while prenatal depression, prenatal anxiety and attachment anxiety were risk factors for suicidal ideation.

### Conclusions

The suicidal ideation among pregnant women was high, which should be given more attention. In the process of preventing and intervening suicidal ideation, in addition to the emotional state of pregnant women, their psychological factors such as attachment anxiety should also be considered. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04590-6>

---

## 2022-02371

**Why culture counts.** Rasul A (2022), Community Practitioner vol 95, no 2, March/April 2022, pp 34-37

Alis Rasul looks into a recent evaluation of how the mental health of BAME Muslim families can be supported when health visitors deliver a culturally sensitive early intervention parenting programme. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-02297**

**Prevalence of parental mental illness and association with socioeconomic adversity among children in Sweden between 2006 and 2016: a population-based cohort study.** Pierce M, Abel KM, Muwonge Jr J, et al (2020), *The Lancet Public Health* vol 5, no 11, November 2020, pp E583-E591

#### Background

Children of parents with mental illness are a vulnerable group, but their numbers and their exposure to adversity have rarely been examined. We examined the prevalence of children with parents with mental illness in Sweden, trends in prevalence from 2006 to 2016, and these children's exposure to socioeconomic adversity.

#### Methods

We did a population-based cohort study among all children (aged <18 years) born in Sweden between Jan 1, 1991, and Dec 31, 2011, and their parents, followed up between Jan 1, 2006, and Dec 31, 2016. We included children who were identified in the Total Population Register and linked to their birth parents, excluding adopted children and those with missing information on both birth parents. We used a comprehensive register linkage, Psychiatry Sweden, to follow up for indicators of parental mental illness and socioeconomic adversity. Marginal predictions from a standard logistic regression model were used to estimate age-specific, 3-year period prevalence of parental mental illness and trends in prevalence for 2006-16. Using cross-sectional data on each child, indicators of socioeconomic adversity were compared between children with and without concurrent parental mental illness using logistic regression.

#### Findings

Of 2 198 289 children born in Sweden between Jan 1, 1991, and Dec 31, 2011, we analysed 2 110 988 children (96.03% of the total population). The overall prevalence of children with diagnosed parental mental illness between 2006 and 2016 was 9.53% (95% CI 9.50-9.57). This prevalence increased with age of the child, from 6.72% (6.65-6.78) of the youngest children (0 to <3 years) to 10.80% (10.73-10.89) in the oldest (15 to <18 years). The prevalence of diagnosed parental mental illness increased from 8.62% (8.54-8.69) in 2006-09 up to 10.95% (10.86-11.03) in 2013-16. Children with any type of parental mental illness had markedly higher risk of socioeconomic adversity, such as living in poorer households or living separately from their parents.

#### Interpretation

Currently, 11% of all Swedish children have a parent with a mental illness treated within secondary care. These children have markedly higher risk of broad socioeconomic adversity than do other children. There is a need to understand how socioeconomic adversity and parental mental illness influence vulnerability to poor life outcomes in these children. (Author)

**Full URL:** [https://doi.org/10.1016/S2468-2667\(20\)30202-4](https://doi.org/10.1016/S2468-2667(20)30202-4)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-02118**

**“It’s always hard being a mom, but the pandemic has made everything harder”: A qualitative exploration of the experiences of perinatal women during the COVID-19 pandemic.** Kinser P, Jallo N, Moyer S, et al (2022), Midwifery vol 109, June 2022, 103313

#### Background

Understanding the psychosocial impacts of the COVID-19 pandemic in vulnerable groups, such as pregnant and parenting women, is a critical research and clinical imperative. Although many survey-based perinatal health studies have contributed important information about mental health, few have given full voice about the experiences of pregnant and postpartum women during the prolonged worldwide pandemic using a qualitative approach.

#### Objective

The purpose of this study is to explore the lived experience of pregnant and postpartum women in the United States during the ongoing COVID-19 pandemic.

#### Design

Qualitative phenomenological study.

#### Setting

This study was conducted in the community, by recruiting women throughout the U.S.

#### Participants

Fifty-four pregnant and postpartum women participated in qualitative interviews.

#### Methods

Data from one-on-one semi-structured interviews were analyzed using a team-based phenomenological qualitative approach.

#### Results

Two key themes were apparent: the pandemic has shined a light on the many typical struggles of motherhood; and, there is a lack of consistent, community-based or healthcare system resources available to address the complex needs of pregnant and postpartum women, both in general and during the pandemic.

#### Conclusions

Going forward, as the world continues to deal with the current pandemic and possible future global health crises, health care systems and providers are encouraged to consider the suggestions provided by these participants: talk early and often to women about mental health; help pregnant and postpartum women create and institute a personal plan for early support of their mental health needs and create an easily accessible mental health network; conceptualize practice methods that enhance coping and resilience; practice in community-based and interdisciplinary teams (e.g., midwives, doulas, perinatal social workers/ psychotherapists) to ensure continuity of care and to foster relationships between providers and pregnant/postpartum women; and consider learning from other countries’ successful perinatal healthcare practices.

#### Registration

Number (& date of first recruitment): not applicable.

#### Tweetable abstract

Pregnant and postpartum women insist that mental health care must be overhauled, stating the pandemic has highlighted inherent cracks in the system. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



Full URL: <https://doi.org/10.1016/j.midw.2022.103313>

---

## 2022-02066

**Exploring care from extended family through rural women's accounts of perinatal mental illness – a qualitative study with implications for policy and practice.** Jackson K, Smart D, Henderson EJ, et al (2020), Health & Place vol 66, November 2020, 102427

Extended family often have an important role in caring for women experiencing perinatal mental illness; but rural women's perspectives are under-researched. We explored women's experiences of living in rural northern England and receiving care from extended family during periods of perinatal mental illness through 21 qualitative interviews. Key findings were that companionship, practical support - informal childcare and transport, and emotional support were important forms of care - filling gaps in formal service provision. Findings highlight women's needs for support from extended families in rural areas. The rural infrastructure and inequity in formal services can create vulnerability for women. (Author)

Full URL: <https://doi.org/10.1016/j.healthplace.2020.102427>

---

## 2022-01826

**Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States.** Luca DL, Margiotta C, Staatz C, et al (2020), American Journal of Public Health vol 110, no 6, June 2020, pp 888-896

**Objectives.** To estimate the economic burden of untreated perinatal mood and anxiety disorders (PMADs) among 2017 births in the United States.

**Methods.** We developed a mathematical model based on a cost-of-illness approach to estimate the impacts of exposure to untreated PMADs on mothers and children. Our model estimated the costs incurred by mothers and their babies born in 2017, projected from conception through the first 5 years of the birth cohort's lives. We determined model inputs from secondary data sources and a literature review.

**Results.** We estimated PMADs to cost \$14 billion for the 2017 birth cohort from conception to 5 years postpartum. The average cost per affected mother-child dyad was about \$31 800. Mothers incurred 65% of the costs; children incurred 35%. The largest costs were attributable to reduced economic productivity among affected mothers, more preterm births, and increases in other maternal health expenditures.

**Conclusions.** The US economic burden of PMADs is high. Efforts to lower the prevalence of untreated PMADs could lead to substantial economic savings for employers, insurers, the government, and society. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-01815**

**Cost-effectiveness of mental health interventions during and after pregnancy: A systematic review.** Verbeke E, Bogaerts A, Nuyts T, et al (2022), Birth vol 49, no 3, September 2022, pp 364-402

#### Background

Mental health problems during and after pregnancy such as depression, anxiety, post-traumatic stress disorder (PTSD), or addiction are common and can have lifelong implications for both parents and offspring. This review investigates the cost-effectiveness of interventions tackling these problems, assesses the methodological quality of included studies, and indicates suggestions for further research.

#### Methods

Thirteen databases were searched for economic evaluations of interventions related to antenatal, perinatal, and postnatal mental health conditions, published between 2000 and September 2021, in high-income countries.

#### Results

Thirty-nine studies met all inclusion criteria. Interventions considered were screening programs, pharmacological treatments, and various forms of psychosocial and psychological support. Six studies reported that the intervention was cost-saving. Eighteen were cost-effective and seven likely to be cost-effective. Only six studies included health outcomes for the child; one study considered paternal health. The time horizon for which costs and consequences were considered was for most evaluations limited to 1 year (n = 18) or 2 years (n = 11) postpartum.

#### Conclusions

Given the importance of the subject, a relatively low number of studies have investigated the cost-effectiveness of interventions tackling mental health problems during and after pregnancy. The scant evidence available suggests good overall value for money. Likely, cost-effectiveness is underestimated as costly long-term consequences on offspring are systematically excluded. No evidence was found for several frequently occurring conditions. Further research is required to obtain reliable, long-term effectiveness data and to address the methodological challenges related to measuring all relevant health outcomes for all parties affected. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-01494**

**Implementation of perinatal collaborative care: a health services approach to perinatal depression care.** Miller ES, Jensen R, Hoffman MC, et al (2020), Primary Health Care Research and Development vol 21, 2020, e30

**Aim:**

Our objective was to integrate lessons learned from perinatal collaborative care programs across the United States, recognizing the diversity of practice settings and patient populations, to provide guidance on successful implementation.

**Background:**

Collaborative care is a health services delivery system that integrates behavioral health care into primary care. While efficacious, effectiveness requires rigorous attention to implementation to ensure adherence to the core evidence base.

**Methods:**

Implementation strategies are divided into three pragmatic stages: preparation, program launch, and program growth and sustainment; however, these steps are non-linear and dynamic.

**Findings:**

The discussion that follows is not meant to be prescriptive; rather, all implementation tasks should be thoughtfully tailored to the unique needs and setting of the obstetric community and patient population. In particular, we are aware that implementation on the level described here assumes commitment of both effort and money on the part of clinicians, administrators, and the health system, and that such financial resources are not always available. We conclude with synthesis of a survey of existing collaborative care programs to identify implementation practices of existing programs. (Author)

**Full URL:** <https://doi.org/10.1017/S1463423620000110>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-01476**

**Veterans' Perinatal Care and Mental Health Experiences During the COVID-19 Pandemic: An Examination of the Role of Prior Trauma and Pandemic-Related Stressors.** Mattocks KM, Kroll-Desrosiers A, Marteeny V, et al (2022), Journal of Women's Health vol 31, no 10, October 2022, pp 1507–1517

Background: Many pregnant and postpartum Veterans have experienced multiple lifetime traumas, including military sexual trauma, intimate partner violence, and combat trauma. These women may be particularly vulnerable to increased post-traumatic stress disorder and other mental health problems following additional trauma exposures or stressful events, such as Coronavirus disease 2019 (COVID-19). This study sought to examine the impact of prior trauma exposures on the lived experience of pregnant and postpartum Veterans during the COVID-19 pandemic.

Materials and Methods: Pregnant Veterans at 15 VA medical centers were surveyed at 20 weeks of pregnancy and 3 months postpartum asked about their COVID-19-related perinatal and mental health experiences, as well as the stressors that impacted them as a result of the COVID-19 pandemic.

Results: Overall, 111 women Veterans completed both the pregnancy and postpartum surveys that included COVID-19 items. Sixty percent of our sample had experienced at least one potentially traumatic lifetime event, with 22% of our sample experiencing two or more of the included exposures. Women with a trauma history had 3.5 times increased odds of reporting their mental health as “much worse” compared to before the COVID-19 pandemic (95% confidence interval [CI]: 1.06–11.75) and were more likely to report that COVID-19 negatively affected their mental or emotional health “a lot” compared with women without a trauma history (odds ratio: 8.5; 95% CI: 1.93–37.48).

Conclusions: COVID-19 has had a significant impact on pregnant and postpartum Veterans' mental health. Obstetricians should consider strategies to ensure women have access to mental health care during pregnancy, especially as the COVID-19 pandemic continues. Hospitals should also consider the importance of labor support companions during the COVID-19 pandemic and examine adjusting policies to allow for at least one labor support companion during labor and delivery. (Author)

**Full URL:** <https://doi.org/10.1089/jwh.2021.0209>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-01021**

**Identifying postnatal anxiety: comparison of self-identified and self-reported anxiety using the Edinburgh Postnatal Depression Scale.** Fellmeth G, Harrison S, McNeill J, et al (2022), BMC Pregnancy and Childbirth vol 22, no 180, 3 March 2022

**Background**

Identifying women with perinatal anxiety is important in order to provide timely support and prevent adverse outcomes. Self-report instruments are commonly used in maternity settings. An alternative is to ask women directly whether they self-identify as having anxiety. We examine the agreement between self-reported and self-identified anxiety at 3 months postpartum and compare the characteristics of women with self-reported and self-identified anxiety.

**Methods**

A secondary analysis of national maternity surveys conducted in 2014 in England and Northern Ireland was conducted. Self-reported anxiety was assessed using the Edinburgh Postnatal Depression Scale anxiety subscale (EPDS-3A). Agreement between self-reported and self-identified anxiety was measured using Cohen's kappa. Logistic regression was used to identify characteristics of women in each group.

**Results**

In our sample of 6752 women, 14.2% had self-reported anxiety, 5.9% had self-identified anxiety and 3.5% were positive on both measures. Among those with self-identified anxiety, 58.1% also had self-reported anxiety. Of those with self-reported anxiety, 24.4% also had self-identified anxiety. Statistical agreement between the two measures was minimal with Cohen's kappa 0.283 at an EPDS-3A threshold of  $\geq 6$ . Among both self-identified and self-reported anxiety groups, psychological factors were the strongest associated factors. Women with self-reported anxiety had higher odds of being from Northern Ireland (OR 1.81); having a mixed or unhappy reaction to the pregnancy (OR 1.65); living without a partner (aOR 1.37); and antenatal depression (aOR 1.32). Women with self-identified anxiety had higher odds of physical problems (OR 1.84); and being of Black or minority ethnicity (OR 0.39).

**Conclusions**

Asking postnatal women directly whether they self-identify as having anxiety identifies a different group of women from those who score highly on self-report measures. Women with self-identified anxiety may benefit from further follow-up and support. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-022-04437-0>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2022-00978

**Pregnancy planning and acceptance and maternal psychological distress during pregnancy: results from the National Perinatal Survey, France, 2016.** Moreau C, Bonnet C, Beuzelin M, et al (2022), BMC Pregnancy and Childbirth vol 22, no 162, 28 February 2022

#### Background

Studies report heightened risks of mental health problems among women who experience an unintended pregnancy, but few consider the complexity of pregnancy intentions. In this study, we evaluate how different dimensions of pregnancy intentions (pregnancy planning and pregnancy acceptance) relate to two maternal depressive symptoms and perceived psychological distress.

#### Methods

This study draws from a cross-sectional national survey conducted in all maternities in France over a one-week period in 2016. All mothers 18 years and older who had a live birth during the study period were invited to participate. After excluding women who underwent infertility treatment, our analytical sample included 10,339 women. We first described levels and correlates of pregnancy planning and acceptance, defined in four categories; planned/welcomed, unplanned/welcomed, planned/unwelcomed, unplanned/unwelcomed. We then assessed the bivariate and multivariate associations between pregnancy planning and acceptance and two outcomes: women's self-perceived psychological health and the presence of two depressive symptoms during pregnancy. We used multivariate logistic regressions to evaluate these associations, after adjusting for socio-demographic and medical factors.

#### Results

Altogether 7.5 to 24.1% of mothers perceived their psychological health during pregnancy was poor, according to pregnancy planning and acceptance categories and 10.3 to 22.4% indicated feelings of sadness and loss of interest during pregnancy, according to pregnancy planning and acceptance categories. As compared to women with planned/welcomed pregnancies, the odds of perceived poor psychological health and depressive symptoms were 2.55 times (CI 2.20–2.95) and 1.75 times higher (CI 1.51–2.02), respectively, among unplanned/unwelcomed pregnancies and 2.02 (CI 1.61–2.53) and 2.07 (CI 1.7–2.5) higher, among planned/unwelcomed pregnancies. Among women with unplanned pregnancies, we also found higher odds of perceived poor psychological health among women whose pregnancy was unwelcomed while the odds of depressive symptoms were not different by pregnancy planning status among women with unwelcomed pregnancies.

#### Conclusions

These findings consolidate previous reports of the association between pregnancy intentions and maternal psychological distress, while further specifying the relationship, which mostly depends on the acceptance of pregnancy timing rather than on pregnancy planning. Identifying women with low pregnancy acceptance can potentially enhance current medical practice by improving early detection of maternal depression. (Author)

Full URL: <https://doi.org/10.1186/s12884-022-04496-3>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2022-00976

**The association between engagement in a perinatal collaborative care program and breastfeeding among people with identified mental health conditions.** Allen EC, Sakowicz A, Parzyszek CL, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 3, May 2022, 100591

**Background**

: Untreated antenatal mental health conditions are associated with non-initiation and early discontinuation of breastfeeding. Whether interventions designed to optimize perinatal mental health can mitigate this association is unknown.

**Objective(s)**

: To examine whether engagement of pregnant people with mental health conditions in a perinatal mental health collaborative care program was associated with differences in breastfeeding initiation and continuation, and whether any observed association was mediated by changes in depressive symptoms.

**Study Design**

: This retrospective cohort study included all pregnant people who were referred antenatally by their obstetric clinician to a perinatal collaborative care program and who delivered viable infants between January 2017 and June 2018. Pregnant people were dichotomized by whether they engaged in collaborative care services. Breastfeeding initiation (endorsed at delivery) and continuation at the postpartum visit were compared between individuals who did and did not engage in collaborative care by using bivariable and multivariable analyses. Mediation analyses were performed to determine if any observed associations were mediated by improvements or remission in depressive symptoms.

**Results**

: During the study period, 350 eligible pregnant people were referred to the perinatal collaborative care program due to an identified mental health condition. Of these people, 264 (75.4%) engaged in collaborative care. Compared to those who did not engage in collaborative care, people who engaged were more likely to initiate breastfeeding [168 (95%) vs 47 (87%),  $p=0.046$ ] and to continue breastfeeding at the postpartum visit [92 (74%) vs 20 (53%),  $p=0.012$ ]. These associations persisted after controlling for potential confounders (aOR for initiation = 3.30, 95% CI 1.09-9.98; aOR for continuation = 3.08, 95% CI 1.29-7.36). Neither association was mediated by improvements or remission in depressive symptoms.

**Conclusion(s)**

: While antenatal mental health conditions are a risk factor for lack of initiation or early cessation of breastfeeding, engagement in a collaborative care program is associated with improvement in both breastfeeding initiation and continuation. This association is independent of improvement in depressive symptoms, suggesting that the benefits of perinatal collaborative care may extend beyond its psychological impact. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-00935**

**Prevalence of perinatal depression and its determinants in Mainland China: A systematic review and meta-analysis.** Nisar A, Yin J, Waqas A, et al (2020), Journal of Affective Disorders vol 277, 1 December 2020, pp 1022-1037

#### Background

Perinatal depression is a maternal mental health condition that is associated with various adverse health outcomes both for the mothers and the babies. The study aim was to estimate the prevalence of perinatal depression and its risks and determinants in Mainland China.

#### Methods

Systematic searches were conducted in 10 major databases and random effect meta-analysis was performed to achieve the pooled variance of perinatal depression. Subgroup analyses were conducted based on region, scale, methods of diagnosis and study design. Meta-regression was performed with the variables such as age, quality assessment score and gross domestic product (GDP) of the province.

#### Results

Pooled prevalence of perinatal depression was 16.3% (CI=95%; 14.7% to 18.2%, P < 0.001), with antenatal depression 19.7% (CI=95%; 15.8% to 24.2%, P < 0.001) and postnatal depression 14.8% (CI=95%; 13.1% to 16.6%, P < 0.001). Significant publication bias was found and heterogeneity was I<sup>2</sup>= 98.13%. Lower socioeconomic status, poor physical health, anxiety about pregnancy and reduced social support were major risk factors while better living conditions and higher level of education were protective factors. The prevalence of perinatal depression showed a significant increasing trend in the last decade.

#### Limitations

The review does not include studies with small sample size (n <250). Moreover a narrative review of risk and protective factors was done, these were not included in meta-analysis.

#### Conclusion

The prevalence of perinatal depression in China is similar to low and middle-income countries. Urgent attention is needed to address this public health priority in China. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00929**

**Young women are the most vulnerable to postpartum mental illness: A retrospective cohort study in UK primary care.** Swift ER, Pierce M, Hope H, et al (2020), Journal of Affective Disorders vol 277, 1 December 2020, pp 218-224

#### Background

Whilst childbirth is a leading cause of mental illness in women, how it affects women at different ages is unknown.

#### Aims

We examine whether the effect of childbirth on mental illness varies at different ages.

#### Methods

From 2,657,751 women identified from a UK population-based primary care database, 355,864 postpartum periods, with no history of mental illness, were matched on year of birth and general practice to 1,420,350 non-postpartum periods. Cox regression models were used to compare incident mental illness between postpartum and non-postpartum periods. These were measured using hazard ratios (HR) and hazard ratios adjusted for parity and prior pregnancy loss (aHR).

#### Results

Strong evidence is presented that the effect of livebirth on mental illness was age-dependant for depression ( $p < 0.001$ ), anxiety ( $p 0.048$ ) and affective psychosis ( $p 0.031$ ). In 15–19 year olds, depression was over seven times more likely to occur in postpartum periods than non-postpartum periods (aHR 7.09, 95%CI 6.65–7.56); twice the effect in women overall (aHR 3.24 95%CI 3.18–3.29). 15–19 year olds were 50% more likely to develop anxiety in postpartum periods than non-postpartum periods (aHR 1.52, 95%CI 1.38–1.67), with little effect in women overall (aHR 1.07 95%CI 1.04–1.10). Livebirth had over twice the effect on affective psychosis in women aged 15–24 (15–19 year olds: aHR 2.71 95%CI 1.23–5.97; 20–24 year olds: aHR 2.79 95%CI 1.68–4.63) compared to women overall (aHR 1.66, 95%CI 1.29–2.14).

#### Conclusions

Younger women are far more vulnerable to the effect of childbirth on their mental health, particularly depression and anxiety. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00923**

**Effectiveness of peer support intervention on perinatal depression: A systematic review and meta-analysis.** Huang R, Yan C, Tian Y, et al (2020), Journal of Affective Disorders vol 276, 1 November 2020, pp 788-796

**Background:** It has been suggested that peer support intervention may offer an alternative approach to prevent or treat perinatal depression, but little is known about its effectiveness, economics, and satisfaction in the prenatal and postpartum populations. This review summarizes available evidence on the effectiveness, economics, and satisfaction of peer support intervention on perinatal depression.

**Methods:** Multiple electronic databases were searched in five English databases (MEDLINE, Embase, Cochrane Library, Psyc INFO, and CINAHL) and three Chinese databases (Wang Fang, China National Knowledge Infrastructure, and Chinese Biomedical Literature Database) from inception to April 2019. Hand searching of references was also performed. Randomized controlled trials reporting peer support intervention targeting on perinatal depression were included. The quality of evidence was assessed using the Cochrane risk of bias tool.

**Results:** Ten randomized controlled trials met the inclusion criteria and were included in the final analysis. Peer support intervention reduced standardized mean depressive scores ( $-0.37$ , 95% CI  $-0.66$  to  $-0.08$ ) and reduced risk ratio (0.69, 95% CI 0.49–0.96) of depression.

**Limitations:** Clinical heterogeneity was observed among the included studies in peer support intervention, suggesting the existence of potential mediators, such as intensity, frequency, or type of peer support intervention.

**Conclusion:** Peer support intervention may have the potential to effectively prevent perinatal depression or reduce the harm of perinatal depression. Future studies with better design/execution and larger sample size are needed to investigate potential mediators associated with the beneficial effects of peer support intervention on perinatal depression. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00918**

**Perinatal depression: Data-driven subtypes derived from life history and mindfulness and personality.** Sun J-W, Li J-H, Zhang X, et al (2020), Journal of Affective Disorders vol 276, 1 November 2020, pp 335-344

**Background:**

Perinatal depression is the most prevalent mental disorder during the perinatal period, and research suggests that it presents heterogeneously. We aimed to explore how subtypes of perinatal depression present in terms of multivariate patterns of stable characteristics.

**Methods:**

A cohort study was conducted from March 2016 to March 2018 with Chinese women in the prenatal period (n = 3186). Of the participants, 682 (21.41%) women with Edinburgh Postnatal Depression Scale scores  $\geq 10$ , indicating probable depression, were included, with the remaining 2504 (78.59%) representing the control group. We assessed mood distress, cognition, life history, emotional regulation, and personality, and used latent class analysis and latent transition analysis to identify perinatal depression subtypes. Of the 682 women with probable depression, only 598 were included in the full analyses, as they completed at least 10 questionnaires. A second, non-overlapping sample and a follow-up cohort were used.

**Results:**

We identified four subtypes: 1) a highly distressed type characterized by distress across all domains, high levels of rumination and neuroticism, and reduced trait mindfulness; 2) two moderately distressed types: one with high trauma and low perceived social support, and another with low trauma, high perceived social support, and expressive suppression; and 3) a slightly distressed subtype.

**Limitations:**

We only collected cost and time spent in hospital from medical records. We only had a small follow-up sample.

**Conclusions:**

This multidimensional subtyping of women with perinatal depression could help reduce the apparent heterogeneity of perinatal depression. Distinguishing the subtype characteristics facilitates identifying underlying causes of perinatal depression. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00915**

**Trajectories of perinatal depressive symptoms from early pregnancy to six weeks postpartum and their risk factors—a longitudinal study.** Yu M, Xu DR, Wu Y, et al (2020), Journal of Affective Disorders vol 275, 1 October 2020, pp 149-156

#### Background

Few studies explored trajectories of depressive symptoms from early pregnancy and covered the whole perinatal period. This study aimed to explore the trajectories of perinatal depressive symptoms, their heterogeneity of onsets and peaks, and relations to demographic and psychological factors.

#### Method

A longitudinal study was conducted at two hospitals in China amongst 1,126 participants. Perinatal depression was measured using the Edinburgh Postnatal Depression Scale. Demographic and psychological factors were collected by self-developed questionnaire and Generalized Anxiety Disorder-7. Women completing at least three depression screens (n = 879) were included. Latent Growth Curve Model and Growth Mixture Model were performed to identify the depression trajectories and logistic regression was used to analyse factors of trajectories.

#### Results

Three trajectories were identified: 90.0% of women never presented with depressive symptoms (“Low-throughout”); 5.1% presented with depressive symptoms mainly during the antenatal period (“Antenatal-high”); 4.9% presented with depressive symptoms mainly during the postpartum period (“Postpartum-high”). 52.4% of women experienced their first depressive symptoms during early pregnancy. Suffering from anxiety and being unsatisfied with their marriage were associated with the “Antenatal-high” and “Postpartum-high” trajectories, respectively.

#### Limitations

Response rate was not high. We also do not have information on clinical diagnoses or changes in some variables over time.

#### Conclusions

We identified three trajectories and heterogeneity existed concerning the timing of their peaks. Women should be considered for depression screening and intervention in early pregnancy. Factors associated with each trajectory were different, raising the potential of individualized intervention to reduce the occurrence of depression. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00903**

**The biological underpinnings of perinatal depressive symptoms: A multi-systems approach..** Nazzari S, Fearon P, Rice F, et al (2020), Journal of Affective Disorders vol 274, 1 September 2020, pp 1004-1012

#### Background

Well-established evidence exists of an association between depressive symptoms and alterations in the stress and inflammatory response systems; however, the picture is far less coherent during the perinatal period. This study combines the assessment of multiple stress and inflammatory biomarkers in late pregnancy and after delivery in order to investigate cross-sectional and prospective associations with perinatal depressive symptoms.

#### Methods

One-hundred-ten healthy women were assessed in late pregnancy (mean gestational age=34.76; SD=1.12) and 89 were re-evaluated after delivery (mean hours after delivery=52.36; SD=19.70) for depressive and anxiety symptoms through the Edinburgh Postnatal Depression Scale and the State-Trait Anxiety Inventory. Serum Interleukin-6 (IL-6), C-Reactive Protein (CRP) and diurnal salivary cortisol levels were measured on both occasions, while diurnal salivary alpha amylase (SAA) levels were assessed in late pregnancy.

#### Results

Using Hierarchical Linear Models, higher depressive symptoms were found to be associated with higher IL-6 levels, lower morning cortisol levels and a flatter cortisol diurnal slope during pregnancy, while adjusting for potential confounders. No significant associations were found after delivery or with change in biomarker levels from pre- to post-partum. Furthermore, preliminary evidence of a positive association between inflammation and stress markers in women with higher antenatal depressive symptoms was found.

#### Limitations

The sample was relatively small and highly selected, thus limiting generalizability of the findings.

#### Conclusions

Results emphasize the need for an integrated multi-systems approach to the understanding of the biological underpinnings of perinatal depression and suggest that the stress-immune interactions represent a promising avenue for future endeavor.  
(Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00896**

**Emerging issues and questions on peripartum depression prevention, diagnosis and treatment: a consensus report from the cost action riseup-PPD.** Fonseca A, Ganho-Ávila A, van den Berg ML, et al (2020), Journal of Affective Disorders vol 274, 1 September 2020, pp 167-173

#### Background

Peripartum depression [PPD] is a public health problem which has been widely studied. Nonetheless, study findings and clinical guidelines for PPD treatment differ among countries and the condition is still underdiagnosed and undertreated, suggesting the importance of a global understanding of PPD. The Riseup-PPD Cost Action aims to establish a Pan-European and multidisciplinary network of researchers dedicated to the global understanding of PPD.

#### Methods

A literature search was performed in different databases (e.g., Medline, PsychInfo) including a combination of terms related with PPD diagnosis, prevention, treatment and cost-effectiveness of its management. A narrative synthesis of the literature, together with a critical overview of the current issues/questions to be addressed within the topic of PPD were performed.

#### Results

Emerging issues include challenges regarding definition and timing of PPD; heterogeneity in severity, timing of onset and assessment tools; comparative effectiveness of preventive and treatment interventions; help seeking for PPD; improving health professional's awareness of PPD; and cost-effectiveness of PPD management.

#### Limitations

The main limitation is the non-systematic nature of the literature search.

#### Conclusions

The Riseup-PPD network will deal with these challenges through four lines of action: (1) provide an updated and comprehensive synthesis of existing knowledge that can contribute to inform clinical recommendations and guidelines for PPD management; (2) clarify inconsistent findings concerning diagnosis, prevention and treatment of PPD; (3) develop new lines of research in the field of PPD; and (4) develop international recommendations for PPD diagnosis, prevention and treatment, ultimately influencing maternal mental health policymaking at global and local levels. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-00869**

**Understanding care plans in a psychiatric mother-baby unit.** Branjerdporn G, Healey L, Hudson C, et al (2023), Journal of Reproductive and Infant Psychology vol 41, no 5, 2023, pp 566-581

#### Introduction

Care plans outline collaborative goals and strategies for recovery. While care planning is recommended across international mental health guidelines, scant attention has examined the unique nature of care planning within psychiatric mother-baby units. This retrospective audit aims to explore the content of care planning goals, compare against the World Health Organisation's (WHO) International Classification of Functioning, Disability, and Health (ICF), and devise a care plan framework to support development of admission goals.

#### Methodology

A total of 63 care plans across admission, mid-admission and discharge were analysed. Using deductive content analysis, care plan goals were compared to the WHO ICF codes. Inductive content analysis was used to generate a framework for care plans.

#### Results

When compared to the WHO ICF codes, care plans were most commonly coded against d570 (looking after one's health) and d7600 (parent-child relationships). Care plans covered six main themes: mental health recovery, physical health, connecting with baby, caring for baby, relationships, and community supports.

#### Discussion

This study is the first to examine the nature of recovery goals in care plans within a mother-baby unit. The results inform a framework to support care planning and thereby facilitate holistic well-being and recovery for a mother with mental illness.  
(Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00867**

**Screening women for distress during pregnancy: the impact of including 'Possibly' as a response option.** Matthey S, Reilly N, Mule V, et al (2022), Journal of Reproductive and Infant Psychology vol 41, no 5, 2023, pp 528-539

#### Objectives

To investigate the impact of including the response option of 'Possibly' in the Distress question on the Matthey Generic Mood Questionnaire (MGMQ) during antenatal emotional health screening in English-speaking women.

#### Background

Some distress screening questions only allow respondents to choose between 'Yes' or 'No' to the presence of distress. The MGMQ, however, allows respondents to choose between 'Yes', 'Possibly', or 'No', which may be preferable if a participant is reluctant to state she definitely feels distressed.

#### Method

In Study 1, women undergoing routine antenatal psychosocial screening were allocated to either completing the MGMQ Distress question with the usual three-option response format of 'Yes, Possibly, No' (N = 960), or just a 'Yes, No' response format (N = 771). The proportion of responses were compared in each group, as were the proportion then screening positive on the MGMQ's Bother question. In Study 2, women (N = 113) attending routine antenatal clinic appointments were asked about their preference between these response formats.

#### Results

Including 'Possibly' resulted in only a slight increase in the proportion giving a positive response to the Distress question, and then also screening positive on the Bother question. In Study 2, a substantial majority of women (80%) preferred having 'Possibly' in the response options.

#### Conclusion

While the impact of including 'Possibly' is small, it allows for more women to communicate how they are feeling on the full MGMQ. Given the large majority of women preferring having 'Possibly' included, we believe that the Distress Question is enhanced by having this as a response option. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-00832

**Lessons learned from a pilot randomized controlled trial of dyadic interpersonal psychotherapy for perinatal depression in a low-income population.** Lenze SN, Potts MA, Rodgers J, et al (2020), Journal of Affective Disorders vol 271, 15 June 2020, pp 286-292

### Background

Perinatal depression is a public health burden impacting mothers and their offspring. This study extended brief-Interpersonal Psychotherapy delivered during pregnancy by incorporating a postpartum attachment based dyadic-component to maintain mother's treatment gains and enhance the mother-infant relationship (called IPT-Dyad). The current report presents data from a pilot randomized controlled trial comparing IPT-Dyad to Enhanced Treatment as Usual (ETAU).

### Methods

Women, ages 18 and older, between 12–30 weeks gestation meeting criteria for a depressive disorder were eligible. Participants were randomized to either IPT-Dyad (n = 21) or ETAU (n = 21). Maternal and infant outcomes were assessed through one-year postpartum.

### Results

Participants were primarily African American (77%), single (80%), with low-incomes. Attrition was high in both groups (IPT-Dyad 30%; ETAU 40%). Depression scores improved from baseline in both groups and remained improved over the 12 month follow-up. There were no between group differences on measures of parenting stress, mother-infant interactions, and infant socioemotional functioning.

### Limitations

The small sample size of this study was further reduced by attrition, despite efforts to maintain engagement. Reliance on self-report outcome measures is also a limitation.

### Conclusions

IPT-Dyad may be a promising intervention for perinatal depression with potential benefit for mothers and babies. Treatment engagement and management of psychosocial needs were persistent challenges throughout the postpartum period. Further refinement of intervention content and schedule to better meet the needs and values of under-resourced mothers is needed. Earlier screening; better integration of care within OB settings; and delivering care in conjunction with social service resources may also improve outcomes. (Author)

---

## 2022-00830

**Association of perinatal mood instability with the development of postpartum depression.** Zhu P, Fung A, Woo BKP (2020), Journal of Affective Disorders vol 270, 1 June 2020, p 135

No abstract available.

---

## 2022-00825

**An environmental scan of perinatal mental health infrastructure across Canada.** Hippman CL, Adham M, Diploma CZ, et al (2022), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 44, no 7, July 2022, pp 745-746

No abstract available.

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: info@rcm.org.uk  
W: www.rcm.org.uk



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00823**

**Thoughts of self-harm and associated risk factors among postpartum women in Canada.** Palladino E, Varin M, Pillary T, et al (2020), *Journal of Affective Disorders* vol 270, 1 June 2020, pp 69-74

#### Background

The prevalence of thoughts of self-harm during the postpartum period is not well documented in Canada. To estimate the prevalence of thoughts of self-harm among postpartum women in Canada, this study explored prevalence by socio-demographic characteristics and examined the associations between thoughts of self-harm and aspects of maternal mental health.

#### Methods

This study used data from the 2018/2019 Survey on Maternal Health which surveyed women living in the 10 provinces anywhere between 6–13 months postpartum. Participants were asked to report experiencing thoughts of self-harm, rate their mental health, and participate in the abbreviated Edinburgh Postpartum Depression Scale and Generalized Anxiety Disorder (GAD) scale. Adjusted logistic regression analyses were performed to examine associations.

#### Results

Of the 6,558 respondents who agreed to share their data, 10.4% reported thoughts of self-harm since the birth of their child. Of these women, 37.0% reported low mental health, 54.2% had moderate levels of symptoms of postpartum depression (PPD) and 37.1% had symptoms of GAD. Women who experienced low mental health, moderate levels of symptoms of PPD and/or GAD were more likely to report thoughts of self-harm.

#### Limitations

As thoughts of self-harm and aspects of mental health are self-reported, there is the potential for social desirability bias and underreporting. The cross-sectional survey design did not allow the reporting of thoughts of self-harm at different time points.

#### Discussion

The high proportion of postpartum women in Canada reporting thoughts of self-harm and strong associations with aspects of maternal mental health highlight the need for effective supports during postpartum. (Author)

**Full URL:** <https://doi.org/10.1016/j.jad.2020.03.054>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00814**

**Maternal perinatal mental health and infant and toddler neurodevelopment - Evidence from low and middle-income countries. A systematic review.** Burger M, Hoosain M, Einspieler C, et al (2020), Journal of Affective Disorders vol 268, 1 May 2020, pp 158-172

#### Background

There is extensive lack of awareness of maternal mental health and its impact on child development in low- and middle-income countries (LAMICs). The aim of this systematic review was to analyze evidence for various maternal perinatal mental health disorders and their association with different domains of infant and toddler neurodevelopment during the first two postnatal years in LAMICs.

#### Methods

A comprehensive literature search was conducted within six databases from Jan 1990–April 2019. All included studies were narratively synthesized.

#### Results

Twenty-four studies, nine cross sectional and 15 longitudinal cohort studies, were included. Three studies were conducted in low-income, 11 in lower-middle-income and ten in upper-middle-income countries. The majority of studies assessed maternal mental health postnatally and 14 of these 22 studies found a significant association with infant and toddler neurodevelopment. Five of the ten studies reporting on exposure to prenatal mental health found a significant association. The most common maternal mental health disorder studied was depression, while the main neurodevelopmental outcomes assessed were motor, cognitive and language development.

#### Limitations

Meta-analysis could not be conducted due to the variability in the reported maternal mental health disorders and the different times of assessment of exposures and outcomes.

#### Conclusions

Maternal perinatal mental health disorders and their association with different domains of neurodevelopment in LAMICs is still inconclusive due to a limited number of papers. Mother-infant dyads in LAMICs are exposed to multiple and cumulative risk factors and causal pathways between maternal mental health and infant neurodevelopment are still poorly understood.

(Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00804**

**Mid-pregnancy insomnia is associated with concurrent and postpartum maternal anxiety and obsessive-compulsive symptoms: A prospective cohort study.** Osnes RS, Eberhard-Gran M, Follestad T, et al (2020), Journal of Affective Disorders vol 266, 1 April 2020, pp 319-326

#### Background

Although many perinatal women are affected by anxiety, few studies have focused on perinatal anxiety and its potential triggers. The primary aim of this study was to examine concurrent and prospective associations between mid-pregnancy insomnia and perinatal anxiety. Furthermore, we compared psychosocial and reproductive characteristics between participants with and without mid-pregnancy insomnia and explored changes in the prevalence of obsessive-compulsive disorder (OCD) symptoms from mid-pregnancy to 8 weeks postpartum.

#### Methods

This study was part of the Norwegian Depression and Anxiety in the Perinatal Period (DAPP) prospective, population-based, cohort study. We analyzed hospital birth records and questionnaire responses from pregnancy week 17 and postpartum week 8 (n = 530). The Bergen Insomnia Scale was used to measure insomnia and the Hopkins Symptom Checklist to measure anxiety. OCD symptoms were measured based on questions from the Mini-International Neuropsychiatric Interview.

#### Results

Mid-pregnancy insomnia was significantly associated with both concurrent and postpartum anxiety in a linear mixed model adjusted for several potential confounders. Participants with mid-pregnancy insomnia had significantly higher levels of perinatal anxiety and postpartum OCD symptoms than participants with normal mid-pregnancy sleep. OCD symptoms affected more women after delivery than before (6.4% vs. 3.8% p = 0.034).

#### Limitations

Immigrants were underrepresented in our sample.

#### Conclusion

Our results suggest that mid-pregnancy insomnia is a marker for concurrent anxiety and predictor of postpartum anxiety. Future research should examine whether insomnia treatment starting in mid-pregnancy reduces both perinatal insomnia and anxiety. Health providers should also be aware that postpartum women have an increased risk of developing OCD symptoms. (Author)

**Full URL:** <https://doi.org/10.1016/j.jad.2020.01.140>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-00800

**Effectiveness of the Thinking Healthy Programme for perinatal depression delivered through peers: Pooled analysis of two randomized controlled trials in India and Pakistan**☆. Vanobberghen F, Weiss HA, Fuhr DC, et al (2020), Journal of Affective Disorders vol 265, 15 March 2020, pp 660-668

### Background

The Thinking Healthy Programme (THP) is recommended to treat perinatal depression in resource-limited settings, but scale-up is hampered by a paucity of community health workers. THP was adapted for peer-delivery (THPP) and evaluated in two randomized controlled trials in India and Pakistan. Our aim was to estimate the effectiveness of THPP on maternal outcomes across these two settings, and evaluate effect-modification by country and other pre-defined covariates.

### Methods

Participants were pregnant women aged  $\geq 18$  years with depression (Patient Health Questionnaire (PHQ-9) score  $\geq 10$ ), randomized to THPP plus enhanced usual care (EUC) or EUC-only. Primary outcomes were symptom severity and remission (PHQ-9 score  $< 5$ ) 6 months post-childbirth. Secondary outcomes included further measures of depression, disability and social support at 3 and 6 months post-childbirth.

### Results

Among 850 women (280 India; 570 Pakistan), 704 (83%) attended 6-month follow-up. Participants in the intervention arm had lower symptom severity (PHQ-9 score adjusted mean difference -0.78 (95% confidence interval -1.47,-0.09)) and higher odds of remission (adjusted odds ratio 1.35 (1.02,1.78)) versus EUC-only. There was a greater intervention effect on remission among women with short chronicity of depression, and those primiparous. There were beneficial intervention effects across multiple secondary outcomes.

### Limitations

The trials were not powered to assess effect-modifications. 10–20% of participants were missing outcome data.

### Conclusions

This pooled analysis demonstrates the effectiveness, acceptability and feasibility of THPP, which can be scaled-up within a stepped-care approach by engaging with the existing health care systems and the communities to address the treatment gap for perinatal depression in resource-limited settings. (Author)

---

## 2022-00782

**New mothers' mental health needs.** Donaghy M (2022), British Journal of Midwifery vol 30, no 3, March 2022, pp 128-129

Miriam Donaghy, the CEO and founder of MumsAid, discusses the charity's work delivering services that support the mental health needs of new mothers. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2022-00765**

**Mental health outcomes among Chinese prenatal and postpartum women after the implementation of universal two-child policy.** Lu L, Duan Z, Wang Y, et al (2020), Journal of Affective Disorders vol 264, 1 March 2020, pp 187-192

#### Background

Poor mental health status among both pregnant and postpartum women is commonly reported worldwide. The associations between mental health outcomes and giving birth to the second child since the implementation of China's universal two-child policy have not been identified.

#### Methods

A large-scale based mental health survey was conducted between March 2017 and December 2018 in Suzhou, China. The survey evaluated the symptoms of anxiety, hypomania, depression and poor sleep quality among both pregnant and postpartum women.

#### Results

A total of 3113 questionnaires were collected, the prevalence of anxiety, hypomanic and depressive symptoms and poor sleep quality in our sample were 3.2% (95%CI: 2.6%–3.9%), 51.7% (95%CI: 49.9%–53.4%), 12.4% (95%CI: 11.3%–13.6%) and 37.8% (95%CI: 36.0%–39.5%), respectively. Logistic regression showed that giving birth to the second child was positively associated with women's age, and was negatively correlated with higher educational level and living in rented housing. Women with the second pregnancy or child were positively associated with anxiety symptoms in the whole sample (OR = 1.75, 95%CI: 1.11–2.75) and among prenatal women (OR = 2.11, 95%CI: 1.16–3.83), while it was inversely correlated with depressive symptoms among postpartum women (OR = 0.63, 95%CI: 0.41–0.99).

#### Conclusions

Women giving birth a second time were more prone to have anxiety symptoms among the prenatal women and the whole sample, and less likely to have depressive symptoms among the postpartum women. Efficacious measures and interventions are essential to improve maternal mental health. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00759**

**Mood instability across the perinatal period: A cross-sectional and longitudinal study.** Li H, Bowen A, Bowen R, et al (2020), Journal of Affective Disorders vol 264, 1 March 2020, pp 15-23

#### Background

As a trans-diagnostic concept, mood instability (MI) is significantly linked to a variety of psychiatric disorders in general and clinical samples. However, there is limited research on perinatal MI, even though perinatal women experience an elevated level of MI. In this study, we examined the relationship between perinatal MI and its risk factors, the association between antenatal MI and postpartum depression (PPD), and the trajectory of perinatal MI.

#### Methods

A total of 648 women participated in this longitudinal study at three points: T1 (17.4 ± 4.9 weeks pregnant), T2 (30.6 ± 2.7 weeks pregnant), and T3 (4.2 ± 2.1 weeks postpartum). Linear regression was used to examine MI and its risk factors, hierarchical multiple regression was utilized to investigate the relationship between antenatal MI and PPD, and a linear mixed model was employed to examine the trajectory of perinatal MI over T1-T3.

#### Results

Perinatal depression, history of depression, and stress at T1, T2, and T3, and labor/birth complications at T3 were significant risk factors for MI. MI at T1 was associated with PPD after controlling for important confounders at T1. The trajectory of perinatal MI had a declined trend from early pregnancy to postpartum.

#### Limitations

The participants were predominantly Caucasian and with post-secondary education, which may limit the generalization of our findings. A lack of research on perinatal MI limited our ability to discuss the topic in relation to existing literature.

#### Conclusions

This study expands our understanding of MI in perinatal women, and indicates that more research is needed. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2022-00753

**Perinatal depression: The role of maternal adverse childhood experiences and social support.** Racine N, Zumwalt K, McDonald S, et al (2020), Journal of Affective Disorders vol 263, 15 February 2020, pp 576-581

### Background

A strong association between the number of adverse childhood experiences (ACEs) and the risk of maternal depression has been demonstrated; however, this association has not been examined with regards to changes in depression across the perinatal period. The objectives of this longitudinal study were to: (1) determine whether ACEs predict depressive symptomology in pregnancy and the postpartum period; (2) test the relative contribution of ACEs, with other established risks of depression, including social support, and (3) examine whether the association between ACEs and depression across the perinatal period vary as a function of social support.

### Methods

Data from 1994 women were collected from a prospective pregnancy cohort. Women completed questionnaires related to ACEs prior to the age of 18. In pregnancy and at 4 months postpartum, social support was measured using the Medical Outcomes Study Social Support Survey and clinical cut-off scores for depression were assessed using the Edinburgh Postnatal Depression Scale.

### Results

Logistic regression demonstrated that after accounting for sociodemographic factors and social support, ACEs predicted depressive symptoms in pregnancy (AOR = 1.26, CI = 1.12–1.43), the postpartum period (AOR = 1.34, CI = 1.17–1.52), and across the perinatal period (AOR = 1.31, CI = 1.12–1.54). Social support did not moderate the association between maternal ACEs and depression for any time point.

### Limitations

retrospective and self-report nature of the data.

### Conclusion

ACEs and low social support are both risk factors for depression, however low social support predicted the highest odds of depression, indicating the importance of asking about social support in pregnant and postpartum women. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00670**

**Effects of mHealth on the psychosocial health of pregnant women and mothers: a systematic review.** Sakamoto JL, Carandang RR, Kharel M, et al (2022), *BMJ Open* vol 12, no 2, February 2022, e056807

**Objective** To investigate the roles of mobile health, or mHealth, in the psychosocial health of pregnant women and mothers.

**Methods** A systematic search was conducted in databases and grey literature including MEDLINE, Web of Science, CINAHL, PsycINFO, PsycARTICLES, Academic Search Complete, SocINDEX, Central Register of Controlled Trials, The Database of Abstracts of Reviews of Effects, NHS Economic Evaluation Database, Health Technology Assessment, UNICEF and WHO databases. Two searches were conducted to include original research articles published in English until 15 November 2021. Several tools were used to assess the risk of bias: revised Cochrane risk of bias tool for randomised trials, Risk of Bias in Non-randomized Studies of Interventions, National Heart, Lung, and Blood Institute quality assessment tool for cohort and cross-sectional studies, Critical Appraisal Skills Program checklist for qualitative studies and Mixed Methods Appraisal Tool for mixed-methods studies. Certainty of evidence was assessed using Grading of Recommendations Assessment, Development and Evaluation approach. Due to the high heterogeneity and variability of the included studies, data synthesis was conducted narratively.

**Results** 44 studies were included among 11 999 identified articles. Most studies reported mixed findings on the roles of mHealth interventions in the psychosocial health of pregnant women and mothers; mHealth improved self-management, acceptance of pregnancy/motherhood and social support, while mixed results were observed for anxiety and depressive symptoms, perceived stress, mental well-being, coping and self-efficacy. Furthermore, pregnant women and mothers from vulnerable populations benefited from the use of mHealth to improve their psychosocial health.

**Conclusions** The findings suggest that mHealth has the potential to improve self-management, acceptance of pregnancy/motherhood and social support. mHealth can also be a useful tool to reach vulnerable pregnant women and mothers with barriers to health information and facilitate access to healthcare services. However, the high heterogeneity limited the certainty of evidence of these findings. Therefore, future studies should identify the context under which mHealth could be more effective. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2021-056807>

**2022-00653**

**Mental health is neglected in maternal “near miss” research.** Adlington K, Easter A, Galloway H, et al (2022), *BMJ* vol 376, no 8327, 31 January 2022, e069486

This failure costs lives and must be tackled. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00606**

**LGBTQ2S+ childbearing individuals and perinatal mental health: A systematic review.** Kirubarajan A, Barker LC, Leung S, et al (2022), *BJOG: An International Journal of Obstetrics and Gynaecology* vol 129, no 10, September 2022, pp 1630-1643

#### Background

The perinatal period may uniquely impact the mental health and wellbeing of lesbian, gay, bisexual, transgender, queer, and Two-Spirit (LGBTQ2S+) childbearing individuals.

#### Objectives

To characterise and synthesise the experiences of LGBTQ2S+ childbearing individuals regarding perinatal mental health, including symptomatology, access to care and care-seeking.

#### Search strategy

We conducted and reported a systematic review following PRISMA guidelines of eight databases (EMBASE, MEDLINE-OVID, CINAHL, Scopus, Web of Science: Core Collection, Sociological Abstracts, Social Work Abstract, and PsycINFO) from inception to 1 March 2021.

#### Selection criteria

Original, peer-reviewed research related to LGBTQ2S+ mental health was eligible for inclusion if the study was specific to the perinatal period (defined as pregnancy planning, conception, pregnancy, childbirth, and first year postpartum; includes miscarriages, fertility treatments and surrogacy).

#### Data collection and analysis

Findings were synthesised qualitatively via meta-aggregation using the Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information (JBI SUMARI), and the ConQual approach.

#### Main results

Our systematic search included 26 eligible studies encompassing 1199 LGBTQ2S+ childbearing participants. Using the JBI SUMARI approach, we reported 65 results, which we synthesised as six key findings. The studies described unique considerations for LGBTQ2S+ individuals' perinatal mental health, including heteronormativity, cisnormativity, isolation, exclusion from traditional pregnancy care, stigma, and distressing situations from the gendered nature of pregnancy. Many participants described a lack of knowledge from healthcare providers related to care for LGBTQ2S+ individuals. In addition, LGBTQ2S+ individuals described barriers to accessing mental healthcare and gaps in health systems. Strategies to improve care include provider education, avoidance of gendered language, documentation of correct pronouns, trauma-informed practices, cultural humility training and tailored care for LGBTQ2S+ people.

#### Conclusions

Pregnancy, postpartum, and the perinatal period uniquely impacts the mental health and wellbeing of LGBTQ2S+ individuals, largely due to systems-level inequities and exclusion from perinatal care. Healthcare providers should implement the identified strategies to improve perinatal care and address inequities. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2022-00604

**Assessing the relationship between psychosocial risk and pregnancy outcomes using the perinatal integrated psychosocial assessment (PIPA) tool.** O'Connor A, Shand AW, Schneuer FJ, et al (2022), Birth vol 49, no 4, December 2022, pp 648-660

#### Background

The Perinatal Integrated Psychosocial Assessment (PIPA) tool screens for anxiety, depression, and psychosocial factors in pregnancy. We aimed to assess the association between PIPA-determined psychosocial risk and obstetric and neonatal outcomes.

#### Methods

Cohort study of all pregnant women who gave birth at  $\geq 20$  weeks of gestation in 2017-2019 at a tertiary maternity hospital in, Sydney, Australia. Women completed PIPA at their first antenatal visit and were assigned a PIPA risk category. At-risk women were reviewed and referred for support. The association between PIPA risk category and obstetric and neonatal outcomes was evaluated using multivariable logistic regression adjusting for sociodemographic and pregnancy factors.

#### Results

In all, 5969 women completed PIPA; 71.4% were assessed no/low risk, 17.5% medium risk, and 11.1% medium-high/high risk. Compared with no/low-risk women, medium-high/high-risk women were more likely to remain in hospital for >72 hours (aOR 1.47 [95% CI 1.33-1.64]); to not be breastfeeding at discharge (aOR 1.77 [95% CI 1.20-2.61]); to have their infants experience birth complications (aOR 1.24 [95% CI 1.03-1.50]); and to be admitted to the NICU (aOR 1.63 [95% CI 1.26-2.11]). There was a modest increase in odds of cesarean birth (aOR 1.12 [95% CI 1.00-1.27]), and no association with preterm birth or low birthweight. The risk of adverse outcomes disappeared for medium-high/high-risk women referred for support.

#### Conclusions

The PIPA tool identified one in 10 women at high psychosocial risk with increased risk of adverse obstetric and neonatal outcomes. Adverse outcomes were attenuated for high-risk women who were referred for extra support, suggesting that psychosocial review and referral for high-risk women may reduce the risk of adverse obstetric and neonatal outcomes. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2022-00173**

**Born in Brussels screening tool: the development of a screening tool measuring antenatal psychosocial vulnerability.** Amuli K, Decabooter K, Talrich F, et al (2021), BMC Public Health vol 21, no 1522, 6 August 2021

#### Background

Antenatal psychosocial vulnerability is a main concern in today's perinatal health care setting. Undetected psychosocially vulnerable pregnant women and their unborn child are at risk for unfavourable health outcomes such as poor birth outcomes or mental state. In order to detect potential risks and prevent worse outcomes, timely and accurate detection of antenatal psychosocial vulnerability is necessary. Therefore, this paper aims to develop a screening tool 'the Born in Brussels Screening Tool (ST)' aimed at detecting antenatal psychosocial vulnerability.

#### Methods

The Born in Brussels ST was developed based on a literature search of existing screening tools measuring antenatal psychosocial vulnerability. Indicators and items (i.e. questions) were evaluated and selected. The assigned points for the answer options were determined based on a survey sent out to caregivers experienced in antenatal (psychosocial) vulnerability. Further refinement of the tool's content and the assigned points was based on expert panels' advice.

#### Results

The Born in Brussels ST consists of 22 items that focus on 13 indicators: communication, place of birth, residence status, education, occupational status, partner's occupation, financial situation, housing situation, social support, depression, anxiety, substance use and domestic violence. Based on the 168 caregivers who participated in the survey, assigned points account between 0,5 and 4. Threshold scores of each indicator were associated with adapted care paths.

#### Conclusion

Generalised and accurate detection of antenatal psychosocial vulnerability is needed. The brief and practical oriented Born in Brussels ST is a first step that can lead to an adequate and adapted care pathway for vulnerable pregnant women. (Author)

**Full URL:** <https://doi.org/10.1186/s12889-021-11463-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2021-14579**

**Women's experience of mild to moderate mental health problems during pregnancy, and barriers to receiving support..**

Savory NA, Hannigan B, Sanders J (2022), Midwifery vol 108, May 2022, 103276

**Objective**

To explore the experiences of women during pregnancy with mild to moderate mental health problems and describe the barriers to receiving support in relation to their mental health.

**Research design and participants**

This paper reports part of a larger project which recruited women and midwives in one hospital in 'X'. Participants completed questionnaires in early pregnancy in an antenatal clinic, and the characteristics of women with and without symptoms of anxiety and depression compared. All women were invited to express interest in a follow up interview in late pregnancy. Women identified to have depression and anxiety in early pregnancy, but not under the care of perinatal mental health services, were eligible for interview. Interviews were conducted with 20 women using a visual timeline to aid discussion and were thematically analysed.

**Findings**

In late pregnancy mental health disorders were reported by nine women, of which five were diagnosed during adulthood. EPDS scores found 15 women had symptoms of mild to moderate depression and GAD-7 scores indicating 15 women with mild to moderate anxiety. Three themes were identified: moods and emotions - past, present and future; expectations and control; knowledge and conversations.

**Key conclusions and implications for practice**

Due to limited access to specialist perinatal mental health services women relied on support networks and self-care to maintain their mental health. More time and better continuity at antenatal appointments along with improved mental health literacy may increase discussions regarding women's mental health during pregnancy. In addition investment is required to develop strategies and improve access to mental health services for women with mild to moderate mental health problems. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-14565

**The role of interpersonal emotional regulation on maternal mental health.** Coo S, García MI, Prieto F, et al (2022), Journal of Reproductive and Infant Psychology vol 40, no 1, February 2022, pp 3-21

### Purpose

Symptoms of depression and anxiety during the perinatal period have a negative impact on mothers and their developing children. A significant body of research has demonstrated an association between mental health and both individual and interpersonal emotion regulation. Yet, this association has not been studied during the perinatal period. The aim of this study was to explore the association between emotion regulation, maternal mental health, and interpersonal emotion regulation during the transition to motherhood in a sample of Chilean women.

### Methods

Women in their third trimester of pregnancy (n = 253) provided self-reports of emotion regulation and symptoms of depression and anxiety during pregnancy and three months postpartum. Additional self-reports of interpersonal emotion regulation were obtained from individuals who were identified as social support persons by these women. Results: Maternal emotion regulation contributed to maternal symptoms of depression and anxiety during pregnancy and after childbirth. The association between emotion regulation and maternal mental health was moderated by specific interpersonal emotion regulation strategies reported by the participant's social support persons. Strategies including modulating the emotional response, situation modification, attentional deployment and cognitive change, modified the association between poor regulation strategies and anxiety symptoms. Also, an infrequent use of these interpersonal emotion regulation strategies strengthened the association between these maternal emotional regulation difficulties and anxiety symptoms.

### Conclusion

Our findings suggest that interpersonal emotional regulation strategies impact the association of maternal emotional regulation strategies and maternal emotional wellbeing. (Author)

---

## 2021-14507

**Examining the impact of the COVID-19 pandemic on maternal mental health during pregnancy and the postnatal period.**

McIntosh GC (2022), MIDIRS Midwifery Digest vol 32, no 1, March 2022, pp 67-73

By exploring physiological aspects of COVID-19 and its adaptations to pregnancy, this paper will examine its prevalence and physical effects, discussing the ramifications for mental health during pregnancy and the postpartum period. (Author, edited)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-14378

**Increases in use of Medicare Benefits Schedule mental health items among women who gave birth in New South Wales, 2009–2015.** Reilly N, Egan N, Austin M-P, et al (2022), Australian and New Zealand Journal of Public Health vol 46, no 1, February 2022, pp 75-80

**Objective:** To report rates of Medicare Benefits Schedule (MBS) mental health item use among a sample of women who gave birth in NSW (2009-2015) and examine if the SAFE START policy increased use of these items among perinatal women.

**Methods:** Data was drawn from women participating in the Australian Longitudinal Study on Women's Health 1973-1978 cohort, linked to data from the NSW Perinatal Data Collection and MBS.

**Results:** Use of Medicare-subsidised mental health items increased 2.7-fold among perinatal women (n=1,453) between 2009 and 2015 (4.1% versus 11.0% respectively), compared to a 1.3-fold increase among non-perinatal women (n=1,800, 6.3% versus 8.4% respectively). However, the increased use of MBS mental health items among perinatal women was not observed to be impacted by the SAFE START policy, after accounting for time trends.

**Conclusion:** There was a substantial increase in the use of MBS mental health items among women in NSW between 2009 and 2015, with a more pronounced increase among women who had given birth compared to those who had not.

**Implications for public health:** This study provides important information about changes in mental health service use during a time of significant investment in perinatal mental health, and demonstrates the value of longitudinal survey data linked with administrative health data to evaluate the impact of health policy. (Author)

**Full URL:** <https://doi.org/10.1111/1753-6405.13189>

---

## 2021-14373

**How rates of perinatal mental health screening in Australia have changed over time and which women are missing out.** Moss KM, Reilly N, Dobson AJ, et al (2020), Australian and New Zealand Journal of Public Health vol 44, no 4, August 2020, pp 301-306

**Objectives:** To report rates of perinatal mental health screening from 2000 to 2017 and investigate factors associated with not being screened both antenatally and postnatally more recently (2013–2017).

**Methods:** A longitudinal community-based study of self-reported perinatal mental health screening with a national sample of 7,566 mothers from the Australian Longitudinal Study on Women's Health reporting on 9,384 children. The main outcome measure was whether mothers were asked about their emotional wellbeing by a health professional, including completing a questionnaire.

**Results:** From 2000 to 2017, the percentage of women not screened decreased from 40.6% to 1.7%. The percentage of women screened both antenatally and postnatally increased from 21.3% to 79.3%. From 2013 to 2017, women who were older (aOR, 0.65; 95%CI, 0.52–0.81) or had reported emotional distress (aOR, 0.77; 95%CI, 0.60–0.99) were less likely to have been screened both antenatally and postnatally.

**Conclusions:** Despite improvements, perinatal mental health screening is not yet universal. One-in-five women are not screened both antenatally and postnatally, including women in high-risk populations such as those who have reported emotional distress.

**Implications for public health:** Women are in regular contact with health professionals in the perinatal period. This opportunity to detect women at risk of perinatal mental health issues is too important to be missed. (Author)

**Full URL:** <https://doi.org/10.1111/1753-6405.12999>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-14336

**How telemedicine could benefit perinatal psychiatry.** Gressier F, Falissard B, Corruble E (2021), Australian & New Zealand Journal of Psychiatry vol 55, no 10, October 2021, p 1021

No abstract available.

---

## 2021-14330

**Cognitive behavioral therapy for perinatal anxiety: A randomized controlled trial.** Green SM, Donegan E, McCabe RE, et al (2020), Australian & New Zealand Journal of Psychiatry vol 54, no 4, April 2020, pp 423-432

Background:

Up to one in five women meet diagnostic criteria for an anxiety disorder during the perinatal period (i.e. pregnancy and up to 1 year postpartum). While psychotropic medications are effective, they are associated with risks for mothers and babies. There is a growing demand for evidence-based non-pharmacological treatments for perinatal anxiety.

Objective:

To evaluate the effectiveness of a cognitive behavioral group therapy protocol for perinatal anxiety.

Methods:

In total, 96 women were randomized to cognitive behavioral group therapy or waitlist at a clinic specializing in women's mental health. Participants were 22–41 years of age, pregnant or up to 6 months postpartum and had an anxiety disorder with or without comorbid depression.

Results:

Compared to waitlist, participants in cognitive behavioral group therapy reported significantly greater reductions in the primary outcome of anxiety (State-Trait Inventory of Cognitive and Somatic Anxiety,  $\eta^2p = .19$ ; Hamilton Anxiety Rating Scale,  $\eta^2p = .16$ ), as well as in secondary outcomes including worry (Penn State Worry Questionnaire,  $\eta^2p = .29$ ), perceived stress (Perceived Stress Scale,  $\eta^2p = .33$ ) and depressive symptoms (Edinburgh Postnatal Depression Scale,  $\eta^2p = .27$ ; Montgomery-Åsberg Depression Rating Scale,  $\eta^2p = .11$ ). Maternal status (pregnant, postpartum) and medication use were unrelated to treatment outcomes. All gains were maintained, or continued to improve, at 3-month follow-up.

Conclusion:

Cognitive behavioral group therapy was effective in improving anxiety and related symptoms among women with anxiety disorders in the perinatal period. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

### 2021-14313

**Supporting partners of mothers with severe mental illness through text – a feasibility study.** Fletcher R, StGeorge JM, Rawlinson C, et al (2020), *Australasian Psychiatry* vol 28, no 5, October 2020, pp 548-551

#### Objective:

During the perinatal period, partners of mothers with severe mental illness (SMI) play an important role in managing the new baby and supporting the mothers' wellbeing. Providing information via mobile phone on infant care, partner support and self-care may assist partners in their support role.

#### Method:

Partners (n = 23) of mothers with SMI were enrolled in a partner-focused SMS service sending brief texts 14 times per month for a maximum of 10 months. Partners (n = 16) were interviewed on exit and their responses analysed for acceptability and perceived usefulness of the texts.

#### Results:

Partners remained with the programme and expressed high acceptability of the texts. Participants identified effects such as increased knowledge of and interaction with their baby; effective support for their partner; and reassurance that 'things were normal'. Few partners sought support for their own mental health.

#### Conclusions:

Texts supplied to mobile phones of partners of new mothers with SMI may increase partners' support. The texts in this study were acceptable to partners and were reported to enhance a partner's focus on the mother's needs, raise the partner's awareness of the infant's needs, and support the partner's confidence and competence in infant care. (Author)

---

### 2021-14312

**Thinking about parents and infants – finding a home for perinatal and infant psychiatry.** Newman L (2020), *Australasian Psychiatry* vol 28, no 5, October 2020, pp 489-491

#### Objectives:

To describe current issues facing the field of perinatal and infant psychiatry, the issues involved in developing service models and greater awareness of the area in mental health service strategic development. To describe contemporary approaches working to integrate perinatal and infant models with a focus on early-in-life intervention and prevention.

#### Conclusions:

Perinatal and infant psychiatry has ongoing issues in clarifying the location of services and their models of care with a lack of clear higher level governance. It remains a vital area for improving the mental health of both carers and infants and child development. (Author)

**Full URL:** <https://doi.org/10.1177/1039856220953717>

---

### 2021-14234

**COVID outbreak is changing our practices of perinatal psychiatry.** Gressier F, Mezzacappa A, Lasica P-A, et al (2020), *Archives of Women's Mental Health* vol 23, no 6, December 2020, pp 791-792

Letter to the editor suggesting that perinatal psychiatry workers must continue to support pregnant women and young mothers using teleconsultation, phone or email during the COVID-19 pandemic. Concludes that teleconsultation could allow for observations of family interactions in the home. (LDO)

**Full URL:** <https://doi.org/10.1007/s00737-020-01039-7>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-14008**

**Is neighbourhood income inequality associated with maternal mental health? A longitudinal analysis of pregnant and new mothers living in Calgary, Alberta.** Lowe SAJ, McDonald S, Senthilselvan A, et al (2021), *BMJ Open* vol 11, no 12, December 2021, e049220

**Objectives** Rising income inequality is a potential risk factor for poor mental health, however, little work has investigated this link among mothers. Our goal was to determine if neighbourhood-level income inequality was associated with maternal mental health over time.

**Design** Secondary data analysis using a retrospective cohort study design.

**Setting and participants** Data from the All Our Families (AOF) ongoing cohort study in the city of Calgary (Canada) were used, with our sample including 2461 mothers. Participant data were collected at six time points from 2008 to 2014, corresponding to <25 weeks of pregnancy to 3 years post partum. AOF mothers were linked to 196 geographically defined Calgary neighbourhoods using postal code information and 2006 Canada Census data.

**Main outcome measures** Anxiety symptoms measured using the Spielberger State Anxiety Inventory, and depressive symptoms measured using the Edinburgh Postnatal Depression Scale and the Centre for Epidemiologic Studies-Depression Scale.

**Results** Multilevel regression modelling was used to quantify the associations between neighbourhood-level income inequality and continuous mental health symptoms over time. For anxiety symptoms, the interaction term between neighbourhood Gini and time was significant ( $\beta=0.0017$ , 95% CI=0.00049 to 0.0028,  $p=0.005$ ), indicating an excess rate of change over time. Specifically, a SD increase in Gini (Z-score) was associated with an average monthly rate increase in anxiety symptom scores of 1.001% per month. While depressive symptom scores followed similar longitudinal trajectories across levels of income inequality, we did not find significant evidence for an association between inequality and depressive symptoms. There was no evidence of a cross-level interaction between inequality and household income on either outcome.

**Conclusion** Income inequality within neighbourhoods appears to adversely impact the mental health trajectories of pregnant and new mothers. Further research is needed to understand the mechanisms that explain this relationship, and how interventions to reduce income inequality could benefit mental health. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2021-049220>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-13995

**Mental well-being during stages of COVID-19 lockdown among pregnant women and new mothers.** Overbeck G, Rasmussen IS, Siersma V, et al (2022), BMC Pregnancy and Childbirth vol 22, no 92, 1 February 2022

### Background

Pregnancy and early motherhood are sensitive times where epidemic disease outbreaks can affect mental health negatively. Countries and health care systems handled the pandemic and lockdowns differently and knowledge about how the COVID-19 pandemic affected the mental well-being of pregnant women and new mothers is limited and points in different directions.

### Aim

To investigate symptoms of anxiety and depression in a population of pregnant women and new mothers in various stages of infection pressure and lockdown during the first 15 months of the COVID-19 pandemic in Denmark.

### Methods

The study population was nested an inception cohort of women recruited in their first trimester of pregnancy. Data about mental health of the woman were obtained in relation to pregnancy and child development (first trimester, 8 weeks postpartum and 5 months postpartum), and data were analysed cross-sectionally according to calendar time (periods defined by infection rate and lock-down during the COVID-19 pandemic).

### Results

No differences in reported levels of depressive symptoms between the six examined time periods of the pandemic were observed. Specifically, symptoms remained unchanged after the first lock-down. No major changes in anxiety symptoms were observed in relation to increased infection pressure or lockdowns, but a small increase was observed during the second lockdown in women 8 weeks postpartum.

### Conclusion

No clear change in mood among pregnant women was seen between during the stages of COVID-19 pandemic in Denmark. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-04374-4>

---

## 2021-13948

**The economic case for increasing access to treatment for women with common mental health problems during the perinatal period.** Bauer A, Tinelli M, Knapp M (2022), London: Care Policy and Evaluation Centre, London School of Economics and Political Science February 2022. 45 pages

Report from the London School of Economics and Political Science (LSE) exploring whether increasing access to treatment for women with perinatal mental health problems will improve outcomes and be economically beneficial. The report examines two main elements which are (1) the costs and economic consequences of investment into treatment for common perinatal mental health problems and (2) the estimated financial budget for an increase in workforce resources to deliver the most economically viable model of service provision. Results indicate that there are clear economic benefits of training midwives and health visitors to confidently ask women about their mental health, assess their needs and offer psychological interventions. (LDO)

Full URL: <https://www.lse.ac.uk/cpec/assets/documents/CPEC-Perinatal-Economics-2022.pdf>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2021-13865**

**Pregnancy: Mental Health Services [written answer].** House of Commons (2022), Hansard Written question 110503, 24 January 2022

Maria Caulfield responds to a written question asked by Sarah Olney to the Secretary of State for Health and Social Care, regarding which Minister in his Department has responsibility for overseeing the implementation of the £100 million for parent and infant mental health services, announced in the Autumn Budget and Spending Review 2021. (MB)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2022-01-24/110503>

---

**2021-13584**

**Pharmacologic Treatment for Perinatal Mental Health Disorders.** Goulding AN, Metz TD, Middleton JC, et al (2022), *Obstetrics & Gynecology* vol 139, no 2, February 2022, pp 297-303

A central question for patients and clinicians is whether potential benefits of pharmacologic treatments for perinatal mental health disorders outweigh potential harms. Given lack of consensus on best practices, we completed a robust systematic review of pharmacologic interventions for perinatal mental health disorders; full results have been published previously and will be summarized here. Unfortunately, many important clinical questions remain unanswered. This commentary aims to summarize and interpret the current state of evidence and provide expert guidance when data are lacking. The review found sparse evidence on benefits of pharmacotherapy and voluminous, low-quality evidence on harms. Confounding by indication was a notable limitation for most studies. We suggest several key points to share with clinicians and patients: 1) untreated perinatal mental health disorders have maternal and child risks; 2) research in nonpregnant populations shows that pharmacotherapy effectively treats many mental health disorders; 3) few high-quality studies in perinatal individuals have been conducted; 4) limited evidence suggests some benefit of pharmacologic treatment; and 5) some studies, primarily of low quality, indicate potential risks of pharmacologic treatment, although the absolute risk is often low. Given the complexities surrounding treatment of perinatal mental health disorders, shared decision making is important, and consultation with a mental health professional may be warranted in certain clinical scenarios. (Author)

---

**2021-13232**

**Patterns of family negativity in the perinatal period: Implications for mental health among Mexican-origin women.** Winstone LK, Luecken LJ, Crnic KA, et al (2020), *Journal of Family Psychology* vol 34, no 5, August 2020, pp 642-651

Negativity in the family environment during the perinatal period is likely to have detrimental effects on maternal well-being, especially among low-income ethnic minority mothers who are at increased risk for experiencing postpartum depressive symptoms. With a sample of 322 Mexican and Mexican American families, this study used latent class growth analysis to identify meaningful subgroups of women based on their perceived family negativity reported prenatally and at 6, 12, 18, and 24 weeks postpartum. A 4-trajectory model of family negativity fit the data well: low-stable (58%), moderate-increasing (26%), high-decreasing (8%), and high-increasing (8%). Higher prenatal depressive symptomatology predicted membership in the moderate-increasing, high-decreasing, and high-increasing trajectories, relative to the low-stable trajectory. Findings suggest substantial heterogeneity in family negativity, identifying three significant growth patterns during the perinatal period with differential implications for maternal depressive symptomatology at 24 weeks and 12 months after delivery. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-13226

**In a mother's voice: Observing social–emotional aspects of postpartum daily life.** Metcalf CA, Dimidjian S (2020), *Journal of Family Psychology* vol 34, no 3, April 2020, pp 269-278

Everyday life contexts and interactions are influential for the well-being of both postpartum women and their infants. We collected naturalistic observational recordings of the daily environments and social interactions of primiparous postpartum women (N = 50) using the electronically activated recorder (EAR). We addressed two aims. First, we examined the feasibility, acceptability, and compliance of collecting naturalistic ambient sounds with postpartum women. We found the EAR to be acceptable, feasible, and associated with good compliance. Second, we evaluated the frequency and interrater reliability of social–emotional characteristics using a novel coding system developed for this population. In general, the frequency of social and emotion behavior variables was adequate and interrater reliability among trained research assistants was moderate to excellent. This study was the first to use the EAR with postpartum women and suggests that the EAR shows promise as a method to enrich our understanding of social–emotional daily life during the postpartum period. (Author)

---

## 2021-13082

**Maternal prenatal anxiety and the fetal origins of epigenetic aging.** McGill MG, Pokhvisneva I, Clappison AS, et al (2022), *Biological Psychiatry* vol 91, no 3, 1 February 2022, pp 303-312

### Background

The fetal origins of mental health is a well-established framework that currently lacks a robust index of the biological embedding of prenatal adversity. The Pediatric-Buccal-Epigenetic (PedBE) clock is a novel epigenetic tool that associates with aspects of the prenatal environment, but additional validation in longitudinal datasets is required. Likewise, the relationship between prenatal maternal mental health and the PedBE clock has not been described.

### Methods

Longitudinal cohorts from the Netherlands (Basal Influences on Baby Development [BIBO] n = 165) and Singapore (Growing Up in Singapore Towards Healthy Outcomes [GUSTO] n = 340) provided data on prenatal maternal anxiety and longitudinal assessments of buccal cell–derived genome-wide DNA methylation assessed at 6 and 10 years of age in BIBO, and at 3, 9, and 48 months of age in GUSTO. Measures of epigenetic age acceleration were calculated using the PedBE clock and benchmarked against an established multi-tissue epigenetic predictor.

### Results

Prenatal maternal anxiety predicted child PedBE epigenetic age acceleration in both cohorts, with effects largely restricted to males and not females. These results were independent of obstetric, socioeconomic, and genetic risk factors, with a larger effect size for prenatal anxiety than depression. PedBE age acceleration predicted increased externalizing symptoms in males from mid- to late childhood in the BIBO cohort only.

### Conclusions

These findings point to the fetal origins of epigenetic age acceleration and reveal an increased sensitivity in males. Convergent evidence underscores the societal importance of providing timely and effective mental health support to pregnant individuals, which may have lasting consequences for both mother and child. (Author)

**Full URL:** <https://doi.org/10.1016/j.biopsycho.2021.07.025>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-13061**

**Health care providers' perceptions of barriers to perinatal mental healthcare in South Africa.** Brown S, Sprague C (2021), BMC Public Health vol 21, no 1905, 21 October 2021

#### Background

Perinatal mental disorders are a leading contributor to morbidity and mortality during pregnancy and postpartum, and are highly treatable when identified early. However, many women, especially in low and middle-income countries, lack access to routine identification and treatment of mental illness in public health settings. The prevalence of perinatal depression and anxiety disorders, common mental disorders, is three times higher for South African women relative to women in high-income countries. The public health system has begun to integrate mental health into maternal care, making South Africa a relevant case study of perinatal mental healthcare. Yet studies are few. We sought to investigate healthcare providers' perceptions of the barriers to early identification and screening of common perinatal mental disorders in public health facilities in South Africa.

#### Methods

Employing qualitative methods, we used purposive sampling to identify study participants, supplemented by snowball sampling. From September 2019–June 2020, we conducted in-depth interviews with 24 key informants in South Africa. All interviews were recorded and transcribed verbatim. We used a thematic approach to generate initial analytical themes and then conducted iterative coding to refine them. We adapted a delivery systems' framework to organise the findings, depicted in a conceptual map.

#### Results

Reported barriers to early identification and treatment of mental illness in the perinatal period encompassed four levels: (1) structural factors related to policies, systems and resources; (2) socio-cultural factors, including language and cultural barriers; (3) organisational factors, such as lack of provider preparation and training and overburdened clinics; and (4) individual patient and healthcare provider factors.

#### Conclusion

Barriers act across multiple levels to reduce quality mental health promotion and care, thereby creating an environment where inequitable access to identification of mental disorders and quality mental health services was embedded into systems and everyday practice. Integrated interventions across multiple levels are essential to improve the early identification and treatment of mental illness in perinatal women in South Africa. We provide recommendations derived from our findings to overcome barriers at each of the four identified levels. (Author)

**Full URL:** <https://doi.org/10.1186/s12889-021-11954-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2021-12993

**The Association Between Pre-Pregnancy Body Mass Index, Perinatal Depression and Maternal Vitamin D Status: Findings from an Australian Cohort Study.** Pirjani R, Knight-Agarwal CR, Bloom M, et al (2020), International Journal of Women's Health Vol 12, 2020, pp 213-219

**Purpose:** This study aimed to assess the relationship between early-pregnancy Body Mass Index (BMI), perinatal depression risk and maternal vitamin D status.

**Patients and Methods:** A retrospective cohort study from 2013 to 2017 was undertaken involving 16,528 birth events in the Australian Capital Territory. Multivariate binary logistic regression was conducted using the forced entry method. Mediation of the association between maternal early-pregnancy BMI and perinatal depression risk by vitamin D status was also tested.

**Results:** Adjusted logistic regression models found that high maternal early-pregnancy BMI was associated with increased risk of developing perinatal depression (AOR 1.421; 95% CI, 1.191, 1.696) as well as increased odds of being vitamin D deficient (AOR 1.950; 95% CI; 1.735, 2.191). In comparison to women with low perinatal depression risk, women with high perinatal depression risk had increased odds of being vitamin D deficient (AOR 1.321; 95% CI, 1.105, 1.579). Maternal early-pregnancy BMI was a weak significant predictor of perinatal depression risk after including vitamin D as a mediator, consistent with partial mediation, Path C:  $B=0.016$  (95% CI 1.003, 1.030),  $p=0.02$ . Path C':  $B=0.014$  (95% CI 1.001, 1.028),  $p=0.04$ .

**Conclusion:** In line with current Australian recommendations, women with high early-pregnancy BMI should be screened for both perinatal depression risk and vitamin D deficiency, with referral to relevant support services when indicated.

(Author)

**Full URL:** <https://doi.org/10.2147/IJWH.S239267>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-12978**

**Validation of the intolerance of uncertainty scale as a screening tool for perinatal anxiety.** Furtado M, Frey BN, Green SM (2021), BMC Pregnancy and Childbirth vol 21, no 829, 14 December 2021

#### Background

To date, there is a significant lack of research validating clinical tools for early and accurate detection of anxiety disorders in perinatal populations. Intolerance of uncertainty was recently identified as a significant risk factor for postpartum anxiety symptoms and is a key trait of non-perinatal anxiety disorders. The present study aimed to validate the Intolerance of Uncertainty Scale (IUS) in a perinatal population and evaluate its use as a screening tool for anxiety disorders.

#### Methods

Psychiatric diagnoses were assessed in a sample of perinatal women (n = 198), in addition to completing a self-report battery of questionnaires. Psychometric properties including internal consistency and convergent and discriminant validity were assessed. Determination of an optimal clinical cut-off score was measured through a ROC analysis in which the area under the curve, sensitivity, specificity, as well as positive and negative predictive values were calculated.

#### Results

The IUS demonstrated excellent internal consistency ( $\alpha = 0.95$ ) and an optimal clinical cut-off score of 64 or greater was established, yielding a sensitivity of 89%. The IUS also demonstrated very good positive (79%) and negative (80%) predictive values.

#### Conclusions

These findings suggest that the IUS represents a clinically useful screening tool to be used as an aid for the early and accurate detection of perinatal anxiety. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-021-04296-1>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-12872**

**Mothers' experiences of perinatal obsessive-compulsive disorder.** Garcia K, Mancuso A, Le H-N (2023), Journal of Reproductive and Infant Psychology vol 41, no 4, 2023, pp 445-455

#### Introduction

Compulsive disorder (POCD) is characterised by the presence of intrusive thoughts resulting in significant distress and urges to execute repeated behaviours occurring in the perinatal period. PPOCD is largely understudied and existing literature has mostly studied POCD quantitatively.

#### Objective

This qualitative study explores the experiences of 10 mothers randomly selected from a larger sample (N = 251; 86.8% White) who met high risk criteria based on the Postnatal Obsessive-Compulsive Scale (POCS $\geq$ 16). These mothers were interviewed about their experiences with POCD retrospectively.

#### Results

Qualitative analysis of the interviews (n = 10) revealed three main themes regarding women's experiences with POCD: 1) obsessions (i.e. safety, cleanliness), 2) compulsions (i.e. excessive checking for safety, excessive cleaning, researching information online), and 3) other emotional experiences (i.e. fear, panic, anxiety, suicidal ideation, guilt, shame, irritability/anger).

#### Conclusion

Mothers at high risk for POCD report obsessions and compulsions as well as other emotional experiences that are distressing, demonstrating the enduring impact of POCD beyond the perinatal period. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-12817

**Association between diagnosed perinatal mood and anxiety disorders and adverse perinatal outcomes.** Accortt EE, Mirocha J, Jackman S, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 25, 2022, pp 9066-9070

### Purpose

To determine whether a diagnosis of a perinatal mood and anxiety disorder (PMAD) is associated with adverse perinatal outcomes.

### Methods

Mental health symptom screening and diagnostic data from 82 women with single gestation in the Healthy Babies Before Birth study conducted from 2013 to 2018 were obtained by clinic interview. If a woman scored over 10 on the Patient Health Questionnaire (PHQ-9) or endorsed the suicidality item; or scored over 7 on the Overall Anxiety Severity and Impairment Scale (OASIS), a Structured Clinical Interview for DSM-IV (SCID) Axis I Disorders was administered. An adverse perinatal outcome was operationalized as a diagnosis of gestational diabetes mellitus, intrauterine growth restriction, preeclampsia, chorioamnionitis, hemorrhage, fetal death, preterm birth, or a low birthweight baby, and abstracted from the medical records.

### Results

Women were between 22.0 and 45.0 years old (Mean age = 33.1 ± 4.3). Mean BMI was 24.7 ± 5.6 (Range 16.8 to 47.1). Nineteen percent (16) of the 82 women had a SCID diagnosis of a PMAD. Thirty-seven percent (30) had a diagnosed adverse perinatal outcome. Multiple logistic regression was conducted with these predictors: SCID diagnosis of a PMAD, maternal age, BMI. All predictors were significant with respective odds ratios as follows: OR = 3.58, 95% CI 1.03–12.44, p = .045; OR = 2.30, 95% CI 1.21–4.38, p = .011; OR = 1.69, 95% CI 1.06–2.69, p = .027.

### Conclusions

A PMAD diagnosis was associated with 3.5 times higher odds of having an adverse perinatal outcome. For every 5 years a woman aged or every five units her BMI increased her odds of having an adverse perinatal outcome increased. Older age and increased BMI are well established adverse perinatal outcome risk factors. These results suggest that mental illness risk should also be consistently assessed in obstetric settings. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2021-12684**

**Women's experiences and perceptions of anxiety and stress during the perinatal period: a systematic review and qualitative evidence synthesis.** McCarthy M, Houghton C, Matvienko-Sikar K (2021), BMC Pregnancy and Childbirth vol 21, no 811, 6 December 2021

#### Background

The perinatal period, from pregnancy to the first year postpartum, is a transitional period that can result in anxiety and stress for some women. Perinatal anxiety and stress can adversely impact the physical and psychological health of women and children. Understanding women's lived experiences of perinatal anxiety and stress is essential to better support women. The aim of this qualitative evidence synthesis was to examine women's experiences and perceptions of, and barriers and facilitators to coping with, perinatal anxiety and stress.

#### Methods

Databases CINAHL, EMBASE, MEDLINE, PsycINFO and Maternity and Infant Care were searched from inception to June 2020. Eligible studies included women who were pregnant or up to one year postpartum and examined women's experiences of anxiety and/or stress during the perinatal period. Data were synthesised using thematic synthesis.

#### Results

Of 20,318 identified articles, 13 studies met inclusion criteria and were included in this review. Five key themes emerged: Social support, women's experiences of healthcare, social norms and expectations, factors that impact on coping and mother and baby's health.

#### Conclusion

This review provided a comprehensive synthesis of perinatal anxiety and stress. Findings indicate that increased support for perinatal mental health in antenatal and postpartum care is needed. Addressing unrealistic expectations and conceptualisations of motherhood is also important to better support women. Enhancing women's social support networks and provision of clear and consistent information are also essential to support women and minimise stress and anxiety in the perinatal period. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-021-04271-w>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-12215

**Experiences of parent-infant teams among mothers diagnosed with perinatal mental health difficulties.** Perkins A, Taylor BL, Morant N, et al (2023), Journal of Reproductive and Infant Psychology vol 41, no 2, 2023, pp 244-255

### Background

Disrupted parent-infant bonds can have a negative impact on childhood development. In the United Kingdom, parent-infant teams can offer support to parents (most commonly mothers) to help strengthen parent-infant relationships. However, little is known about women's experiences of these teams. This study aimed to explore experiences of support from parent-infant teams among mothers diagnosed with perinatal mental health difficulties.

### Method

Qualitative semi-structured interviews were conducted with eleven mothers who had had been referred to and/or accessed a National Health Service parent-infant team. Interviews were analysed using thematic analysis.

### Results

Women reported occasional difficulties accessing parent-infant services, particularly when they were left to contact services/follow up referrals themselves. However, once accessed mothers valued consistent, regular support with a therapist who was empathic and accepting of their difficult feelings. Some women saw therapists as resembling 'mother figures' and appreciated a feeling of being cared for. However, at times women felt there was an overemphasis on the role of the mother and mother-infant bond, and a disregard of fathers and other family members.

### Conclusion

Our study demonstrates that mothers value support from parent-infant teams. However, clinicians need to ensure they do not inadvertently reinforce problematic gender norms and narratives when offering support. (Author)

---

## 2021-12143

**Pregnancy: Mental Health Services [written answer].** House of Commons (2021), Hansard Written question 74884, 15 November 2021

Gillian Keegan responds to a written question asked by Tim Loughton to the Secretary of State for Health and Social Care, regarding whether the £100 million announced for parent and infant mental health in the spending review 2021 will be spent on perinatal and/or infant mental health services within the NHS. (LDO)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2021-11-15/74884>

---

## 2021-12116

**Hearts and minds.** Allon K (2021), Midwives vol 24, November 2021, pp 47-49

Kate Allon is a specialist midwife running the first midwife-led perinatal mental health prescribing clinic, and believes she's on to something. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-11855

**Perinatal psychological well-being in women with zero postnatal anxiety-depressive symptoms scores: a retrospective descriptive study.** Grussu P, Andreetto I, Pastore M, et al (2020), Journal of Reproductive and Infant Psychology vol 38, no 2, April 2020, pp 199-213

**Background:** A total absence of psychological symptoms during pregnancy or postpartum period is not common. Although there are some considerations on zero scores detected by EPDS, no thorough analysis is currently present in the literature of the eventuality and meaning of a total absence of postpartum symptoms following the compilation of two or more self-report symptom questionnaires.

**Methods:** In a sample of 960 Italian women, three groups of 31 subjects are defined retrospectively by scores on the EPDS-GHQ12: women with 'zero', 'lower', and 'higher' postnatal symptomatology. The psychological well-being of these groups was compared as detected in pregnancy and after childbirth by PWB questionnaire.

**Results:** Higher and excessive scores in Environmental mastery dimension connote the profile of women with a total absence of postpartum anxiety-depression symptoms. Positive relations with other dimension were less characterising, but it should be noted as a distinctive trait in the 'zero' symptoms postnatal symptomatology group. In the same 'zero' group, the scores of the six PWB questionnaire dimensions – except Personal growth – are all higher than the scores obtained by women in the general population.

**Conclusion:** The atypical self-reported perinatal mood condition present in the 'zero' symptoms group have currently unknown clinical significance (Author)

---

## 2021-11849

**Association of psychosocial–spiritual experiences around childbirth and subsequent perinatal mental health outcomes: an integrated review.** Crowther S, Stephen A, Hall J (2020), Journal of Reproductive and Infant Psychology vol 38, no 1, February 2020, pp 60-85

**Background:** Perinatal mental health is a concern for women, families, communities and maternity care providers internationally. However, there is little understanding of poor perinatal maternal mental health and association with women's experiences of childbirth. Further understanding of psychosocial–spiritual experiences in childbirth and subsequent perinatal mental health is required.

**Aim:** Systematically identify and synthesise the range of evidence available on psychosocial–spiritual experiences around childbirth and foreground possible associations with subsequent perinatal mental health outcomes.

**Method:** Integrated analysis of a range of literature types was undertaken. A comprehensive search strategy was created, and nine databases were searched from 2000 to 2018. Defined inclusion and exclusion criteria were applied independently by two reviewers. Critical appraisal was carried out independently by two reviewers and a third reviewer to resolve differences. The Ecology of Childbirth conceptual framework guided the review.

**Findings:** Six articles were included and four synthesised themes were developed: relationships and kinship matter; significance of childbirth and spiritual experiences; honouring spiritual growth and well-being; and physical manifestations and embodiment. Discussion of the themes using the Ecology of Childbirth framework highlight new perspectives and reveal phenomena lying within and beyond childbirth experiences that may influence perinatal mental health. A new conceptual model is proposed.

**Conclusions:** New insights highlight a paucity of research in the area of perinatal mental health and psychosocial–spiritual childbirth experiences. Further research needs to include postnatal mood disorders and the possible associations with psychosocial–spiritual experiences. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-11635

**Experiences and perceptions of perinatal depression among new immigrant Chinese parents: a qualitative study.** Li Q, Xue W, Gong W, et al (2021), BMC Health Services Research vol 21, no 739, 26 July 2021

### Background

Immigrant status, acculturation level, race and ethnicity have been found to contribute to the utilization of mental health services in the perinatal period. This study explored perinatal experiences and perceptions among Chinese immigrant mothers and their spouses, as well as the possible barriers and facilitators that affect their health care utilization.

### Methods

We recruited 13 women ages 18–35 years born in mainland China, living in Rochester, New York, and residing less than 5 years in the United States. Participants primary language was Mandarin Chinese and all had given birth to at least one live infant within the past 7 years. Participants' age was at least 18 years old at the time of delivery. Five spouses also participated. We divided women in two focus groups and held one focus group for men, with data collection including demographic questionnaires and semi-structured focus group questions conducted in December 2014. Data were analyzed following thematic analysis.

### Results

Four themes emerged: experiences of perinatal depression; perceptions of perinatal depression; general preventive and coping strategies; and attitudes toward the supportive use social media applications (apps) and text messaging during the perinatal period. Participants had limited knowledge of perinatal depression and had difficulty distinguishing between normal perinatal mood fluctuations and more severe symptoms of depression. They discussed immigrant-related stress, conflicts with parents/in-laws while “doing the month”, the perceived gap between the ideal of “perfect moms” and reality, and challenges with parenting as the causes of perinatal depression. Women approved of screening for the condition but were conservative about follow-up interventions. As for the management of perinatal depression, participants preferred to deal with the problem within the family before seeking external help, due to potential stigma as well as Chinese traditional culture. They were receptive to obtaining pertinent health information from anonymous social media apps, preferring these to personal text messages.

### Conclusion

The recent immigrant Chinese parents to the United States in the study had limited knowledge of perinatal depression and did not make full use of mental health services for support due to language and cultural barriers. Screening for perinatal depression is only the first step. Future research should explore what interventions may serve as an acceptable approach to overcoming these gaps. (Author)

**Full URL:** <https://doi.org/10.1186/s12913-021-06752-2>

---

## 2021-11490

**Supporting mental healthcare in a maternity and neonatal setting: Good practice guide and case studies.** University of Liverpool, Department of Primary Care and Mental Health (2021), London: NHS England and NHS Improvement July 2021. 90 pages

This guide is for commissioners and staff involved in maternity and neonatal care. It describes the underpinning principles of and good practice for supporting good mental health and psychological wellbeing in maternity and neonatal settings. It also considers the role of specialist maternal mental health services (MMHS) in supporting this function. (Publisher)

**Full URL:** <https://www.england.nhs.uk/publication/supporting-mental-healthcare-in-a-maternity-and-neonatal-setting-good-practice-guide-and-case-studies/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-11451

**The role of early years practitioners in a Perinatal Mental Health Service.** O'Brien R, Mitchell C (2021), International Journal of Birth and Parent Education vol 9, no 1, October 2021, pp 33-36

Early years practitioners are the newest role to be integrated into the recently expanded Specialist Perinatal Mental Health Service in Sussex in the south of the UK. Although increasingly common in health visiting, social services and in Mother and Baby unit settings, early years practitioners in community perinatal teams are less prevalent and their role in these settings is less clearly defined. In this account, we aim to share our reflections, as a clinical psychologist and an early years practitioner, on the experience of developing, integrating and working in this role in a Perinatal Mental Health team. (Author)

---

## 2021-10925

**An evaluation of a prenatal individualised mixed management intervention addressing breastfeeding outcomes and postpartum depression: A randomised controlled trial.** Zhao Y, Lin Q, Wang J (2021), Journal of Clinical Nursing vol 30, no 9-10, May 2021, pp 1347-1359

### Aims and objectives

To determine the effects of an individualised mixed management combined lactation education and psychoeducation intervention on breastfeeding outcomes and postpartum depression (PPD) at 3 and 42 days postpartum.

### Background

Pregnant women with antenatal depression are prone to postpartum depression and failure in breastfeeding.

### Design

Eligible women participated in a randomised single-blind controlled trial. Results are reported as per the CONSORT 2010 statement.

### Methods

Participants were recruited from December 2017–August 2018 at a major teaching hospital located in Shanghai. Primiparous women ( $n = 182$ ) with an Edinburgh Postnatal Depression Scale score  $\geq 9$  were randomly enrolled in the intervention group ( $n = 91$ ) or the control group ( $n = 91$ ). The intervention group participated in a 4-session face-to-face mixed management intervention targeting perinatal depression and breastfeeding. The control group received usual care. Breastfeeding and psychological outcomes were measured during the third trimester ( $\geq 28$  weeks and  $< 35$  weeks), and at 3 and 42 days postpartum.

### Results

There were statistically significant differences in rates of overall and exclusive breastfeeding, initial breastfeeding experience, breastfeeding behaviour and self-efficacy between the two groups at 3 and 42 days postpartum ( $p < .05$ ). Intention-to-treat linear mixed model analysis showed that EPDS scores were statistically significantly different between groups over time ( $F = 20.42$ ,  $p < .001$ ). Intervention group were more satisfied with their husbands' care and care received during the first month postpartum ( $p < .05$ ).

### Conclusions

The results demonstrate the effectiveness and feasibility of delivering an individualised mixed management intervention combining lactation guidance with psychological support during pregnancy.

### Relevance to clinical practice

This study supports the need to identify pregnant women at risk of perinatal depression and indicates that the prenatal individualised mixed management intervention has the potential to reduce PPD and help achieve better breastfeeding outcomes. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-10800

**Perinatal and Infant Mental Health Programme Board [written answer].** Scottish Parliament (2021), Official Report Written question S6W-03689, 12 October 2021

Kevin Stewart responds to a written question asked by Maurice Golden to the Scottish Government, regarding whether it will provide a breakdown of the (a) money allocated and (b) costs incurred by the Perinatal and Infant Mental Health Programme Board since March 2019. (LDO)

**Full URL:** <https://archive2021.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S6W-03689>

---

## 2021-10502

**A Comprehensive Conceptual Framework to Guide Clinical Practice and Research About Mental Health During the Perinatal Period.** Moyer SW, Kinser PA (2021), The Journal of Perinatal and Neonatal Nursing vol 35, no 1, January/March 2021, pp 46-56

Perinatal mood and anxiety disorders (PMADs) affect up to 20% of pregnant and postpartum women and can have negative sequelae for maternal-child health. Nurses with clinical and research roles are on the front line of efforts to assess for and assist with prevention and intervention with PMAD symptoms. Thus, they can play an essential role in enhancing the mental well-being of women in the perinatal period and maternal-child health outcomes. The aim of this article is to assist nurses in this work by outlining the Comprehensive Model of Mental Health during the Perinatal Period, a conceptual framework for considering clinical and research opportunities to enhance perinatal mental health. The framework uses key principles that recognize biopsychoneuroimmunologic mechanisms involved in mental health; the key role that the experience of matrescence (“becoming a mother”) plays in mental health and maternal-child health; and the mother-infant dyad as the functional unit during the perinatal period. Examples are provided of how the key principles of this framework might be used to enhance research and clinical practice about PMADs and, ultimately, enhance maternal-child health outcomes. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-10178

**Postpartum psychiatric disorders and subsequent live birth: a population-based cohort study in Denmark.** Liu X, Plana-Ripoll O, Ingstrup KG, et al (2020), Human Reproduction vol 35, no 4, April 2020, pp 958-967

### STUDY QUESTION

Are women with a history of first-onset postpartum psychiatric disorders after their first liveborn delivery less likely to have a subsequent live birth?

### SUMMARY ANSWER

Women with incident postpartum psychiatric disorders are less likely to go on to have further children.

### WHAT IS KNOWN ALREADY

Women are particularly vulnerable to psychiatric disorders in the postpartum period. The potential effects of postpartum psychiatric disorders on the mother's future chances of live birth are so far under-researched.

### STUDY DESIGN, SIZE, DURATION

A population-based cohort study consisted of 414 571 women who had their first live birth during 1997–2015. We followed the women for a maximum of 19.5 years from the date of the first liveborn delivery until the next conception leading to a live birth, emigration, death, their 45th birthday or 30 June 2016, whichever occurred first.

### PARTICIPANTS/MATERIALS, SETTING, METHODS

Postpartum psychiatric disorders were defined as filling a prescription for psychotropic medications or hospital contact for psychiatric disorders for the first time within 6 months postpartum. The outcome of interest was time to the next conception leading to live birth after the first liveborn delivery. Records on the death of a child were obtained through the Danish Register of Causes of Death. Cox regression was used to estimate the hazard ratios (HRs), stratified by the survival status of the first child.

### MAIN RESULTS AND THE ROLE OF CHANCE

Altogether, 4327 (1.0%) women experienced postpartum psychiatric disorders after their first liveborn delivery. The probability of having a subsequent live birth was 69.1% (95% CI: 67.4–70.7%) among women with, and 82.3% (95% CI: 82.1–82.4%) among those without, postpartum psychiatric disorders. Women with postpartum psychiatric disorders had a 33% reduction in the rate of having second live birth (HR = 0.67, 95% CI: 0.64–0.69), compared to women without postpartum psychiatric disorders. The association disappeared if the first child died (HR = 1.01, 95% CI: 0.85–1.20). If postpartum psychiatric disorders required hospitalisations, this was associated with a more pronounced reduction in live birth rate, irrespective of the survival status of the first child (HR = 0.54, 95% CI: 0.47–0.61 if the first child survived, and HR = 0.49, 95% CI: 0.23–1.04 if the first child died).

### LIMITATIONS, REASONS FOR CAUTION

The use of population-based registers allows for the inclusion of a representative cohort with almost complete follow-up. The large sample size enables us to perform detailed analyses, accounting for the survival status of the child. However, we did not have accurate information on stillbirths and miscarriages, and only pregnancies that led to live birth were included.

### WIDE IMPLICATIONS OF THE FINDINGS

Our study is the first study to investigate subsequent live birth after postpartum psychiatric disorders in a large representative population. The current study indicates that postpartum psychiatric disorders have a significant impact on subsequent live birth, as women experiencing these disorders have a decreased likelihood of having more children. However, the variations in subsequent live birth rate are influenced by both the severity of the disorders and the survival status of the first-born child, indicating that both personal choices and decreased fertility may have a

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



role in the reduced subsequent live birth rate among women with postpartum psychiatric disorders.

#### STUDY FUNDING/COMPETING INTEREST(S)

This work was supported by the Danish Council for Independent Research (DFF-5053-00156B), the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No. 837180, AUFF NOVA (AUFF-E 2016-9-25), iPSYCH, the Lundbeck Foundation Initiative for Integrative Psychiatric Research (R155-2014-1724), Niels Bohr Professorship Grant from the Danish National Research Foundation and the Stanley Medical Research Institute, the National Institute of Mental Health (NIMH) (R01MH104468) and Fabrikant Vilhelm Pedersen og Hustrus Legat. The authors do not declare any conflicts of interest.

#### TRIAL REGISTRATION NUMBER

N/A. (Author)

**Full URL:** <https://doi.org/10.1093/humrep/deaa016>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

2021-09624

**Intergenerational effects of violence on women's perinatal wellbeing and infant health outcomes: evidence from a birth cohort study in Central Vietnam.** Do HP, Baker PRA, Vo TV, et al (2021), BMC Pregnancy and Childbirth vol 21, no 648, 23 September 2021

#### Background

Girls exposed to violence have a high risk of being victimized as adults and are more likely than non-abused women to have children who are treated violently. This intergenerational transmission may be especially serious when women suffer violence during pregnancy and early motherhood, as it impairs maternal wellbeing and infant health and development. This study examined the intergenerational effects of being exposed to childhood maltreatment (CM) and prenatal intimate partner violence (p-IPV) on perinatal mental distress and birth outcomes in central Vietnam.

#### Methods

A birth cohort study in Hue City, Vietnam was conducted with 150 women in the third trimester of pregnancy (Wave 1) and 3 months after childbirth (Wave 2). Using multivariable logistic regression models, augmented inverse-probability-weighted estimators and structural equation modelling (SEM), we analyzed a theoretical model by evaluating adjusted risk differences and pathways between CM, p-IPV and subsequent perinatal adversity and indicators of infant health problems.

#### Results

One in two pregnant women experienced at least one form of CM (55.03%) and one in ten pregnant women experienced both CM and p-IPV (10.67%). Mothers who experienced p-IPV or witnessed IPV as a child were approximately twice as likely to experience poor mental health during pregnancy [ARR 1.94, 95% CI (1.20–3.15)]. Infants had a two-fold higher risk of adverse birth outcomes (low birth weight, preterm birth, admission to neonatal intensive care) [ARR 2.45 95% CI (1.42, 4.25)] if their mothers experienced any form of p-IPV, with greater risk if their mothers were exposed to both CM and p-IPV [ARR 3.45 95% CI (1.40, 8.53)]. Notably, significant pathways to p-IPV were found via adverse childhood experience (ACE) events ( $\beta = 0.13$ ), neighborhood disorder ( $\beta = 0.14$ ) and partner support ( $\beta = -1.3$ ).

#### Conclusion

These results emphasize the detrimental and prolonged nature of the effect of violence during childhood and pregnancy. Exposure to childhood maltreatment and violence during pregnancy increases the risk of maternal mental health difficulties and adverse birth outcomes. Antenatal care systems need to be responsive to women's previous experiences of violence and maternal mental health. The significant protective role of partner support and social support should also be considered when designing tailored interventions to address violence during pregnancy. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-04097-6>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-09585

**Timing of Perinatal Mental Health Needs: Data to Inform Policy.** Sakowicz A, Allen EC, Nugoora A, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 2, March 2022, 100482

### Background

Policies pertaining to perinatal health care should be informed by medical needs. The windows of standard obstetric care and mandated Medicaid coverage eligibility typically end around 8 weeks postpartum even though women may have perinatal health concerns, including suicidal ideation, that are identified beyond this time period.

### Objective

To evaluate the timing of mental health needs across the perinatal period with a focus on how frequently the initial referral and suicidal ideation occur outside of standard obstetric care windows.

### Study Design

This retrospective cohort study included all women during pregnancy or up to one year postpartum referred to a perinatal mental health collaborative care program (COMPASS) between September 2017 and September 2019. The timing of initial referral to COMPASS was identified, with women referred postpartum categorized by whether the referral was made after 8 weeks postpartum. Characteristics of women were compared according to the timing of the initial mental health referral, with receiver operating characteristic curves to identify whether patient characteristics could accurately classify women whose initial mental health needs were not recognized until after 8 weeks postpartum. Similarly, the assessment of suicidal ideation, either at or after referral, was ascertained, with evaluation of the timing at which suicidal ideation was first expressed.

### Results

Of 1421 women referred for mental health care during the study period, 774 (54%) were initially referred antenatally and 647 (46%) were initially referred postpartum. Women referred antenatally exhibited no clustering in the timing of referral. Of women referred postpartum, 203 (31%) were referred after 8 weeks postpartum. Sociodemographic and medical characteristics were unable to accurately classify which women were referred for mental health care after 8 weeks postpartum (AUC=0.64, 95% CI = 0.58-0.68). A total of 215 (16%) women reported suicidal ideation at or after the time of initial referral: 129 (17%) antenatally and 86 (14%) postpartum. The incidence of suicidal ideation was not significantly different before versus after 8 weeks postpartum.

### Conclusion

Perinatal mental health needs, including suicidal ideation, are often first recognized beyond 8 weeks postpartum. These data should be taken into consideration in policymaking discussions pertaining to the approach to medical care continuity and health care coverage postpartum. (Author)

---

## 2021-09261

**Perinatal Anxiety and Depression in Minority Women.** Gennaro S, O'Connor C, McKay EA, et al (2020), MCN - American Journal of Maternal/Child Nursing vol 45, no 3, May/June 2020, pp 138-144

Depression and anxiety are common during pregnancy and are experienced at higher rates among women who are racial and ethnic minorities. Because depression and anxiety influence maternal and infant outcomes, intervening to improve perinatal mental health should be a priority for all healthcare providers. However, in the United States, a number of barriers including lack of mental health providers, lack of perinatal behavioral health systems, and stigma, limit access to care. Universal screening has been recommended and here we examine how universal screening can help nurses improve the mental health of childbearing women. Interventions that are currently in use to improve perinatal anxiety and depression are reviewed and include: psychopharmacology, cognitive behavioral therapy, interpersonal psychotherapy, and mindfulness. Recommendations for future research and healthcare system changes are made. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-08668

### **A service evaluation into the marked increase in calls by pregnant women/new parents to a volunteer helpline during the first COVID-19 national lockdown.** Lewis A (2021), *The Practising Midwife* vol 24, no 8, September 2021, pp 43-46

'Stay home, protect the NHS, save lives' was the legally binding rule issued for pregnant women on 16 March 2020. The PANDAS (Pre and Post Natal Depression Advice and Support) Foundation recognised that there was an increase in the number of calls made to their free telephone helpline. Reviewing the calls from December 2019 to May 2020 demonstrated that call volume peaked the day after this ruling. Callers reported high levels of anxiety regarding their health and pregnancy, work and financial situations. Volunteers responded by sharing online resources, demonstrating a breadth of knowledge around support services for their callers at a time when midwives and health visitors were offering very limited face-to-face contact and support. (Author)

---

## 2021-08272

### **Racial inequities in the course of treating perinatal mental health challenges: Results from listening to mothers in California.**

Declercq E, Feinberg E, Belanoff C (2022), *Birth* vol 49, no 1, March 2022, pp 132-140

#### Background

Concern with depression during the perinatal period has resulted in multiple states enacting legislation to require universal screening of mothers for postpartum depression. Despite this concern, rates of women receiving mental health counseling during pregnancy and postpartum remain low. This study examines factors, especially inequities in race/ethnicity, associated with receiving perinatal mental health counseling.

#### Methods

This study draws on data from the Listening to Mothers in California survey of 2539 women, based on a representative sample of birth certificate files of women who gave birth in 2016. The survey included a series of mental health questions, based on the 4-item Patient Health Questionnaire (PHQ-4), and questions on the receipt of counseling, whether a practitioner asked respondents about their mental health, and whether the respondent was taking medications for anxiety or depression.

#### Results

We found non-Latina Black women to experience both higher rates of prenatal depressive symptoms and significantly lower use of postpartum counseling services and medications than non-Latina White women. Among women with depressive symptoms, those asked by a practitioner about their mental health status reported a 46% rate of counseling compared with 20% who were not asked, and in a multivariable analysis, those asked were almost six times more likely (aOR 5.96; 95% CI 1.6-21.7) to report counseling.

#### Discussion

These findings lend evidence to those advocating for state laws requiring universal screening for depressive symptoms to reduce inequities and help address the underuse of counseling services among all women with depressive symptoms, particularly women of color. (Author)

Full URL: <https://doi.org/10.1111/birt.12584>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-08231

**Risk of adverse perinatal outcomes in infants born to mothers with mental health conditions.** Heuckendorff S, Christensen LF, Fonager K, et al (2021), *Acta Obstetrica et Gynecologica Scandinavica* vol 100, no 11, November 2021, pp 2019–2028

### Introduction

Maternal mental health conditions have been shown to affect perinatal outcomes negatively. However, knowledge on the impact of different types and severities of maternal mental health conditions is needed. The objective of this study was to determine the association between maternal mental health status and perinatal health outcomes in the infant.

### Material and methods

This register-based cohort study included all live-born infants in Denmark born between 2000 and 2016. Exposed infants were grouped based on whether the mothers received mental health care in primary care settings only (minor conditions) or required specialized psychiatric intervention (moderate–severe conditions) within 12 months before childbirth. Modified Poisson regression analyses were applied to produce adjusted risk ratios (aRRs) for each perinatal outcome of interest. The primary outcomes were neonatal mortality, 5-minute Apgar scores <7 and <4 and newborn hospital admission during the neonatal period. Secondary outcomes included several neonatal morbidities such as respiratory distress syndrome and abstinence syndrome.

### Results

A total of 952 071 infants were included in the analysis; 4.0% had mothers with minor mental health conditions and 2.9% had mothers with moderate–severe conditions. The risk of neonatal death in exposed infants was aRR 1.08 (95% CI 0.93–1.27) for minor mental health conditions and aRR 0.93 (95% CI 0.78–1.11) for moderate–severe conditions. Both exposure groups had increased risks of 5-minute Apgar scores <7 (minor: aRR 1.28, 95% CI 1.16–1.41; moderate–severe: aRR 1.49, 95% CI 1.34–1.66); 5-minute Apgar scores <4 (minor: aRR 1.10, 95% CI 0.93–1.30; moderate–severe: aRR 1.18, 95% CI 0.98–1.43), and hospital admission during the neonatal period (minor: aRR 1.20, 95% CI 1.17–1.23; moderate–severe: aRR 1.22, 95% CI 1.19–1.26) along with several neonatal morbidities. An explicit high risk was seen for abstinence syndrome (minor: aRR 10.30, 95% CI 8.40–12.63; moderate–severe: aRR 12.13, 95% CI 10.17–15.67).

### Conclusions

Infants of mothers with moderate–severe and minor mental health conditions were at increased risks of multiple adverse perinatal outcomes. Effective supportive interventions to improve outcomes in both groups are needed. (Author)

Full URL: <https://doi.org/10.1111/aogs.14241>

## 2021-08212

**Cultivating mental health education in Obstetrics and Gynecology: a call to action.** Hutner LA, Yeaton-Massey A, Toscano M, et al (2021), *American Journal of Obstetrics & Gynecology MFM* vol 3, no 6, November 2021, 100459

Mental health disorders are common and have a significant negative impact on the health and wellbeing of women. For example, perinatal mental health disorders, such as anxiety and depression, are widely understood to be the most common complications of pregnancy and childbirth. Untreated mental health disorders are associated with significant obstetric and psychiatric sequelae and have a long-lasting impact on neonatal and childhood outcomes. As front-line providers for women during times of elevated risk of psychiatric morbidity, such as pregnancy and postpartum, obstetrician gynecologists (Ob-Gyns) are compelled to have familiarity with these disorders. Yet a wide gap exists between the clinical need and the level of education in mental health disorders Ob-Gyn providers receive. The objectives of this Current Commentary are to describe the urgent need for education in mental health for Ob-Gyn providers and to introduce our vision for a concise, evidence-based and accessible set of digital educational materials designed to convey core concepts in women's reproductive mental health. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-07732

**Women's experiences of maternity and perinatal mental health services during the first Covid-19 lockdown.** Das R (2021), *Journal of Health Visiting* vol 9, no 7, July 2021, pp 297-303

This article presents evidence relating to the effects of Covid-19 on perinatal wellbeing, pregnancy and maternity. It describes findings from a qualitative project with 14 pregnant women and new mothers, conducted in England during the spring lockdown of 2020. It reveals that those who have additional vulnerabilities, such as financial insecurities, poor social relationships, experiences of birth trauma or physical and mental health difficulties have experienced the pandemic and social distancing measures with heightened effects on their wellbeing. Infant feeding support, health visits and baby weigh-in sessions were the three services most missed in their in-person formats and there was a near unanimous assertion that these are sorely needed. There was wide variation in accessing digital support; some were significantly unaware of sources of online support, with others using informal connections, some being supported extensively, remotely, by perinatal mental health services. (Author)

---

## 2021-07644

**Maternal Journal: Creative journaling to support mental health and wellbeing.** Godfrey-Isaacs L (2021), *International Journal of Birth and Parent Education* vol 8, no 4, July 2021, pp 5-8

Maternal Journal is an interdisciplinary Arts in Health project which explores the potential of journaling in pregnancy, early parenthood and beyond, as a way to promote wellbeing and positive mental health, particularly for those who have a history of mild to moderate mental health issues. From its early beginnings in 2017 as a pilot project supported by the Institute of Psychiatry, Psychology and Neuroscience at King's College London, Maternal Journal has grown into an international movement with over 60 groups worldwide and a thriving online community. Groups are run in person and online by midwives, doulas, artists and mental health specialists and individuals are also encouraged to journal on their own and share content on social media. (Author)

---

## 2021-07643

**A critical and empowering perinatal arts in health movement.** Hogan S (2021), *International Journal of Birth and Parent Education* vol 8, no 4, July 2021, pp 3-4

Susan Hogan, Professor of Arts & Health at the University of Derby and Professorial Fellow at the Institute of Mental Health, University of Nottingham, discusses the place of the arts in supporting and empowering women across the transition to parenthood. (Author)

---

## 2021-06406

**Perinatal Behavioral Health, the COVID-19 Pandemic, and a Social Determinants of Health Framework.** Ruyak SL, Kivlighan KT (2021), *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* vol 50, no 5, September 2021, pp 525-538

The United States has greater prevalence of mental illness and substance use disorders than other developed countries, and pregnant women are disproportionately affected. The current global COVID-19 pandemic, through the exacerbation of psychological distress, unevenly affects the vulnerable population of pregnant women. Social distancing measures and widespread closures of businesses secondary to COVID-19 are likely to continue for the foreseeable future and to further magnify psychosocial risk factors. We propose the use of a social determinants of health framework to integrate behavioral health considerations into prenatal care and to guide the implementation of universal and comprehensive psychosocial assessment in pregnancy. As the most numerous and well-trusted health care professionals, nurses are ideally positioned to influence program and policy decisions at the community and regional levels and to advocate for the full integration of psychosocial screening and behavioral health into prenatal and postpartum care as core components. (Author)

**Full URL:** <https://doi.org/10.1016/j.jogn.2021.04.012>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2021-05990

**Health practitioners' recognition and management of postpartum obsessive-compulsive thoughts of infant harm.** Mulcahy MT, Rees C, Galbally M, et al (2020), Archives of Women's Mental Health vol 23, no 5, October 2020, pp 719-726

The postpartum period has been associated with elevated rates of onset of obsessive-compulsive disorder (OCD) among women, with a prevalence of 2–9%. Postpartum OCD is often characterized by recurrent, unwanted, and highly distressing thoughts, images, or impulses of deliberate infant harm. This study investigated health practitioners' recognition of, and clinical management strategies for, postpartum obsessive-compulsive symptoms (OCS). Ninety-four perinatal health practitioners from a range of disciplines and professional backgrounds completed a survey comprised of a hypothetical case vignette and questions eliciting their responses to a clinical presentation of postpartum infant harming obsessions. Almost 70% of participants did not accurately identify OCS within the case. Furthermore, the majority of practitioners endorsed at least one contraindicated clinical management strategy likely to aggravate postpartum OCS. Accurate recognition of OCS was associated with the selection of fewer contraindicated strategies. Some aspects of practitioner training and experience were associated with correct OCS identification. These findings underscore the need for targeted, interdisciplinary education to improve the detection and management of women experiencing postpartum OCS. (Author)

---

## 2021-05294

**The Collision of Mental Health, Substance Use Disorder, and Suicide.** Forray A, Yonkers KA (2021), Obstetrics & Gynecology vol 137, no 6, June 2021, pp 1083-1090

Suicide is the 10th leading cause of death, and, in women, nearly half of all suicide deaths occur during their reproductive years. Suicide is associated with psychiatric illness, especially mood and anxiety disorders. Childhood adversities, such as physical, emotional, and sexual abuse, and intimate partner violence increase the risk of suicide. Having more than one psychiatric disorder or comorbid substance use disorder also increases the risk of suicide. Substance use disorders can be the triggering factor for a suicide attempt among those who have a psychiatric condition and suicidal thoughts. Women attempt suicide three times more often than men, although they are less likely to complete suicide. Although the rate of suicide decreases in the perinatal period, pregnant women are more likely to use violent means. Women who complete suicide in the perinatal period are also more likely to be younger, married, and experiencing a depressive episode. For many women, the only encounter with the medical system they have might be in reproductive health care clinics. This means that their obstetrician–gynecologist has a unique opportunity to address women's mental health and enhance suicide prevention. The American College of Obstetricians and Gynecologists recommends screening for depression among perinatal women. Clinicians need to be aware that women with severe perinatal depression are at increased risk of suicide and that women with suicidal thoughts need careful monitoring, evaluation, and treatment. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2021-05092**

**Perinatal psychological interventions to promote breastfeeding: a narrative review.** Gómez L, Verd S, de-la-Banda G, et al (2021), International Breastfeeding Journal vol 16, no 8, 6 January 2021

#### Background

Emotional distress in mothers inhibits the let-down reflex, thus affecting breastfeeding self-efficacy. A breastfeeding mother may have to cope with both physical discomfort and psychological distress. However, literature on initiatives to improve breastfeeding rates has focused mainly on providing community-based peer support, or social policies. The aim of this review is to assess evidence on the effectiveness of a broad range of psychological interventions to facilitate breastfeeding for mothers facing difficulties around the time of delivery.

#### Methods

The review of the literature is derived from a search on Cochrane Library, PubMed, EBSCOhost, and PsycINFO for papers published since 1980. The approach was to explore quantitative and qualitative parameters. Quantitative parameters included breastfeeding initiation, duration, and composition. Qualitative parameters recorded the evaluation of maternal perceptions on breastfeeding success. The high heterogeneity of the studies led to a narrative review; 20 selected papers that report on breastfeeding outcomes and psychological programs met the inclusion criteria.

#### Results

The evidence on breastfeeding support through psychotherapy is heterogeneous and scant. Out of the included studies, 11 were randomized controlled trials, two were non-randomised trials, and two used a quasi-experimental design. None of the studies reported an increase in adverse breastfeeding outcomes. Three studies failed to report an association between psychological procedures and improved breastfeeding outcomes. A literature review showed that 17 (85%) analyses support stress-releasing techniques to facilitate breastfeeding.

#### Conclusions

This review suggests that relaxation interventions carefully tailored to address perinatal emotional distress may lead to important health benefits, including improvement in breastfeeding outcomes. There is also some indication that psychotherapy support while breastfeeding may have more impact than routine counselling. Conversely, this review did not find an association between self-hypnosis and breastfeeding outcomes. Data from this study can be used in designing prevention programs and future research with appropriate theoretical underpinning. (Author)

**Full URL:** <https://doi.org/10.1186/s13006-020-00348-y>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-04941**

**Resilience mediates the effect of self-efficacy on symptoms of prenatal anxiety among pregnant women: a nationwide smartphone cross-sectional study in China.** Ma R, Yang F, Zhang L, et al (2021), BMC Pregnancy and Childbirth vol 21, no 430, 17 June 2021

#### Background

Prenatal anxiety is one of the most prevalent mental disorders during pregnancy. This study assessed the prevalence of prenatal anxiety and examined whether resilience could play the mediating role in the association between self-efficacy and symptoms of prenatal anxiety among pregnant women in China.

#### Methods

A nationwide smartphone cross-sectional study was carried out in three cities (Shenyang of Liaoning Province, Zhengzhou of Henan Province and Chongqing Municipality) in China from July 2018 to July 2019. The questionnaire consisted of questions on demographic characteristics, the Generalized Anxiety Disorder Scale (GAD-7), the Chinese version of General Self-efficacy Scale (GSES), and the 14-item Wagnild and Young Resilience Scale (RS-14). A total of 665 pregnant women were recruited in this study. A hierarchical multiple regression model was employed to explore the associate factors and mediators of symptoms of prenatal anxiety. A structural equation model was employed to test the hypothesis that resilience mediates the association between self-efficacy and symptoms of prenatal anxiety.

#### Results

The prevalence of symptoms of prenatal anxiety was 36.4% in this study. Self-efficacy was negatively correlated with symptoms of prenatal anxiety ( $r = -0.366$ ,  $P < 0.01$ ). Resilience had a significant positive correlation with self-efficacy ( $r = 0.612$ ,  $P < 0.01$ ) and had a negative correlation with symptoms of prenatal anxiety ( $r = -0.427$ ,  $P < 0.01$ ). The hierarchical multiple regression model indicated that self-efficacy and resilience were the main factors associated with symptoms of prenatal anxiety and contributed to 11.9% and 6.3% to the variance of symptoms of prenatal anxiety, respectively. Resilience served as a mediator between self-efficacy and symptoms of prenatal anxiety ( $a*b = -0.198$ , Bias-corrected and accelerated bootstrap 95% Confidence interval:  $-0.270, -0.126$ ).

#### Conclusions

Self-efficacy was a negative predictor of symptoms of prenatal anxiety among pregnant women. Moreover, resilience mediated the relation between self-efficacy and symptoms of prenatal anxiety among pregnant women in China. It was observed in this study that psychological interventions might be beneficial for pregnant women to relieve symptoms of prenatal anxiety through improved self-efficacy and resilience. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-03911-5>

**2021-04838**

**Perinatal Mood and Anxiety Disorders: Research and Implications for Nursing Care.** Beck CT (2021), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 50, no 4, July 2021, pp e1-e46

Perinatal mood and anxiety disorders are dangerous thieves that rob mothers of precious time with their infants and can have lasting effects for the mother, her infant, older children, and significant others. The purpose of this practice monograph is to inform and alert nurses to the gravity of perinatal mood and anxiety disorders for women and their families. In this monograph, the following topics are addressed: mood and anxiety disorders during pregnancy; postpartum anxiety disorders, including postpartum obsessive-compulsive disorder (OCD), postpartum onset panic disorder, and posttraumatic stress disorder (PTSD) related to childbirth; postpartum mood disorders, including postpartum psychosis (PPP), bipolar II disorder, and postpartum depression (PPD); and PPD and posttraumatic stress response in fathers. Primary and secondary prevention interventions, such as antidepressants and psychotherapy, are described, and screening scales to identify women with perinatal mood and anxiety disorders are reviewed. Throughout the monograph, nursing interventions are suggested, and sample cases are used to illustrate women's and men's experiences with perinatal mood and anxiety disorders. (Author, edited)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



The Royal College of Midwives Trust  
10-18 Union Street  
London  
SE1 1SZ



Open 24 hours a day, 7 days a week  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



Chief Executive:  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
President:  
Rebecca Davies, RM  
Patron:  
HRH The Princess Royal

**2021-04708**

**Systematic Screening for Perinatal Mood and Anxiety Disorders to Promote Onsite Mental Health Consultations: A Quality Improvement Report.** Johnson A, Stevenson E, Moeller L, et al (2021), Journal of Midwifery & Women's Health vol 66, no 4, July/August 2021, pp 534-539

#### Introduction

Perinatal mood and anxiety disorders are the most common complication during pregnancy and postpartum. Screening, diagnosis, and treatment for these disorders are inhibited by limited mental health resources for patients and health care providers, lack of provider training, and time constraints. Systematic screening combined with onsite mental health consultation is an evidence-based method to increase timely diagnosis and treatment. The purpose of this quality improvement project was to promote and improve onsite mental health consultations through the implementation of a systematic screening guideline.

#### Process

The systematic screening guidelines included administration of the Patient Health Questionnaire-9 at the perinatal intake visit, the Edinburgh Perinatal Depression Scale between 28 and 32 weeks' gestation and again between 2 and 8 weeks postpartum. The guidelines included onsite mental health consultations for eligible women. Screening rates, attended onsite mental health consultations, and health care provider satisfaction and feedback surveys were collected over a 3-month period, before and after guideline implementation.

#### Outcomes

Perinatal mood and anxiety disorder screening rates were significantly increased from 24.9% to 64.2% ( $P < .001$ ) at the perinatal intake visit and in the third trimester from 0.3% to 32.8% ( $P < .001$ ) with the implementation of a systematic screening guideline. Onsite mental health consultations significantly increased from 7.2% to 15.2% ( $P < .001$ ). Perinatal care providers ( $n = 9$ , 100%) were satisfied with the screening guideline and reported that it added 5 minutes or less to their office visits.

#### Discussion

The implementation of a systematic perinatal mood and anxiety disorder screening guideline increased completed screenings in the perinatal period and increased the number of attended onsite mental health consultations. Systematic screening combined with onsite mental health consultation is a successful way to identify at-risk women and offer critical and convenient maternal mental health care without increasing the burden on perinatal care providers. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-04537**

**Health-related quality of life and quality of care in pregnant and postnatal women during the coronavirus disease 2019 pandemic: A cohort study.** Alaya F, Worrall A, O'Toole F, et al (2021), International Journal of Gynecology & Obstetrics vol 154, no 1, July 2021, pp 100-105

#### Objective

Health-related quality of life (HRQoL) and the delivery of high-quality care are ongoing concerns when caring for pregnant women during the coronavirus disease 2019 (COVID-19) pandemic. We compared self-reported HRQoL and hospital quality of care among perinatal women with and without COVID-19.

#### Methods

This is a prospective cohort study of perinatal women attending a tertiary maternity unit during the pandemic. Eighteen women who tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and 20 SARS-CoV-2-negative women were recruited. Participants completed the Short Form Health Survey (SF-12), Clinical Outcomes in Routine Evaluation-Outcome Measure, and Quality from the Patient's Perspective questionnaires. Mean scores were compared.

#### Results

Of the Non-COVID-19 cohort, 95% (n = 19) were Caucasian, whereas 67% (n = 12) of the COVID-19 cohort were not Caucasian ( $\chi^2 = 16.01$ ,  $P < 0.001$ ). The mean SF-12 for physical health in the COVID-19 cohort had significantly lower scores ( $P < 0.002$ ). There was no difference in mental health and well-being between cohorts. The quality of care experienced was notably similar and very positive.

#### Conclusion

There was a significantly greater burden on physical health among pregnant women with COVID-19. Mental health and psychological status were similar in both groups. High quality of care during a pandemic is possible to deliver in a maternity setting, irrespective of COVID-19 status. (Author)

**Full URL:** <https://doi.org/10.1002/ijgo.13711>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-04482**

**The clinical performance and cost-effectiveness of two psychosocial assessment models in maternity care: The Perinatal Integrated Psychosocial Assessment study.** Chambers GM, Botha W, Reilly N, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 2, March 2022, pp e133-e141

**Problem**

Although perinatal universal depression and psychosocial assessment is recommended in Australia, its clinical performance and cost-effectiveness remain uncertain.

**Aim**

To compare the performance and cost-effectiveness of two models of psychosocial assessment: Usual-Care and Perinatal Integrated Psychosocial Assessment (PIPA).

**Methods**

Women attending their first antenatal visit were prospectively recruited to this cohort study. Endorsement of significant depressive symptoms or psychosocial risk generated an 'at-risk' flag identifying those needing referral to the Triage Committee. Based on its detailed algorithm, a higher threshold of risk was required to trigger the 'at-risk' flag for PIPA than for Usual-Care. Each model's performance was evaluated using the midwife's agreement with the 'at-risk' flag as the reference standard. Cost-effectiveness was limited to the identification of True Positive and False Positive cases. Staffing costs associated with administering each screening model were quantified using a bottom-up time-in-motion approach.

**Findings**

Both models performed well at identifying 'at-risk' women (sensitivity: Usual-Care 0.82 versus PIPA 0.78). However, the PIPA model was more effective at eliminating False Positives and correctly identifying 'at-risk' women (Positive Predictive Value: PIPA 0.69 versus Usual Care 0.41). PIPA was associated with small incremental savings for both True Positives detected and False Positives averted.

**Discussion**

Overall PIPA performed better than Usual-Care as a psychosocial screening model and was a cost-saving and relatively effective approach for detecting True Positives and averting False Positives. These initial findings warrant evaluation of longer-term costs and outcomes of women identified by the models as 'at-risk' and 'not at-risk' of perinatal psychosocial morbidity. (Author)

**Full URL:** <https://doi.org/10.1016/j.wombi.2021.05.007>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-04373

**Mental health among pregnant women with COVID-19–related stressors and worries in the United States.** Liu J, Hung P, Alberg AJ, et al (2021), Birth vol 48, no 4, December 2021, pp 470-479

### Background

Few studies have evaluated whether pandemic-related stressors, worries, and social distancing have affected the mental health of pregnant women during the COVID-19 pandemic.

### Methods

Data came from an online survey of United States pregnant women (n = 715), conducted in May 2020. The Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder Scale were used to assess depressive symptoms, thoughts of self-harm, and moderate or severe anxiety. Multiple logistic regressions were used to examine the associations of COVID-19 experiences with mental health outcomes.

### Results

Participants were racially diverse. The prevalence of adverse mental health outcomes was 36% for probable depression, 20% for thoughts of self-harm, and 22% for anxiety. Women who reported family members dying from COVID-19 had four times higher odds of having thoughts of self-harm than women who did not experience family death. Depression was more prevalent among women who canceled or reduced medical appointments. Women were more likely to have worse mental health outcomes if they expressed worry about getting financial or emotional/social support, about their pregnancy, or about family or friends. Strict social distancing was positively associated with depression. A higher proportion of adults working from home was inversely associated with depression and thoughts of self-harm.

### Conclusion

High percentages of pregnant women had symptoms of depression or anxiety, suggesting an urgent need to screen and treat mental health conditions among pregnant women during the pandemic. Pandemic-related risks and protective factors are relevant to developing tailored interventions to address the mental health of pregnant women during pandemic circumstances. (Author)

Full URL: <https://doi.org/10.1111/birt.12554>

---

## 2021-04206

**Pregnancy: Mental Health Services [written answer].** House of Commons (2021), Hansard Written question 6395, 24 May 2021

Ms Nadine Dorries responds to a written question from Dr Rosena Allin-Khan to the Secretary of State for Health and Social Care, regarding whether all expectant mothers and birthing people can access NHS perinatal services in every region of England. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-05-24/6395>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-03760**

**Perinatal Depressive Symptom Trajectories Among Adolescent Women in New York City.** Simons HR, Thorpe LE, Jones HE, et al (2020), Journal of Adolescent Health vol 67, no 1, July 2020, pp 84-92

**Purpose**

The aim of the study was to estimate distinct trajectories of depressive symptoms among adolescent women across the perinatal period.

**Methods**

Using longitudinal depressive symptom data (Center for Epidemiologic Studies Depression Scale) from control participants in the Centering Pregnancy Plus Project (2008–2012), we conducted group-based trajectory modeling to identify depressive symptomatology trajectories from early pregnancy to 1-year postpartum among 623 adolescent women in New York City. We examined associations between sociodemographic, psychosocial, and pregnancy characteristics and the outcome, depressive symptom trajectories.

**Results**

We identified three distinct trajectory patterns: stable low or no depressive symptoms (58%), moderate depressive symptoms declining over time (32%), and chronically high depressive symptoms (11%). Women with chronically high symptoms reported higher levels of pregnancy distress and social conflict and lower perceived quality of social support than other women.

**Conclusions**

This study found heterogeneity in perinatal depressive symptom trajectories and identified a group with chronically high symptoms that might be detected during prenatal care. Importantly, we did not identify a trajectory group with new-onset high depressive symptoms postpartum. Findings have important implications for screening and early treatment. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2021-03537**

**Postpartum depression and anxiety: a community-based study on risk factors before, during and after pregnancy.** van der Zee-van den Berg AI, Boere-Boonekamp MM, Groothuis-Oudshoorn CGM, et al (2021), Journal of Affective Disorders vol 286, 1 May 2021, pp 158-165

#### Background

Depression and anxiety occur frequently postpartum, calling for early detection and treatment. Evidence on risk factors may support early detection, but is inconclusive. Our aim was to identify risk factors for postpartum depression and anxiety, before, during and after pregnancy.

#### Methods

We used data from 1406 mothers of the intervention arm of the Post-Up study. Risk factors were collected at 3 weeks and 12 months postpartum. Depression and anxiety symptoms were measured in the first month postpartum by the Edinburgh Postnatal Depression Scale (EPDS) and 6-item State-Trait Anxiety Inventory (STAI-6), respectively. We used stepwise logistic regression to identify relevant risk factors.

#### Results

Of the mothers, 8.0% had EPDS-scores  $\geq 9$  and 14.7% STAI-6-scores  $\geq 42$ . Factors associated with higher risk of depression were: foreign language spoken at home, history of depression, low maternal self-efficacy and poor current health of the mother. No initiation of breastfeeding was associated with lower risk of depression, no breastfeeding at 3 weeks postpartum increased the risk. Factors associated with higher risk of anxiety were: higher educational level, history of depression, preterm birth, negative experience of delivery and first week postpartum, excessive infant crying, low maternal self-efficacy, low partner support and poor current maternal health.

#### Limitations

Use of a self-report instrument, potential bias by postpartum mood status, and no inclusion of emerging depression cases after one month postpartum.

#### Conclusions

The shared and separate risk factors for postpartum depression and anxiety may help professionals in identifying mothers at increased risk and provide opportunities for preventive interventions and treatment. (Author)

**Full URL:** <https://doi.org/10.1016/j.jad.2021.02.062>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-03475

**The role of epigenetics in perinatal depression: Are there any candidate biomarkers?.** Carnevali GS, Buoli M (2021), Journal of Affective Disorders vol 280, Part B, 1 February 2021, pp 57-67

### Background

Approximately 12% of all women will be affected by Perinatal Depression (PD), a condition associated with an increased risk for low birth weight, preterm birth, preeclampsia, maternal suicide and infanticide. The identification of biomarkers for PD could be useful for early identification and for the development of new treatments. Purpose of the present manuscript is to review the potential epigenetic biomarkers which were associated with PD.

### Methods

We performed a bibliographic research on PubMed, in order to find studies that proposed epigenetic biomarkers for PD. A total of 9 studies met our inclusion criteria.

### Results

Most available data are concordant in showing that women affected by PD have epigenetic alterations versus Healthy Controls (HC), especially with regard to Hypothalamic Pituitary Adrenal (HPA) axis, oxytocin system, inflammatory response, neuronal differentiation and circadian rhythms. PD might be characterized by specific epigenetic changes; however, the available data are preliminary.

### Limitations

Many articles report results obtained on a limited sample size, in different cell types or tissues. Furthermore, sometimes the studies selected a restricted number of genes. As a result, most available data have not been replicated.

### Conclusions

Epigenetic changes of different biological systems could be involved in the etiology of PD. However, until now data are too scanty to draw definitive conclusions. Future studies with larger samples can confirm the results and hypothesis presented in this review. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-03393**

**Trajectories of mothers' and fathers' depressive symptoms from pregnancy to 24 months postpartum.** Kiviruusu O, Pietikäinen JT, Kylliäinen A, et al (2020), Journal of Affective Disorders vol 260, January 2020, pp 629-637

#### Objectives

This study investigated trajectories of mothers' and fathers' depressive symptoms from prenatal to 24 months postpartum. Prenatal correlates of the trajectories were also examined.

#### Methods

Mothers (N = 1670) and fathers (N = 1604) from the Finnish CHILD-SLEEP birth cohort, reported depressive symptoms at 32nd pregnancy week and 3, 8, and 24 months postpartum using the Center for Epidemiologic Studies Depression Scale (CES-D, 10-item). Profile analysis was used to group participants according to their longitudinal patterns of depressive symptoms. Prenatal predictors (sociodemographic, health, substance use, sleep, and stress related factors, family atmosphere) of depressive symptom trajectories as well as association between parents' trajectories were analyzed using multinomial logistic regression.

#### Results

For both mothers and fathers, a solution with three stable depressive symptom trajectories (low: 63.1% mothers and 74.9% fathers; moderate: 28.1% and 22.6%; high: 8.8% and 2.6%) was considered the best fitting and most informative. Insomnia, earlier depression, anxiousness, stressfulness, and poor family atmosphere predicted the moderate and high (compared to low) depressive symptom trajectories among both mothers and fathers in multivariate analyses. Mother's higher depressive symptom trajectory was significantly associated with father's higher symptom trajectory ( $p < 0.001$ ).

#### Limitations

Number of cases in the high depressive symptom trajectory group among fathers was low.

#### Conclusions

Maternal and paternal depressive symptom trajectories from prenatal period up to two years postpartum seem stable, indicating the chronic nature of perinatal depressive symptoms. Mothers' and fathers' trajectories are associated with each other and their strongest predictors are common to both. (Author)

**Full URL:** <https://doi.org/10.1016/j.jad.2019.09.038>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-03108

**Links between perinatal risk factors and maternal psychological distress: A network analysis.** Speyer LG, Marshall HA, Ushakova A, et al (2021), Acta Obstetrica et Gynecologica Scandinavica vol 100, no 5, May 2021, pp 917-926

### Introduction

This paper explores a range of perinatal risk factors that may increase maternal vulnerability to postnatal psychological distress in a sample of 17 531 women participating in the Millennium Cohort Study, a diverse British, longitudinal birth cohort study.

### Material and methods

Using a graphical network modeling framework, this study models the links between postnatal psychological distress and perinatal risk factors, while controlling for sociodemographic factors and history of depression and anxiety. Postnatal psychological distress was assessed at 9 months postpartum using the Rutter Malaise Inventory.

### Results

Results of the graphical network models indicate that lower levels of happiness about the pregnancy (Edge weight [w] = 0.084, 95% CI = 0.069-0.100, b = 0.095), smoking during pregnancy (w = 0.026, 95% CI = -0.009-0.060, b = 0.029), infection during pregnancy (w = 0.071, 95% CI = 0.024-0.118, b = 0.090), hyperemesis gravidarum (w = 0.068, 95% CI = 0.013-0.123, b = 0.083), baby in special care (w = 0.048, 95% CI = -0.004-0.099, b = 0.062), not being white (w = 0.101, 95% CI = 0.062-0.140, b = 0.118), being from a more deprived area (w = -0.028, 95% CI = -0.051 to -0.005, b = -0.039), lower income (w = -0.025, 95% CI = -0.055-0.005, b = -0.036), and history of depression or anxiety (w = 0.574, 95% CI = 0.545-0.603, b = 0.764) were associated with increased psychological distress.

### Conclusions

Some perinatal risk factors may be directly associated with postnatal psychological distress, but many risk factors appear to be primarily associated with demographic factors. This emphasizes the importance of taking a holistic approach when evaluating an individual's risk of developing postnatal psychological distress. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-03052**

**Supporting routine psychosocial assessment in the perinatal period: The concurrent and predictive validity of the Antenatal Risk Questionnaire-Revised.** Reilly N, Hadzi-Pavlovic D, Loxton D, et al (2022), *Women and Birth: Journal of the Australian College of Midwives* vol 35, no 2, March 2022, pp e118-e124

**Background**

Australian clinical practice guidelines support comprehensive psychosocial assessment as a routine component of maternity care.

**Aim**

To examine the concurrent and predictive validity of the Antenatal Risk Questionnaire-Revised (ANRQ-R) when used across the perinatal period.

**Methods**

Women completed the ANRQ-R and a diagnostic reference standard (SAGE-SR) in the second and third trimesters and at 3-months postpartum. ANRQ-R test performance for cut-off scores at each time-point was assessed using Receiver Operator Characteristic (ROC) analysis.

**Findings**

Overall sample sizes were N = 1166 (second trimester), N = 957 (third trimester) and N = 796 (3-month postpartum). 6.5%, 5.6% and 6.2% of women met SAGE-SR criteria for any depressive or anxiety disorder at these time-points ('cases'), respectively. ROC analysis yielded acceptable areas under the curve (AUC) when the ANRQ-R was used to detect current (AUC = 0.789–0.798) or predict future (AUC = 0.705–0.789) depression or anxiety. Using an example cut-off score of 18 or more, the ANRQ-R correctly classified 72–76% of concurrent 'cases' and 'non-cases' (sensitivity = 0.70–0.74, specificity = 0.72–0.76) and correctly predicted 74–78% of postnatal 'cases' and 'non-cases' (sensitivity = 0.52–0.72, specificity = 0.75–0.79). Completion of the ANRQ-R earlier in pregnancy yielded greater positive likelihood ratios for predicting depression or anxiety at 3-months postpartum (cut-off  $\geq 18$ : second trimester = 3.8; third trimester = 2.2).

**Conclusion**

The ANRQ-R is a structured psychosocial assessment questionnaire that can be scored to provide an overall measure of psychosocial risk. Cut-off scores need not be uniform across settings. Such decisions should be guided by factors including diagnostic prevalence rates, local needs and resource availability. (Author)

**Full URL:** <https://doi.org/10.1016/j.wombi.2021.04.003>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-03038**

**Mental health status of pregnant and breastfeeding women during the COVID-19 pandemic—A multinational cross-sectional study.** Ceulemans M, Foulon V, Ngo E, et al (2021), *Acta Obstetrica et Gynecologica Scandinavica* vol 100, no 7, July 2021, pp 1219-1229

### Introduction

Evidence on perinatal mental health during the coronavirus disease 2019 (COVID-19) pandemic and its potential determinants is limited. Therefore, this multinational study aimed to assess the mental health status of pregnant and breastfeeding women during the pandemic, and to explore potential associations between depressive symptoms, anxiety, and stress and women's sociodemographic, health, and reproductive characteristics.

### Material and methods

A cross-sectional, web-based study was performed in Ireland, Norway, Switzerland, the Netherlands, and the UK between 16 June and 14 July 2020. Pregnant and breastfeeding women up to 3 months postpartum who were older than 18 years of age were eligible. The online, anonymous survey was promoted through social media and hospital websites. The Edinburgh Depression Scale (EDS), the Generalized Anxiety Disorder seven-item scale (GAD-7), and the Perceived Stress Scale (PSS) were used to assess mental health status. Regression model analysis was used to identify factors associated with poor mental health status.

### Results

In total, 9041 women participated (including 3907 pregnant and 5134 breastfeeding women). The prevalence of major depressive symptoms (EDS  $\geq 13$ ) was 15% in the pregnancy cohort and 13% in the breastfeeding cohort. Moderate to severe generalized anxiety symptoms (GAD  $\geq 10$ ) were found among 11% and 10% of the pregnant and breastfeeding women. The mean ( $\pm$ SD) PSS scores for pregnant and breastfeeding women were  $14.1 \pm 6.6$  and  $13.7 \pm 6.6$ , respectively. Risk factors associated with poor mental health included having a chronic mental illness, a chronic somatic illness in the postpartum period, smoking, having an unplanned pregnancy, professional status, and living in the UK or Ireland.

### Conclusions

This multinational study found high levels of depressive symptoms and generalized anxiety among pregnant and breastfeeding women during the COVID-19 outbreak. The study findings underline the importance of monitoring perinatal mental health during pandemics and other societal crises to safeguard maternal and infant mental health. (Author)

**Full URL:** <https://doi.org/10.1111/aogs.14092>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-03025

**Psychometric adequacy of the Persian adapted version of the Tilburg pregnancy distress scale (P-TPDS).** Salehi L, Mohmoodi Z, Rajati F, et al (2021), BMC Pregnancy and Childbirth vol 21, no 281, 9 April 2021

### Background

Pregnancy distress is a combination of anxiety, stress, and depression during pregnancy. The first step in preventing pregnancy distress is to identify women at risk. The present study assessed adaptation and psychometric adequacy of the Persian Adapted Version of Tilburg Pregnancy Distress Scale (P-TPDS).

### Methods

By Brislin's translation guidelines, TPDS was translated to Persian. This was followed by determining the face validity of P-TPDS and evaluating construct validity using exploratory and confirmatory factor analyses. The Cronbach's alpha coefficients and intra-class correlation coefficient (ICC) were used to estimate reliability.

### Results

A final 16-item scale was loaded on four distinct constructs jointly accounting for 59.62% of variance. The factors were labelled as delivery-related worries, partner involvement, pregnancy-related worries, and social-related worries. The alpha coefficients for P-TPDS subscales ranged from 0.85 to 0.91 and ICC ranged from 0.70 to 0.77. All comparative indices of the model including CFI, IFI, NFI, and NNFI were above 0.9 showing the goodness of fit for the data with a RMSEA of 0.04, lower bound: 0.038.

### Conclusions

The Persian adapted version of TPDS (P-TPDS) is a reliable and valid scale for assessing pregnancy distress among pregnant women in Iran. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-03745-1>

---

## 2021-02753

**Adapting the Pregnancy in Mind (PiM) support service to virtual delivery.** Harrington L, McElearney A, Hyde-Dryden G (2021), International Journal of Birth and Parent Education vol 8, no 3, April 2021, pp 29-33

Poor perinatal mental health is relatively common, and the COVID-19 pandemic has increased psychological distress and feelings of loneliness amongst pregnant women. The UK National Society for the Prevention of Cruelty to Children (NSPCC) Pregnancy in Mind (PiM) service takes a preventative approach to supporting those experiencing or at risk of mild or moderate anxiety and depression during the perinatal period. During the pandemic, the virtual PiM service was developed to support parents-to-be, and an evaluation has found it is acceptable to the practitioners who delivered it across six UK locations. Key learning for practice includes the need to tailor support to practitioners to take account of their local delivery context. Flexible and hybrid models can reduce barriers to access for parents. (Author)

---

## 2021-02396

**Pregnancy: Mental Health Services [written answer].** House of Commons (2021), Hansard Written question 179613, 12 April 2021

Ms Nadine Dorries responds to a written question asked by Zarah Sultana to the Secretary of State for Health and Social Care, regarding whether he has made an assessment of the potential merits of publishing a minimum standard of mental healthcare and support for (a) pregnant women and (b) mothers of young infants. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-04-12/179613>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2021-02395**

**Pregnancy: Mental Health Services [written answer].** House of Commons (2021), Hansard Written question 179612, 12 April 2021

Ms Nadine Dorries responds to a written question from Zarah Sultana to the Secretary of State for Health and Social Care, regarding what assessment he has made of the need for perinatal mental health services with reference to the covid-19 outbreak. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2021-04-12/179612>

---

**2021-02158**

**Integrating human-centred design into the development of an intervention to improve the mental wellbeing of young women in the perinatal period: the Catalyst project.** Salisbury TT, Atmore KH, Nhambongo I, et al (2021), BMC Pregnancy and Childbirth vol 21, no 183, 5 March 2021

Background

Mental wellbeing during pregnancy and the year after birth is critical to a range of maternal and infant outcomes. Many mental health interventions fail to incorporate stakeholder perspectives. The Catalyst Project aimed to work with key stakeholders in Mozambique to develop interventions and delivery strategies which were in-line with existing evidence and the needs, goals, and priorities of those both directly and indirectly involved in its success.

Methods

A qualitative, human-centred design approach was utilised. Focus-group discussions, individual interviews, and observations with young women (aged 16–24 years), their families, community leaders, service providers and government were used to better understand the needs, priorities and challenges to mental wellbeing of young women. These findings were triangulated with the literature to determine priority challenges to be addressed by an intervention. Stakeholder workshops were held to identify potential solutions and co-develop an intervention and delivery strategy.

Results

The 65 participants comprised 23 young pregnant women or new mothers, 12 family members, 19 service providers and 11 staff from the Ministry of Health. Participants highlighted significant uncertainty related to living situations, financial status, education, social support, and limited knowledge of what to expect of the impact of pregnancy and parenting. Family and community support were identified as an important need among this group. The Mama Feliz (Happy Mama) programme was developed with stakeholders as a course to strengthen pregnancy, childbirth and child development knowledge, and build positive relationships, problem-solving and parenting skills. In addition, family sessions address wider cultural and gender issues which impact adolescent maternal wellbeing.

Conclusions

We have developed an intervention to reduce the risk of poor maternal mental health and gives young mothers hope and skills to make a better life for them and their children by packaging information about the risk and protective factors for maternal mental disorders in a way that appeals to them, their families and service providers. By using human-centred design to understand the needs and priorities of young mothers and the health and community systems in which they live, the resulting intervention and delivery strategy is one that stakeholders view as appropriate and acceptable.

**Full URL:** <https://doi.org/10.1186/s12884-021-03675-y>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-02090

**"If you don't ask ... you don't tell": Refugee women's perspectives on perinatal mental health screening.** Wiley SM, Blackmore RP, Gibson-Helm ME, et al (2020), Women and Birth: Journal of the Australian College of Midwives Vol 33, no 5, September 2020, pp E429-E437

### Problem

National guidelines recommending mental health screening in pregnancy have not been implemented well in routine maternity care. Women of refugee background are likely to have experienced traumatic events and resettlement stressors, yet are not often identified with mental health issues in the perinatal period.

### Background

Globally, perinatal mental health conditions affect up to 20% of women. Many difficulties in accessing mental health care in pregnancy exist for women of refugee background including stigma, and cultural and language barriers. Technology can provide an efficient and effective method to overcome some of these barriers.

### Aim

To determine if a digital perinatal mental health screening program is feasible and acceptable for women of refugee background.

### Methods

This qualitative evaluation study used focus group and semi-structured telephone interviews with refugee and migrant women from four communities. Interpreters were used with women who spoke little or no English. Data were analysed using both an inductive and deductive approach to thematic analysis.

### Findings

Under the three key themes: 'Women's experiences of perinatal mental health screening in pregnancy'; 'Barriers and enablers to accessing ongoing mental health care' and 'Improvements to the program: the development of audio versions', women found the program feasible and acceptable.

### Discussion

Screening using a mobile device offered women more privacy and opened up discussions with midwives on emotional health. Improvements in service coordination and access to further mental health management for women is required.

### Conclusion

Perinatal mental health screening is an acceptable and feasible option for women of refugee background. Integrated models of care, case management, and patient navigators are options for improvements in uptake of referral and treatment services.

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-01862**

**Maternal Pregnancy Wantedness and Perceptions of Paternal Pregnancy Wantedness: Associations with Perinatal Mental Health and Relationship Dynamics.** Atzl VM, Narayan AJ, Ballinger A, et al (2021), Maternal and Child Health Journal vol 25, no 3, March 2021, pp 450-459

**Objectives:** This study examined maternal pregnancy wantedness and perceptions of paternal wantedness, and their associations with maternal perinatal mental health symptoms and relationship dynamics.

**Methods:** Low-income, ethnically-diverse pregnant women (N = 101, Mage = 29.10 years, SDage = 6.56, rangeage = 18-44; 37% Latina, 22% African-American, 20% White, 21% biracial/multiracial/other) completed semi-structured interviews of pregnancy wantedness coded by trained raters, and standardized instruments of depression and PTSD symptoms during pregnancy and at 3-4-months postpartum.

**Results:** While maternal pregnancy wantedness (rated from 0-Predominately Ambivalent, 1-Mixed, and 2-Predominately Positive) showed no significant associations, a couple-level scale that combined maternal wantedness and her perceptions of paternal wantedness (Equally Positive Wantedness, Mom Wants More, Dad Wants More and Equally Ambivalent) showed several significant associations. Compared to women in the Equally Positive group, women in the Mom Wants More group had significantly higher prenatal and postnatal depression symptoms, prenatal PTSD symptoms, and prenatal and postnatal relationship conflict; and lower prenatal and postnatal relationship support. Women in the Mom Wants More group also had significantly higher prenatal and postnatal depression symptoms and prenatal conflict; and lower prenatal support than women in the Dad Wants More group.

**Conclusions for practice:** Women who perceive themselves as wanting the pregnancy more than their baby's father are at higher risk for mental health and relationship problems than women who perceive themselves and their partners as equally ambivalent. Providers should ask women about their perceptions of partners' pregnancy wantedness to inform delivery of targeted mental health and relationship-based intervention during pregnancy. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-01819**

**Caesarean delivery and the use of antidepressants.** Bíró A, Elek P (2020), European Journal of Public Health vol 30, no 4, August 2020, pp 727-733

#### Background

The high ratio of caesarean sections (C-sections) is a major public health issue in the developed world; but its implications on maternal mental health are not well understood.

#### Methods

We use individual-level administrative panel data from Hungary between 2010 and 2016 to analyze the relationship between caesarean delivery and antidepressant consumption, an objective indicator of mental health. We focus on low-risk deliveries of mothers without subsequent birth in 3 years, and include around 135 000 observations.

#### Results

After controlling for medical and socio-economic variables, antidepressant use before delivery is associated with an elevated risk of C-section (adjusted OR = 1.10, 95% CI 1.05–1.14) and C-section is associated with a higher probability of antidepressant use within 1–3 years after delivery (e.g. adjusted OR = 1.21, 95% CI 1.12–1.30, within 3 years after delivery, among mothers without pre-delivery antidepressant consumption). Our data restriction ensures that the results are not driven by a mechanical impact of decreasing fertility on the continuation of antidepressant use after a C-section.

#### Conclusions

The results suggest that C-section is associated with worse mental health over the 1- to 3-year horizon after birth. This relationship is particularly important if a caesarean delivery is not necessary due to medical reasons, and physicians as well as expectant mothers should be made aware of the potential mental health implications of the mode of delivery. (Author)

**Full URL:** <https://doi.org/10.1093/eurpub/ckaa047>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-01710

**Psychosocial stratification of antenatal indicators to guide population-based programs in perinatal depression.** Eastwood EDJ, Wang A, Khanlari S, et al (2021), BMC Pregnancy and Childbirth vol 21, no 277, 6 April 2021

### Background

There is increasing awareness that perinatal psychosocial adversity experienced by mothers, children, and their families, may influence health and well-being across the life course. To maximise the impact of population-based interventions for optimising perinatal wellbeing, health services can utilise empirical methods to identify subgroups at highest risk of poor outcomes relative to the overall population.

### Methods

This study sought to identify sub-groups using latent class analysis within a population of mothers in Sydney, Australia, based on their differing experience of self-reported indicators of psychosocial adversity. This study sought to identify sub-groups using latent class analysis within a population of mothers in Sydney, Australia, based on their differing experience of self-reported indicators of psychosocial adversity. Subgroup differences in antenatal and postnatal depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale.

### Results

Latent class analysis identified four distinct subgroups within the cohort, who were distinguished empirically on the basis of their native language, current smoking status, previous involvement with Family-and-Community Services (FaCS), history of child abuse, presence of a supportive partner, and a history of intimate partner psychological violence. One group consisted of socially supported 'local' women who speak English as their primary language (Group L), another of socially supported 'migrant' women who speak a language other than English as their primary language (Group M), another of socially stressed 'local' women who speak English as their primary language (Group Ls), and socially stressed 'migrant' women who speak a language other than English as their primary language (Group Ms.). Compared to local and not socially stressed residents (L group), the odds of antenatal depression were nearly three times higher for the socially stressed groups (Ls OR: 2.87 95%CI 2.10–3.94) and nearly nine times more in the Ms. group (Ms OR: 8.78, 95%CI 5.13–15.03). Antenatal symptoms of depression were also higher in the not socially stressed migrant group (M OR: 1.70 95%CI 1.47–1.97) compared to non-migrants. In the postnatal period, Group M was 1.5 times more likely, while the Ms. group was over five times more likely to experience suboptimal mental health compared to Group L (OR 1.50, 95%CI 1.22–1.84; and OR 5.28, 95%CI 2.63–10.63, for M and Ms. respectively).

### Conclusions

The application of empirical subgrouping analysis permits an informed approach to targeted interventions and resource allocation for optimising perinatal maternal wellbeing.

**Full URL:** <https://doi.org/10.1186/s12884-021-03722-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-01511

**Effects of the COVID-19 pandemic on perinatal mental health in Spain: Positive and negative outcomes.** Chaves C, Marchena C, Palacios B, et al (2022), *Women and Birth: Journal of the Australian College of Midwives* vol 35, no 3, May 2022, pp 254-261

### Background

Previous studies have shown that perinatal distress has a negative influence on pregnancy outcome and the physiological development of the baby.

### Objective

The aim of this study was to describe the effects of the COVID-19 pandemic on maternal perinatal mental health in Spain.

### Methods

Seven hundred and twenty-four women (N = 450 pregnancy, N = 274 postpartum) were recruited online during the pandemic. The Edinburgh Postnatal Depression Scale, the Positive and Negative Affect Schedule, and the Satisfaction With Life Scale were administered. Variables related to sociodemographic information, the COVID-19 pandemic, and perinatal care were also assessed.

### Findings

The results showed that 58% of women reported depressive symptoms. Moreover, 51% of women reported anxiety symptoms. On the other hand, a regression analysis for life satisfaction showed that besides the perception about their own health, marital status or being a health practitioner were also significant predictors during pregnancy. However, perception about baby's health and sleep, perception about their own health, and marital status were significant predictors of life satisfaction during the postpartum stage.

### Discussion

Women assessed during the COVID-19 pandemic reported high rates of psychological distress.

### Conclusion

These results highlight the need of clinical support during this period. Knowing the routes to both distress and well-being may help maternity services to effectively cope with the pandemic.

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-01335**

**Scoping Review of the Associations Between Perinatal Substance Use and Perinatal Depression and Anxiety.** Pentecost R, Latendresse G, Smid M (2021), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 50, no 4, July 2021, pp 382-391

#### Objective

To evaluate published literature on the associations between perinatal substance use (PSU), perinatal depression and anxiety (PDA), and known maternal–newborn outcomes.

#### Data Sources

We conducted a systematic search of health-related databases, including PubMed, CINAHL, MEDLINE, and Embase. Search terms included maternal mental health, substance use, postpartum, opioid, alcohol, methamphetamine, addiction, dependence, pregnancy, depression, and anxiety.

#### Study Selection

We included English-language, peer-reviewed reports of primary research and systematic reviews that were published between 2010 and 2020 and focused on PSU and PDA. We excluded commentaries, nonsystematic reviews, and articles on maternal mental health other than PDA. Fourteen of 379 articles met the inclusion criteria.

#### Data Extraction

We used the Joanna Briggs Institute Review Guidelines to guide extraction of the following data: author(s), year of publication, type of study, country of origin, study sample, targeted substance(s), mental health, key findings, and recommendation(s).

#### Data Synthesis

In studies of PSU, researchers identified a strong association with PDA. Likewise, researchers investigating PDA found a strong association with PSU. Findings from these articles suggest an increasing risk for PSU with increasing severity of PDA, depending on the specific substances of use. Findings also indicated that women with polysubstance use have greater odds for comorbid perinatal mental health conditions. A relationship between PSU and PDA and adverse newborn outcomes, such as low birth weight, was found.

#### Conclusion

There is a paucity of published research on co-occurring PSU and PDA. However, polysubstance use appears to be associated with the greatest risk for PDA. It is essential to address PSU and PDA together to better understand the effects on maternal and infant outcomes.

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**2021-01290**

**A Group Videoconference Intervention for Reducing Perinatal Depressive Symptoms: A Telehealth Pilot Study.** Latendresse G, Bailey E, Iacob E, et al (2021), Journal of Midwifery & Women's Health vol 66, no 1, January/February 2021, pp 70-77

#### Introduction

Perinatal depression occurs in 12% to 18% of childbearing women. Telehealth is a promising platform for delivering perinatal mental health care, particularly during a pandemic when in-person services have been significantly curtailed. However, there is little research to document the feasibility of telehealth to address perinatal depression. This pilot study evaluated the feasibility and preliminary results of an 8-week facilitated group videoconference intervention.

#### Methods

The study enrolled pregnant and postpartum women into an 8-week group mindfulness-based cognitive behavioral intervention, delivered via videoconference platform. Women receiving care at outpatient clinics who either screened positive for perinatal depression symptoms or had risk factors predictive of perinatal depression were invited to participate. Women attended weekly one-hour group sessions using their own electronic device and completed the Edinburgh Postnatal Depression Scale (EPDS) at several time points. Session attendance and survey completion rates were evaluated.

#### Results

A total of 47 women enrolled (8 postpartum; 39 prenatal) into groups of 4 to 6. Twenty-four (51.1%) women were currently experiencing mild to moderate perinatal depression symptoms (EPDS score of 10-20), whereas 23 (48.9%) women had EPDS scores less than 10 but were at high risk for developing perinatal depression due to health history and significant life events. Seventy percent of women attended at least 5 of the 8 sessions. Trajectories of EPDS measures were promising (ie, downward among those with current perinatal depression symptoms and stable among those at high risk for developing perinatal depression).

#### Discussion

These observational results are promising, suggesting further study of effectiveness for women with symptoms of perinatal depression, as well as for women at high risk for developing perinatal depression. Randomized trials could evaluate the effectiveness of the intervention, compared with standard of care approaches. Telehealth interventions can be tailored to meet the needs of different communities, and increase access to care, regardless of where women live or inability to receive in-person services. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20210125-13\***

**The Perinatal Mental Health of Indigenous Women: A Systematic Review and Meta-Analysis.** Owais S, Faltyn M, Johnson AVD, et al (2020), Canadian Journal of Psychiatry vol 65, no 3, March 2020

Objective:

Although Indigenous women are exposed to high rates of risk factors for perinatal mental health problems, the magnitude of their risk is not known. This lack of data impedes the development of appropriate screening and treatment protocols, as well as the proper allocation of resources for Indigenous women. The objective of this systematic review and meta-analysis was to compare rates of perinatal mental health problems among Indigenous and non-Indigenous women.

Methods:

We searched Medline, EMBASE, PsycINFO, CINAHL, and Web of Science from their inceptions until February 2019. Studies were included if they assessed mental health in Indigenous women during pregnancy and/or up to 12 months postpartum.

Results:

Twenty-six articles met study inclusion criteria and 21 were eligible for meta-analysis. Indigenous identity was associated with higher odds of mental health problems (odds ratio [OR] 1.62; 95% confidence interval [CI], 1.25 to 2.11). Odds were higher still when analyses were restricted to problems of greater severity (OR 1.95; 95% CI, 1.21 to 3.16) and young Indigenous women (OR 1.86; 95% CI, 1.51 to 2.28).

Conclusion:

Indigenous women are at increased risk of mental health problems during the perinatal period, particularly depression, anxiety, and substance misuse. However, resiliency among Indigenous women, cultural teachings, and methodological issues may be affecting estimates. Future research should utilize more representative samples, adapt and validate diagnostic and symptom measures for Indigenous groups, and engage Indigenous actors, leaders, and related allies to help improve the accuracy of estimates, as well as the well-being of Indigenous mothers, their families, and future generations. (Author)

---

**2021-01164**

**Migrant mothers' experiences of perinatal mental ill health in the UK and their expectations of healthcare.** Das R, Beszlag D (2021), Journal of Health Visiting vol 9, no 1, January 2021, pp 32-38

A large body of research has found that mothers from ethnic minority groups are at high risk of maternal mental health difficulties. This article presents a study of women from ethnic minority and migrant groups in the UK who experienced mental health difficulties in order to investigate obstacles they met in communicating their challenges with health professionals. Thirty qualitative, semi-structured interviews were conducted and analysed. The findings show that mental health is often a taboo in ethnic minority communities, and that a lack of stimulus and ability to communicate their struggles is one of the main drivers of mental ill-health. Support groups and social media create promising opportunities for combating the issue at hand, but social services, medication, NHS understaffing and insufficient attention paid to mothers by health professionals are the main obstacles met by participants in sourcing support. Research is concluded with recommendations regarding the findings.

(Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20210114-34\***

**Insomnia and poor sleep quality during peripartum: a family issue with potential long term consequences on mental health.**

Baglioni C, Tang NKY, Johann AF, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 23, 2022, pp 4534-4542

**Background**

Improving maternal's health is a worldwide priority. Sleep is a fundamental operating state of the central nervous system and it may be one of the most important psychophysiological processes for brain function and mental health. The study of maternal sleep problem including insomnia, however, implies deepening our understanding of family context. Family systems are dynamic and involve reciprocal interactions among members during day and night. So far, however, maternal and children's sleep has been rarely studied in a family perspective, and paternal sleep has often been neglected.

**Methods**

The present work summarizes in a narrative review the state of the art of our current knowledge on the role of insomnia and poor quality of sleep for mental health in all family members in the peripartum period. The mother, the father, the child and the family interactive perspectives are considered.

**Results**

Insomnia and poor sleep problems are frequent in all family members during peripartum. Poor sleep and insomnia symptoms are recognized as important risk factors for mental health in adults and children. Despite this alarming evidence, sleep is rarely assessed in clinical contexts

**Conclusions**

Clinical implications include the utmost relevance of assessing sleep problems during pregnancy and early post-partum. Insomnia and poor sleep quality should be evaluated and treated in the clinical practice by using a 'family perspective.' (Author)

---

**2021-00758**

**Screening for perinatal anxiety.** Mazzoni SE, Bott NL, Hoffman MC (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 6, June 2021, pp 628-629

Research letter aiming to evaluate the ability of the Edinburgh Postnatal Depression Scale (EPDS) compared with the gold-standard Generalized Anxiety Disorder-7 (GAD-7) to screen for anxiety related symptoms. (LDO)

**Full URL:** <https://doi.org/10.1016/j.ajog.2021.03.004>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-00694**

**Stressors, coping, and resources needed during the COVID-19 pandemic in a sample of perinatal women.** Barbosa-Leiker C, Smith CL, Crespi EJ, et al (2021), BMC Pregnancy and Childbirth vol 21, no 171, 1 March 2021

#### Background

Psychological stress and coping experienced during pregnancy can have important effects on maternal and infant health, which can also vary by race, ethnicity, and socioeconomic status. Therefore, we assessed stressors, coping behaviors, and resources needed in relation to the COVID-19 pandemic in a sample of 162 perinatal (125 pregnant and 37 postpartum) women in the United States.

#### Methods

A mixed-methods study captured quantitative responses regarding stressors and coping, along with qualitative responses to open-ended questions regarding stress and resources needed during the COVID-19 pandemic. Logistic and linear regression models were used to analyze differences between pregnant and postpartum participants, as well as differences across key demographic variables. Qualitative content analysis was used to analyze open-ended questions.

#### Results

During the COVID-pandemic, food scarcity and shelter-in-place restrictions made it difficult for pregnant women to find healthy foods. Participants also reported missing prenatal appointments, though many reported using telemedicine to obtain these services. Financial issues were prevalent in our sample and participants had difficulty obtaining childcare. After controlling for demographic variables, pregnant women were less likely to engage in healthy stress-coping behaviors than postpartum women. Lastly, we were able to detect signals of increased stressors induced by the COVID-19 pandemic, and less social support, in perinatal women of racial and ethnic minority, and lower-income status. Qualitative results support our survey findings as participants expressed concerns about their baby contracting COVID-19 while in the hospital, significant others missing the delivery or key obstetric appointments, and wanting support from friends, family, and birthing classes. Financial resources, COVID-19 information and research as it relates to maternal-infant health outcomes, access to safe healthcare, and access to baby supplies (formula, diapers, etc.) emerged as the primary resources needed by participants.

#### Conclusions

To better support perinatal women's mental health during the COVID-19 pandemic, healthcare providers should engage in conversations regarding access to resources needed to care for newborns, refer patients to counseling services (which can be delivered online/via telephone) and virtual support groups, and consistently screen pregnant women for stressors.

**Full URL:** <https://doi.org/10.1186/s12884-021-03665-0>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**2021-00525**

**The effectiveness of online psychotherapy interventions for the treatment of perinatal mental health disorders: a systematic review.** Black R, Sinclair M, Miller PW, et al (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 14-26

**Background:** There is a wide spectrum of perinatal mental health (PMH) disorders including anxiety, depression, stress, compulsive disorders, post-traumatic stress disorder (PTSD), mania and postpartum psychosis. Up to 20 per cent of women are found to be suffering from anxiety and or depression during pregnancy and the first three months postnatally. Maternal mental health can have an impact on the infant both antenatally and throughout the life course, with social, emotional and cognitive consequences. Therefore, there is a critical need for evidence-based interventions which address PMH disorders. At present, cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing therapy (EMDR) are the most commonly used therapies. They remain the only psychotherapies for PTSD in the perinatal period approved by The National Institute for Health and Care Excellence (NICE 2014).

**Objective:** To assess the effectiveness of online psychotherapy (O-P-T) interventions for the treatment of PMH disorders.

**Methods:** To address the research question 'What is the effectiveness of online psychotherapy interventions for the treatment of perinatal mental health disorders?' the researchers developed eligibility criteria using the Cochrane PICOS framework. Five electronic databases were searched: PsycInfo, MEDLINE, CINAHL Complete, ProQuest Dissertations & Theses and Scopus, along with Google Scholar and the Shapiro Library, to identify papers which investigated O-P-T interventions published before July 2020.

Interventions were included if study participants had a clinician-assessed diagnosis of a PMH illness at screening and if the study had an experimental design with clinician involvement as part of the intervention. The included studies were assessed for quality using the standard quality assessment criteria for evaluating primary research papers from a variety of fields (QualSyst) (Kmet et al 2004).

**Findings:** Searches yielded 2567 results from the selected databases. Five studies were included in the review (209 participants), three were postnatal depression (PND) interventions and two were antenatal depression (AD) interventions. All were CBT-based. Quality ratings of the included studies were found to be high based on QualSyst scores, however treatment fidelity was not reported. Pooled effect sizes found a small to medium effect favouring the intervention versus control on the reduction of depressive symptoms, according to their score on the selected depression measures, and in some cases remission ( $d=0.48$ , 95% CI  $-0.07$ ,  $1.06$ ). The results from the pooled effect sizes on available withingroup data resulted in a large treatment effect for depression, anxiety and stress outcomes ( $d=1.90$ ;  $d=0.81$ ;  $d=1.05$ ). Attrition rates were comparable with other online psychotherapy studies for mental health.

**Conclusions:** This review provides evidence that O-P-T interventions for the treatment of PMH disorders are effective in improving clinical outcomes in the reduction of depression, anxiety and stress. Despite NICE (2014) recommendations for the treatment of PTSD in the perinatal period there remains a gap in the literature for online EMDR interventions. In addition, there is a lack of research for O-P-T interventions delivered via different modalities, such as videoconferencing, and a scarcity of research into O-P-T for other PMH disorders.

This is the first synthesis of research into O-P-T for women who meet diagnostic criteria for PMH disorders as classified by the International Classification of Diseases (ICD-11) (World Health Organization (WHO) 2020) or the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association 2013). (Author) [This article is also published in Evidence Based Midwifery, vol 19, no 1, March 2021]

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-00201

**Prevalence of suicidal ideation and associated factors among HIV positive perinatal women on follow-up at Gondar town health institutions, Northwest Ethiopia: a cross-sectional study.** Zewdu LB, Reta MM, Yigzaw N, et al (2021), BMC Pregnancy and Childbirth vol 21, no 42, 9 January 2021

### Background

Suicidal behaviors cover a range or continuum of acts from suicidal ideations to a series of actions, commonly known as suicidal attempts or deliberate self-harms. Though different mental disorders related studies were conducted among HIV/AIDS patients, there is a scarcity of information about the magnitude and determinants of suicidal thoughts among perinatal women.

Therefore, this study aimed to determine the prevalence of suicidal ideation and associated factors among HIV positive perinatal women in the study setting.

### Methods

An institution-based cross-sectional study was conducted among perinatal women on treatment to the prevention of mother to child transmission of HIV/AIDS at Gondar town health facilities. A total of 422 HIV-positive perinatal women were selected systematically and the data collected through medical record review and interview using a Composite International Diagnostic Interview (CIDI) toolkit. A binary and multivariable logistic regression model was employed to identify factors associated with suicidal ideation. An Adjusted Odds Ratio (AOR) with 95% Confidence Interval (CI) was computed to see the strength of association between outcome and independent variables. Characteristics having less than 0.05 p-value had been taken as significant factors associated with the outcome of interest.

### Result

The prevalence of suicidal ideation was found to be 8.2% (95% CI; 5.7 to 11.3) and with a standard error of 0.013. Perinatal depression (AOR=4.40, 95%CI: 1.63 11.85), not disclosed HIV status (AOR=3.73, 95%CI: 1.44 9.65), and unplanned pregnancy (AOR=2.75, 95%CI: 1.21 6.21) were significant factors associated with suicidal ideation.

### Conclusion

The magnitude of suicidal ideation among HIV positive perinatal women was found to be low. Perinatal depression, non-disclosed HIV status, and unplanned pregnancy were factors significantly associated with suicidal ideation. This finding suggests the integration of mental health services with maternal and HIV support programs.

**Full URL:** <https://doi.org/10.1186/s12884-020-03529-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-00167

**Using the Penn State Worry Questionnaire in the Peripartum.** Voegtline K, Payne JL, Standeven LR, et al (2021), Journal of Women's Health vol 30, no 12, December 2021, pp 1761-1768

**Purpose:** Pathological worry is a major feature of anxiety in the peripartum, and we sought to examine the factor structure, validity, and reliability in the peripartum of a scale used to measure worry in the general population (the Penn State Worry Questionnaire, PSWQ).

**Materials and Methods:** Pregnant/postpartum women (N = 295) were followed at up to six visits, which included completion of the PSWQ and other psychological scales. Principal components analysis, descriptive statistics, paired t-tests, chi-square tests, and mixed linear regression models were used to evaluate scale reliability and validity.

**Results:** Most participants (63%) reported a history of a mood disorder, 40% an anxiety disorder, and 18% both. Mean PSWQ score at entry was 47.19 (of a possible 80). PSWQ scores were positively correlated with conceptually related measures (correlations 0.55–0.76, all  $p < 0.001$ ), and were most closely aligned with the TRAIT scale of Spielberg State–Trait Anxiety Scale. Participants with a history of any mood or anxiety disorder had significantly higher worry scores (ts range = 3.70–6.69,  $ps < 0.01$ ). Individuals with a current diagnosis were more likely to be high worriers ( $\chi^2 = 8.26$ ,  $p = 0.004$  and  $\chi^2 = 34.99$ ,  $p < 0.001$  for major depressive disorder and generalized anxiety disorder, respectively).

**Conclusions:** The PSWQ correlated well with all psychological scales, especially TRAIT anxiety. Worry appears to be a major component of perinatal anxiety, and the PSWQ may be a valuable tool for more precise specification of the clinical phenotypes of perinatal anxiety. Limitations include a study population that was largely Caucasian and well educated, so study results require replication in a more diverse population.

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 2021-00149

**What stakeholders think: perceptions of perinatal depression and screening in China's primary care system.** Premji SS, Dobson KS, Prasad A (2021), BMC Pregnancy and Childbirth vol 21, no 15, 6 January 2021

### Background

Mental health in China is a significant issue, and perinatal depression has been recognized as a concern, as it may affect pregnancy outcomes. There are growing calls to address China's mental health system capacity issues, especially among vulnerable groups such as pregnant women due to gaps in healthcare services and inadequate access to resources and support. In response to these demands, a perinatal depression screening and management (PDSM) program was proposed. This exploratory case study identified strategies for successful implementation of the proposed PDSM intervention, informed by the Consolidated Framework for Implementation Research (CFIR) framework, in Ma'anshan city, Anhui province.

### Methods

This qualitative study included four focus group discussions and two in-depth individual interviews with participants using a semi-structured interview guide. Topics examined included acceptance, utility, and readiness for a PDSM program. Participants included perinatal women and their families, policymakers, and healthcare providers. Interviews were transcribed verbatim, coded, and analyzed for emergent themes.

### Results

The analysis revealed several promising factors for the implementation of the PDSM program including: utilization of an internet-based platform, generation of perceived value among health leadership and decision-makers, and the simplification of the screening and intervention components. Acceptance of the pre-implementation plan was dependent on issues such as the timing and frequency of screening, ensuring high standards of quality of care, and consideration of cultural values in the intervention design. Potential challenges included perceived barriers to the implementation plan among stakeholders, a lack of trained human health resources, and poor integration between maternal and mental health services. In addition, participants expressed concern that perinatal women might not value the PDSM program due to stigma and limited understanding of maternal mental health issues.

### Conclusion

Our analysis suggests several factors to support the successful implementation of a perinatal depression screening program, guidelines for successful uptake, and the potential use of internet-based cognitive behavioral therapy. PDSM is a complex process; however, it can be successfully navigated with evidence-informed approaches to the issues presented to ensure that the PDSM is feasible, effective, successful, and sustainable, and that it also improves maternal health and wellbeing, and that of their families.

**Full URL:** <https://doi.org/10.1186/s12884-020-03473-y>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 2021-00122

**A randomized controlled clinical trial of the effect of supportive counseling on mental health in Iranian mothers of premature infants.** Seiedi-Biarag L, Mirghafourvand M, Esmailpour K, et al (2021), BMC Pregnancy and Childbirth vol 21, no 6, 5 January 2021

### Background

Premature birth can affect maternal mental health. Considering that the mental health disorder in mothers may play a vital role in the growth and development of their children, therefore, this study was conducted to determine the effect of supportive counseling on mental health (primary outcome), mother-child bonding and infant anthropometric indices (secondary outcomes) in mothers of premature infants.

### Methods

This randomized controlled clinical trial was carried out on 66 mothers with hospitalized neonates in the NICU of Alzahra hospital in Tabriz- Iran. Participants were randomly allocated into two groups of intervention (n = 34) and control (n = 32) through a block randomization method. The intervention group received 6 sessions of supportive counseling (45–60 minutes each session) by the researcher, and the control group received routine care. Questionnaires of Goldberg General Health and the postpartum bonding were completed before the intervention (first 72 hours postpartum) and 8 weeks postpartum. Also, the anthropometric index of newborns were measured at the same time.

### Results

There was no statistically significant difference between the two groups in terms of socio-demographic characteristics. After the intervention, based on ANCOVA with adjusting the baseline score, mean score of mental health (AMD: -9.8; 95% Confident Interval (95% CI): -12.5 to -7.1;  $P < 0.001$ ) and postpartum bonding (AMD: -10.0; 95% CI: -0.6 to 13.9;  $P < 0.001$ ) in the counseling group was significantly lower than those of the control group; however, in terms of weight ( $P = 0.536$ ), height ( $P = 0.429$ ) and head circumference ( $P = 0.129$ ), there was no significant difference between the two groups.

### Conclusions

Supportive counseling may improve mental health and postpartum bonding in mothers of premature infants. Thus, it may be recommendable for health care providers to offer it to mothers.

### Trial registration

Iranian Registry of Clinical Trials (IRCT): IRCT20120718010324N45. Date of registration: October 29, 2018.

Full URL: <https://doi.org/10.1186/s12884-020-03502-w>

---

## 2021-00111

**Mental Health Services: Mothers [written answer].** House of Commons (2021), Hansard Written question 142039, 22 January 2021

Ms Nadine Dorries responds to a written question asked by Sarah Olney to the Secretary of State for Health and Social Care, regarding what proportion of the £19 million spent in capital in 2020 on central programmes to support mental health services was spent on schemes to deliver Perinatal Mental Health Mother and Baby Units. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-01-22/142039>

---

## 20201221-7\*

**Challenges currently faced in midwifery careers.** Kerolo S (2020), British Journal of Midwifery vol 28, no 12, December 2020, pp 840-841

Highlights various challenges faced by midwives including the COVID-19 pandemic and supporting mothers with perinatal mental health problems. (LDO)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



The Royal College of Midwives Trust  
10-18 Union Street  
London  
SE1 1SZ



Open 24 hours a day, 7 days a week  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20201217-32\*

**Validation of the Arabic version of the Perinatal Anxiety Screening Scale (PASS) among antenatal and postnatal women.** Jradi H, Alfarhan T, Alsuraimi A (2020), BMC Pregnancy and Childbirth vol 20, no 758, 4 December 2020

### Background

Anxiety among women in the perinatal period is common. Assessing the severity of perinatal anxiety will help monitor the progress of the patient through the stages of anxiety and facilitated the treatment. This study assesses the validity and reliability of the 'Perinatal Anxiety Screening Scale' (PASS) in the Arabic language.

### Methods

The PASS was translated into Arabic. Two hundred seventeen women in the antenatal and postnatal phase participated (92 antenatal and 125 postnatal) answered to PASS, GHQ12, EPDS-10, and DASS-21. Content validity, factor analysis, internal consistency, and test retest reliability were assessed.

### Results

Content Validity Index (CVI) and Content Validity Ratio (CVR) were .88 and 0.79; respectively. The scale loaded on four components: acute anxiety, social anxiety, and dissociation; specific fears and trauma; general anxiety and adjustment; and perfectionism and control. Cronbach's Alpha value for the scale was 0.78 and test retest correlation coefficient was 0.94. PASS significantly correlated with EPDS-10 ( $\rho=0.46$ ), GHQ-12( $\rho=0.58$ ), the three components of DASS-21 (0.47, 0.50, and 0.43; respectively), and experiencing adverse life events.

### Conclusion

The Arabic translated version of the PASS showed reasonably adequate validity and reliability and can be used to screen for anxiety disorder among women in the perinatal phase. (Author)

Full URL: <https://doi.org/10.1186/s12884-020-03451-4>

## 20201202-56\*

**Integration of perinatal mental health care into district health services in Uganda: Why is it not happening? The Four Domain Integrated Health (4DIH) explanatory framework.** Sarkar NDP, Baingana F, Criel B (2020), Social Science and Medicine 20 October 2020, online. 113464

The Sustainable Development Goals recognise mental health and well-being as a target area, however, mobilizing funding and prioritization of the same remains a challenge. Perinatal mental health care has the potential for incorporation and integration across the overall maternal health agenda, and can be especially relevant for low- and middle-income countries in their overall health systems strengthening strategies. This study aimed at qualitatively situating the extent to which integration of perinatal mental health care into maternal health care was considered desirable, possible and opportune within the existing policy and service-delivery environment in Uganda. A total of 81 in-depth interviews and nine focus group discussions (N=64) were conducted with a variety of national, district, health system and community-level stakeholders. Data were analysed thematically using theory- and data-driven codebooks in NVivo 11. Analysis of the desirability, possibility and opportunity for integrating perinatal mental health care within the Ugandan district health system, highlights that concerned stakeholders perceive this as a worthwhile endeavour that would benefit the communities as well as the health system as a whole. Based on these current realities and ideal scenarios, a tentative explanatory framework that brings together various perspectives - that is, the perceived nature of the health problem, local and national health system issues, alternative systems of care and support, and international global perspectives - was constructed. The framework needs further validation but already hints at the need for global, national and local forces to concurrently rally behind the inclusion and integration of perinatal mental health care, especially at the primary care level in low- and middle-income contexts. If the global health community is poised to achieve high quality, women-centered care and people-centered health systems across the lifespan, then the sustainable integration of mental health care into general health care, is a commitment that can no longer be delayed. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20201116-85\***

**Hospital admission for mental illness: Comparing women who gave birth in a private hospital and a public hospital.** Sims D, Xu F, Fowler C, et al (2021), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 61, no 2, April 2021, pp 250-257

#### Background

In Australia, perinatal care is provided through a mix of government and private funding. Women who give birth in a private hospital are less likely to receive depression screening and psychosocial assessment and are less likely to access parenting services that support mental health outcomes, compared to women who give birth in a public hospital.

#### Aim

The aim of this study was to determine the risk of one outcome of perinatal mental illness - hospital admission - for women who gave birth in private hospitals compared to women who gave birth in public hospitals.

#### Methods

This population-based cohort study employed binary regression analysis of state government data. Linkage of the Perinatal Data Collection, Registry of Births, Deaths and Marriages, and Admitted Patients Data Collection (2003-2009) has provided comparative information on women admitted to any hospital during the first year after birth with a primary diagnosis of mental illness.

#### Results

In the first year after birth, women who gave birth in private hospitals were more likely to be admitted to a hospital with a primary diagnosis of mental illness (rate = 2.54%, 95% CI = 2.40-2.68%) than women who gave birth in public hospitals (rate = 1.68%, 95% CI = 1.61-1.75%).

#### Conclusion

The increased likelihood of admission for postnatal mental illness may indicate increased risk of developing a mental illness for women who gave birth in a private hospital. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20201026-52\*

**Effects of prenatal mindfulness-based childbirth education on child-bearers' trajectories of distress: a randomized control trial.** Sbrilli MD, Duncan LG, Laurent HK (2020), BMC Pregnancy and Childbirth vol 20, no 623, 15 October 2020

### Background

The perinatal period is a time of immense change, which can be a period of stress and vulnerability for mental health difficulties. Mindfulness-based interventions have shown promise for reducing distress, but further research is needed to identify long-term effects and moderators of mindfulness training in the perinatal period.

### Methods

The current study used data from a pilot randomized control trial (RCT) comparing a condensed mindfulness-based childbirth preparation program-the Mind in Labor (MIL)-to treatment as usual (TAU) to examine whether prenatal mindfulness training results in lower distress across the perinatal period, and whether the degree of benefit depends on child-bearers' initial levels of risk (i.e., depression and anxiety symptoms) and protective (i.e., mindfulness) characteristics. Child-bearers (N = 30) in their third trimester were randomized to MIL or TAU and completed assessments of distress-perceived stress, anxiety, and depressive symptoms-at pre-intervention, post-intervention, six-weeks post-birth, and one-year postpartum.

### Results

Multilevel modeling of distress trajectories revealed greater decreases from pre-intervention to 12-months postpartum for those in MIL compared to TAU, especially among child-bearers who were higher in anxiety and/or lower in dispositional mindfulness at baseline.

### Conclusions

The current study offers preliminary evidence for durable perinatal mental health benefits following a brief mindfulness-based program and suggests further investigation of these effects in larger samples is warranted.

### Trial registration

The ClinicalTrials.gov identifier for the study is: NCT02327559. The study was retrospectively registered on June 23, 2014. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-03318-8>

---

## 20201008-15\*

**Perinatal Mental Health Services [written answer].** Scottish Parliament (2020), Official Report Written question S5W-31967, 22 September 2020

Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding the assessment it has made of any additional (a) patient demands on perinatal mental health services as a result of the COVID-19 pandemic and (b) resources that may be required to meet any increased demand, and what additional support will be provided for the recruitment and retention of the (i) psychiatrists and (ii) other health professionals required for specialist perinatal mental health services. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-31967>

---

## 20201007-18\*

**Pregnancy: Mental Health Services [written answer].** House of Commons (2020), Hansard Written question 94485, 23 September 2020

Ms Nadine Dorries responds to a written question from Vicky Foxcroft to the Secretary of State for Health and Social Care, regarding what progress he has made on the NHS Long Term Plan commitment to provide an additional 24,000 women with access to specialist perinatal mental health support. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2020-09-23/94485>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20201002-6\*

**Becoming a mother: Predicting early dissatisfaction with motherhood at three weeks postpartum.** Göbel A, Stuhmann LY, Barkmann C, et al (2020), Midwifery vol 91, December 2020, 102824

### Objective

The peripartum period can go along with increased insecurity, strain or frustration, potentially leading to a dissatisfying experience of motherhood, which itself is associated with poorer postnatal adjustment. Identifying prenatal influencing factors on the early postnatal dissatisfaction with motherhood is crucial to enable specific support for parents from pregnancy on. The aim of this study was to investigate the predictive relevance of prenatal levels of anxiety and hostility as manifestations of prenatal strain, and further maternal-fetal bonding, adult attachment style and recalled parenting by the own mother on the dissatisfaction with motherhood.

### Design

Data was assessed longitudinally.

### Setting

The study took place at the University Medical Center Hamburg-Eppendorf, Hamburg, Germany.

### Participants

N=100 pregnant women from the general population.

### Measurements and findings

Pregnancy-related anxiety, hostility, maternal-fetal bonding and adult attachment style were assessed in the last trimester of pregnancy, and recalled parenting by the own mother and current dissatisfaction with motherhood at three weeks postpartum. Hierarchical regression analysis showed that lower recalled care by the own mother predicted higher dissatisfaction with overall motherhood, from the perspective as an adult and related to their child. Higher pregnancy-related anxiety predicted higher overall and child-related dissatisfaction. Higher hostility predicted higher child-related dissatisfaction.

### Key conclusion

Prenatal negative emotional states and lower recalled care by the own mother can serve as indicators for maternal dissatisfaction.

### Implication for practice

Shaping professional support around negative emotional states and addressing experiences of own upbringing already prenatally might prevent an early dissatisfaction with motherhood and negative consequences for mother and child. (Author)

---

## 20200928-6\*

**Mothers: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 91783, 18 September 2020

Ms Nadine Dorries responds to a written question from Sarah Olney to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to support the (a) mental and (b) physical health of new mothers during covid-19 restrictions on the number of people allowed to meet in a group from 14 September 2020. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2020-09-18/91783>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200917-66\*

**Perinatal Mental Healthcare Needs among Women at a Community Hospital.** Schwartz H, McCusker J, Law S, et al (2021), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 43, no 3, March 2021, pp 322-328.e1

#### Objective

Mental health problems affect up to 20% of women during pregnancy and the postpartum period. This study aimed to describe the mental health services and resources accessed by women with perinatal mental health problems and to identify their unmet mental health care needs and preferences for support, as well as the barriers to accessing this support.

#### Methods

Participants were 18 years of age or older and spoke English or French. Consent was obtained 24 hours after delivery (T0) to screen for symptoms of depression and anxiety at 2 weeks postpartum (T1) using the Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder Scale (GAD-7; EPDS  $\geq 10$  or GAD-7  $\geq 10$ ). Women with a positive screen were sent informational resources and were followed-up by telephone at 4 months postpartum (T2) to determine their use of these and other resources, their unmet needs, and their preferences for other resources or services.

#### Results

Seventy-three out of 344 participants (21.2%) screened positive, of whom 57 (78%) completed the T2 interview. Of those interviewed, 28% had used the informational resources provided by the study. Although 25% had consulted a health professional for mental health care, 37% had unmet mental health care needs. Preferences for additional support included web-based resources (30%), telephone support (28%), and booklets (25%). Lack of time (38%) and lack of childcare (23%) were the main barriers to seeking help.

#### Conclusions

Web- and telephone-based approaches have the potential to address the most common barriers to access support for women experiencing perinatal mental health problems. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**20200917-23\***

**Well-being in high-risk pregnancy: an integrative review.** Mirzakhani K, Ebadi A, Faridhosseini F, et al (2020), BMC Pregnancy and Childbirth vol 20, no 526, 11 September 2020

#### Background

A prerequisite to the interventions for well-being improvement in high-risk pregnancy (HRP) is to make the concept clear, objective, and measurable. Despite the wealth of studies into the concept of well-being in HRP, there is no clear definition for it. This study aimed to explore the concept of well-being in HRP.

#### Methods

This integrative review was conducted using the Whitemore and Knafli's approach. A literature search was done without any data limitation in dictionaries, thesauruses, encyclopedias, well-being-related textbooks, midwifery, psychology, and mental health journals, and Iranian and international databases. The most primary inclusion criterion was relevance to well-being in HRP. The full-texts of all these articles were assessed using the checklists of the Joanna Briggs Institute. Data were analyzed through the constant comparison method and were managed using the MAXQDA 10 software. Meaning units were identified and coded. The codes were grouped into subcategories and categories according to the attributes, antecedents, and consequences of well-being in HRP.

#### Results

Thirty articles were included in the review, from which 540 codes were extracted. The codes were grouped into seven main attributes, eight main antecedents, and five main consequences of well-being in HRP. The four unique dimensions of well-being in HRP are physical, mental-emotional, social, and spiritual well-being. These dimensions differentiate well-being in HRP from well-being in low-risk pregnancy and in non-pregnancy conditions.

#### Conclusion

As a complex and multidimensional concept, well-being in HRP refers to the pregnant woman's evaluation of her life during HRP. It includes physical, hedonic, and eudaimonic components. The assessment of well-being in HRP should include all these components. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-03190-6>

---

**20200911-42\***

**Mother and Baby Units: Coronavirus [written answer].** Scottish Parliament (2020), Official Report Written question S5W-31510, 1 September 2020

Clare Haughey responds to a written question from Alexander Stewart to the Scottish Government, whether, in light of there only being two specialist mother and baby units in Scotland, what action it is taking to support the mental health of new mothers during the COVID-19 pandemic, and how it will improve (a) access to these units and (b) the provision of specialist community perinatal mental health services in each NHS board area. (JSM)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-31510>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200910-85\*

**Rural-urban differences in the mental health of perinatal women: a UK-based cross-sectional study.** Ginja S, Jackson K, Newham JJ, et al (2020), BMC Pregnancy and Childbirth vol 20, no 464, 14 August 2020

#### Background

International data suggest that living in a rural area is associated with an increased risk of perinatal mental illness. This study tested the association between rurality and risk for two mental illnesses prevalent in perinatal women - depression and anxiety.

#### Methods

Using a cross-sectional design, antenatal and postnatal women were approached by healthcare professionals and through other networks in a county in Northern England (UK). After providing informed consent, women completed a questionnaire where they indicated their postcode (used to determine rural-urban status) and completed three outcome measures: the Edinburgh Postnatal Depression Scale (EPDS), the Whooley questions (depression measure), and the Generalised Anxiety Disorder 2-item (GAD-2). Logistic regression models were developed, both unadjusted and adjusted for potential confounders, including socioeconomic status, social support and perinatal stage.

#### Results

Two hundred ninety-five participants provided valid data. Women in rural areas (n = 130) were mostly comparable to their urban counterparts (n = 165). Risk for depression and/or anxiety was found to be higher in the rural group across all models: unadjusted OR 1.67 (0.42) 95% CI 1.03 to 2.72, p = .038. This difference though indicative did not reach statistical significance after adjusting for socioeconomic status and perinatal stage (OR 1.57 (0.40), 95% CI 0.95 to 2.58, p = .078), and for social support (OR 1.65 (0.46), 95% CI 0.96 to 2.84, p = .070).

#### Conclusions

Data suggested that women in rural areas were at higher risk of depression and anxiety than their urban counterparts. Further work should be undertaken to corroborate these findings and investigate the underlying factors. This will help inform future interventions and the allocation of perinatal services to where they are most needed. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-03132-2>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200910-65\*

**Quality assurance assessment of a specialized perinatal mental health clinic.** Caropreso L, Saliba S, Hasegawa L, et al (2020), BMC Pregnancy and Childbirth vol 20, no 485, 24 August 2020

#### Background

Mood and anxiety issues are the main mental health complaints of women during pregnancy and the postpartum period. Services targeting such women can reduce perinatal complications related to psychiatric difficulties. This quality assurance project aimed to examine changes in mood and anxiety symptoms in pregnant and postpartum women referred to the Women's Health Concerns Clinic (WHCC), a specialized outpatient women's mental health program.

#### Methods

We extracted patient characteristics and service utilization from electronic medical records of women referred between 2015 and 2016. We also extracted admission and discharge scores on the Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder-7 (GAD-7) scale.

#### Results

Most patients accessed the WHCC during pregnancy (54%), had a diagnosis of major depressive disorder (54.9%), were prescribed a change in their medication or dose (61.9%), and accessed psychotherapy for perinatal anxiety (30.1%). There was a significant decrease in EPDS scores between admission and discharge ( $t(214) = 11.57$ ;  $p = .000$ ; effect size  $d = .86$ ), as well as in GAD-7 scores ( $t(51) = 3.63$ ;  $p = .001$ ; effect size  $d = .61$ ). A secondary analysis showed that patients with more severe depression and anxiety symptoms demonstrated even greater effect sizes.

#### Conclusions

Changes in EPDS and GAD-7 scores indicate that the WHCC is effective in reducing mood and anxiety symptoms associated with the perinatal period. This project highlights the importance of quality assurance methods in evaluating the effectiveness of clinical services targeting perinatal mental health, in order to inform policy and funding strategies. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-03174-6>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200907-49\*

**Vulnerability and Resilience to Pandemic-Related Stress Among U.S. Women Pregnant at the Start of the COVID-19**

**Pandemic.** Preis H, Mahaffey B, Heiselman C, et al (2020), Social Science and Medicine vol 266, December 2020, 113348

Rationale. Women pregnant during the COVID-19 pandemic are experiencing moderate to high levels of emotional distress, which has previously been shown to be attributable to two types of pandemic-related pregnancy stress: stress associated with feeling unprepared for birth due to the pandemic (Preparedness Stress) and stress related to fears of perinatal COVID-19 infection (Perinatal Infection Stress). Objective. Given the well-documented harms associated with elevated prenatal stress and the critical importance of developing appropriately targeted interventions, we investigated factors predictive of pandemic-related pregnancy stress. Method. Between April 25 and May 15, 2020, 4,451 pregnant women in the U.S. were recruited via social media to complete an online questionnaire that included sociodemographic, medical, and COVID-19 situational factors, as well as the Pandemic-Related Pregnancy Stress Scale (PREPS). Binary logistic regression was used to calculate odds ratios for high stress. Results. Nearly 30% of participants reported high Preparedness Stress; a similar proportion reported high Perinatal Infection Stress. Abuse history, chronic illness, income loss due to the pandemic, perceived risk of having had COVID-19, alterations to prenatal appointments, high-risk pregnancy, and being a woman of color were associated with greater levels of one or both types of stress. Access to outdoor space, older age, and engagement in healthy behaviors were protective against stress. Conclusions. Practices that may alleviate pandemic-related stress such as minimizing disruptions to prenatal care, ensuring access to outdoor space, and motivating engagement in health behaviors are of vital importance. Particular attention is needed for more vulnerable populations including women of color, women with a history of abuse, and those with high-risk pregnancy. Research focused on the short and longer-term impact of pandemic-related pregnancy stress on maternal mental and physical health, perinatal outcomes, and child development is critical to identify these effects and marshal appropriate resources to reduce them. (Author)

Full URL: <https://doi.org/10.1016/j.socscimed.2020.113348>

20200824-23\*

**Preventing Perinatal Depression Now: A Call to Action.** Johnson TEL, Clare CA, Johnson JE, et al (2020), Journal of Women's Health vol 29, no 9, September 2020, pp 1143-1147

In the United States, perinatal depression (PD) affects an estimated 11.5% of pregnant and postpartum individuals annually and is one of the most common complications of pregnancy and the postpartum period. Alarming, up to 51% of people with PD are undiagnosed. Despite the availability of tools to screen for PD, there is no consensus on which tool is most accurate, nor is there a universal policy on when and how to best screen patients with PD. Screening to identify PD is essential, but prevention of depression is even more critical, yet traditionally not well addressed until recently with the US Preventive Services Task Force (USPSTF) recommendation in 2019. When the USPSTF recommended implementing programs to prevent PD in at-risk individuals, the recommendation cited two evidence-based PD prevention programs by name. One of these, ROSE (Reach Out, Stay Strong, Essentials for mothers of newborns), is a four-session class taught in prenatal settings. The second program mentioned is the Mothers and Babies program, which has been shown to be effective in using a cognitive behavioral therapy approach to prevent PD. Although scientists develop effective mental health interventions to prevent PD, community-based advocacy groups are engaged in grassroots efforts to provide support and encouragement to racially and ethnically diverse pregnant and postpartum women. To increase the number of pregnant and postpartum women who are screened and supported so that they do not develop PD, research supports three key strategies: (1) Establish a standard combination of multicultural PD screening tools with evidence-based timepoints for screening administration. (2) Introduce an evidence-based definition of PD that accurately captures the prevalence and incidence of this mental health condition. (3) Improve our understanding of PD by incorporating the psychosocial context in which mental health complications occur into routine clinical practice for pregnant and postpartum women. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200821-14\***

**Psychological impact of the COVID-19 pandemic among pregnant women in Sri Lanka.** Patabendige M, Gamage MM, Weerasinghe M, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 150-153

The COVID-19 pandemic has caused increased rates of perinatal anxiety and depression in pregnant women with no known COVID-19 infection in Sri Lanka. (Author)

---

**20200819-6\***

**Feasibility of use of the anxiety thermometer in antenatal service.** Richens Y, David AL, Llahana S, et al (2020), British Journal of Midwifery vol 28, no 8, August 2020, pp 468-474

Of the 102 women approached, 101 (99%) completed the anxiety thermometer (AnxT). The women were aged between 22-44 years (mean age 34.5 years); about half were primigravida and half multigravida. Almost two-thirds rated their current anxiety as four or above out of a maximum of 10. The most frequently reported concern was health of baby, followed by fears and worries, tiredness, and sleep problems. The high participation rate suggests that the AnxT can be developed to screen anxiety and elicit perinatal and related concerns to facilitate consultation and appropriate triaging. The problem checklist was refined based on the current results. (Author)

---

**20200817-15\***

**Opening the door: midwives' perceptions of two models of psychosocial assessment in pregnancy- a mixed methods study.**

Schmied V, Reilly N, Black E, et al (2020), BMC Pregnancy and Childbirth vol 20, no 451, 7 August 2020

Background

One in five women experience psychological distress in the perinatal period. To support women appropriately, Australian guidelines recommend routine depression screening and psychosocial risk assessment by midwives in pregnancy. However, there is some evidence that current screening processes results in higher rates of false positives. The Perinatal Integrated Psychosocial Assessment (PIPA) Project compared two models of psychosocial assessment and referral - Usual Care and the PIPA model - with a view to improving referral decisions. This paper describes midwives' perspectives on psychosocial assessment, depression screening and referral at the antenatal booking appointment and compares midwives' experiences with, and perspectives on, the two models of care under investigation.

Methods

A two-phase, convergent mixed methods design was used. Midwives providing antenatal care completed a self-report survey in phase one prior to implementation of the new model of psychosocial assessment (n = 26) and again in phase two, following implementation (n = 27). Sixteen midwives also participated in two focus groups in phase two. Quantitative and qualitative data were compared and integrated in the presentation of results and interpretation of findings.

Results

Midwives supported psychosocial assessment believing it was a catalyst for 'Opening the door' to conversations with women. Midwives were comfortable asking the questions and tailored their approach to build rapport and trust. Overall, midwives expressed favourable views towards the PIPA model. A greater proportion of midwives relied mostly or entirely on the suggested wording for the psychosocial questions in the PIPA model compared to Usual Care (44.4% vs 12.0%,  $\chi^2=5.17$ ,  $p=.023$ ,  $\phi =-.36$ ). All midwives reported finding the referral or action message displayed at the end of the PIPA psychosocial assessment to be 'somewhat' or 'very' helpful, compared to 42.3% in Usual Care ( $\chi^2 = 18.36$ ,  $p < .001$ ,  $\phi = -.64$ ). Midwives were also more likely to act on or implement the message often or all of the time in the PIPA model (PIPA = 69.2% vs Usual Care = 32.0%, ( $\chi^2 = 5.66$ ,  $p < .017$ ,  $\phi = -.37$ ).

Conclusion

The study identified benefits of the new model and can inform improvements in psychosocial screening, referral and related care processes within maternity settings. The study demonstrates that psychosocial assessment can, over time, become normalised and embedded in practice. (Author)

---

**Full URL:** <https://doi.org/10.1186/s12884-020-03133-1>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20200807-21

**Administering the Hospital Anxiety and Depression Scale within a neonatal unit.** Anderton CJ, Thomas B, Pestell S, et al (2020), Infant vol 16, no 4, July 2020, pp 147-150

Within recent years there has been an emphasis on developing effective psychological screening for mothers within postnatal mental health services. This study builds upon a previous pilot study that introduced psychological assessment skills training to community midwives. Following this training, a local standard was implemented, requiring the Hospital Anxiety and Depression Scale (HADS) to be administered at day two following birth, and then every ten days after this. The current study assesses the experiences of neonatal unit staff administering the HADS five years on. (Author)

---

## 20200805-66\*

**Mental Health and Maternal Mortality-When New Life Doesn't Bring Joy.** Jago CA, Crawford SG, Gill SJ, et al (2021), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 43, no 1, January 2021, pp 67-73.e1

### Objective

To characterize the incidence and risk factors associated with maternal suicide during the peripartum period in an Alberta population. Our secondary objective was to characterize the incidence and risk factors associated with traumatic death in this same population.

### Methods

This is a retrospective cohort study compared all-cause mortality with death by trauma (suicide, homicide, MVA, drug toxicity) using data collected by the Alberta Perinatal Health Program from 1998 to 2015. Data were summarized using descriptive statistics. The maternal mortality rate was calculated, and  $\chi^2$  tests were used to determine between group differences with the statistical significance set at  $P < 0.05$ .

### Results

There were 206 perinatal maternal deaths in Alberta from 1998 to 2015; 68 (33%) were due to trauma, 17 (8%) were the result of suicide, 4 (2%) were the result of homicide, and 24 (12%) were related to drug toxicity. The pregnancy-related maternal mortality rate for suicide up to 365 days after birth was 2.05 deaths per 100 000 deliveries. Of these, 29.4% occurred during pregnancy and 70.6%, in the first year postpartum. For homicides, 62.5% of occurred in pregnancy and 37.5% occurred in the first year postpartum.

### Conclusion

Close to 1 in 5 maternal deaths in Alberta is related to suicide or drug toxicity. We must escalate strategies to prevent deaths from suicide and drug toxicity, as well as increase funding for mental health and addictions screening and treatment. (Author)

---

## 20200804-19\*

**Mental health status of pregnant and breastfeeding women during the COVID-19 pandemic: A call for action.** Ceulemans M, Hompes T, Foulon V (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 146-147

Increased prevalence of depressive symptoms and anxiety among pregnant women and women in the early postpartum period was observed during the lockdown in Belgium. Obstetricians must take actions to safeguard perinatal mental health. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**20200803-9\***

**Perinatal mood and anxiety disorders, serious mental illness, and delivery-related health outcomes, United States, 2006-2015.** McKee K, Admon LK, Winkelman TNA, et al (2020), BMC Women's Health vol 20, no 150, 23 July 2020

Background

National estimates of perinatal mood and anxiety disorders (PMAD) and serious mental illness (SMI) among delivering women over time, as well as associated outcomes and costs, are lacking. The prevalence of perinatal mood and anxiety disorders and serious mental illness from 2006 to 2015 were estimated as well as associated risk of adverse obstetric outcomes, including severe maternal morbidity and mortality (SMMM), and delivery costs.

Methods

The study was a serial, cross-sectional analysis of National Inpatient Sample data. The prevalence of PMAD and SMI was estimated among delivering women as well as obstetric outcomes, healthcare utilization, and delivery costs using adjusted weighted logistic with predictive margins and generalized linear regression models, respectively.

Results

The study included an estimated 39,025,974 delivery hospitalizations from 2006 to 2015 in the U.S. PMAD increased from 18.4 (95% CI 16.4-20.0) to 40.4 (95% CI 39.3-41.6) per 1000 deliveries. SMI also increased among delivering women over time, from 4.2 (95% CI 3.9-4.6) to 8.1 (95% CI 7.9-8.4) per 1000 deliveries. Medicaid covered 72% (95% CI 71.2-72.9) of deliveries complicated by SMI compared to 44% (95% CI 43.1-45.0) and 43.5% (95% CI 42.5-44.5) among PMAD and all other deliveries, respectively. Women with PMAD and SMI experienced higher incidence of SMMM, and increased hospital transfers, lengths of stay, and delivery-related costs compared to other deliveries ( $P < .001$  for all).

Conclusion

Over the past decade, the prevalence of both PMAD and SMI among delivering women increased substantially across the United States, and affected women had more adverse obstetric outcomes and delivery-related costs compared to other deliveries. (Author)

Full URL: <https://doi.org/10.1186/s12905-020-00996-6>

---

**20200727-4\***

**COVID-19 positive mothers are not more anxious or depressed than non COVID pregnant women during the pandemic: a pilot case-control comparison.** Kotabagi P, Nauta M, Fortune L, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 252, September 2020, pp 615-616

Correspondence piece discussing the mental health of pregnant women during the COVID-19 pandemic. Results show that pregnant women with COVID-19 demonstrate similar rates of anxiety and depression compared to those without the virus. It is crucial that frontline healthcare workers discuss anxiety, depression, stress and sleeping patterns during antenatal and postnatal consultations. (LDO)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.037>

---

**20200723-62\***

**Extra support for expectant parents.** Belasco A (2020), British Journal of Midwifery vol 28, no 7, July 2020, p 400

The PANDAS Foundation offers parents help and support when suffering with perinatal mental illness. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



#### 20200723-36\*

**Maternal mental health and reproductive outcomes: a scoping review of the current literature.** Montagnoli C, Zanconato G, Cinelli G, et al (2020), Archives of Gynecology and Obstetrics vol 302, no 4, October 2020, pp 801-819

##### Purpose

Current data show that maternal mental conditions affect about 10% of pregnant women worldwide. Assessing timing and patterns of mental health illness, therefore, is critical to ensure the wellbeing of the mother, the new-born and the whole family. The aim of this review is to summarize the latest evidence linking maternal mental disorders and adverse reproductive outcomes.

##### Methods

Following the PRISMA guidelines for systematic reviews, a literature search was conducted to ascertain the possible impact of mental health conditions on reproductive outcomes before and during pregnancy. The comprehensive strategy included cohort studies, randomised controlled trials and literature reviews on women with Primary Maternal Mental Illness (PMMI) and Secondary Maternal Mental Illness (SMMI) considering periconceptional, obstetric and foetal-neonatal outcomes. PubMed, WoS, CINAHL and Google scholar were used for the search. Cross-referencing in bibliographies of the selected papers ensured wider study capture.

##### Results

Evidence linking depressive disorders and infertility among PMMI is weak. Given this, women with prior mental conditions experience additional distress when undergoing fertility treatments. Primary mental disorders may also increase the risk of miscarriage and other pregnancy complications (e.g., gestational diabetes). For SMMI, there is more robust evidence correlating Preterm Birth (PTB) and Low Birth Weight (LBW) with common mental disorders which develop during pregnancy.

##### Conclusion

Prevention and management of maternal mental health diseases and minor mental conditions within the first 1000 days' timeframe, should have a place in the holistic approach to women going through reproductive decisions, infertility treatment and pregnancy. (Author)

---

#### 20200714-4\*

**Maternal mental health in the time of the COVID-19 pandemic.** Thapa SB, Mainali A, Schwank SE, et al (2020), Acta Obstetrica et Gynecologica Scandinavica vol 99, no 7, July 2020, pp 817-818

Editorial on the increased risks of developing mental health problems among pregnant women during the COVID-19 pandemic. Public health measures such as physical distancing and isolation during pregnancy and the intrapartum period may cause additional anxiety and distress. Recommends the use of online psychological support, screening tools and counselling. (LDO)

---

#### 20200713-4\*

**Covid-19 and the need for perinatal mental health professionals: now more than ever before.** Hynan MT (2020), Journal of Perinatology vol 40, no 7, July 2020, pp 985-986

Commentary on the need for neonatal intensive care unit (NICU) psychologists and social workers during COVID-19 to support the mental health of parents and staff. (LDO)

**Full URL:** <https://doi.org/10.1038/s41372-020-0696-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20200710-25\*

**Perinatal psychosocial assessment of women of refugee background.** Snow G, Melvin GA, Boyle JA, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 3, May 2021, pp e302-e308

### Background

Women of refugee background may be particularly vulnerable to perinatal mental illness, possibly due to increased exposure to psychosocial stressors associated with their forced migration and post-resettlement adjustment.

### Aim

This study aimed to compare psychosocial risk factors reported by women of refugee background receiving maternity services at a public hospital, to those reported by Australian-born women in the same hospital. It further aimed to examine the referrals offered, and accepted, by the women of refugee background reporting psychosocial risk factors for perinatal mental illness.

### Methods

A retrospective hospital record review was conducted to compare the antenatal and postnatal psychosocial risk factors of 100 women of refugee background and 100 Australian-born women who gave birth at a public hospital in Victoria between 1 July 2015 and 30 April 2016, and who had completed the Maternity Psychosocial Needs Assessment.

### Findings

Women of refugee background were more likely than Australian-born women to report financial concerns and low social support at antenatal assessment, but were less likely to report prior mental health problems than Australian-born women at either assessment point. Both groups reported low rates of family violence compared to published prevalence rates. Of the women of refugee background assessed antenatally, 23% were offered referrals, with 52% take-up. Postnatally, 11.2% were offered referrals, with 93% take-up.

### Discussion/conclusion

This study showed elevated rates of psychosocial risk factors among women of refugee background, however, possible under-reporting of mental health problems and family violence raises questions regarding how to assess psychosocial risk factors with different cultural groups. Lower antenatal referral take-up suggests barriers to acceptance of referrals may exist during pregnancy. (Author)

---

## 20200707-18\*

**Clinical briefing: Identifying, caring for, and supporting women at risk of/or experiencing pre-existing perinatal mental health problems during the COVID-19 pandemic [Reviewed July 2021].** Royal College of Midwives (2020), London: RCM 2020. 2 pages

Briefing paper from the Royal College of Midwives (RCM) providing guidance on identifying, caring for and supporting women at risk of or with pre-existing Perinatal Mental Health problems during Covid-19 epidemic. (Author, edited)

**Full URL:** <https://www.rcm.org.uk/media/5405/cb-perinatal-mental-health.pdf>

---

## 20200706-52\*

**Mental Health Services: West Lancashire [written answer].** House of Commons (2020), Hansard Written question 62352, 22 June 2020

Ms Nadine Dorries responds to a written question from Rosie Cooper to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure adequate local provision of mother and baby mental health units for people in West Lancashire constituency. (JSM)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-22/62352/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200702-12**

**Parental mental health: The Perinatal Positivity project.** Jayson B (2020), Journal of Health Visiting vol 8, no 5, May 2020, pp 200-202

The Perinatal Positivity film and website is a resource for health professionals and charities working with families to raise awareness of perinatal mental health issues, and provide information for expectant and new parents. (Author)

---

**20200701-12\***

**Postnatal Care: Mental Health Services [written answer].** House of Commons (2020), Hansard Written question 64867, 25 June 2020

Ms Nadine Dorries responds to a written question asked by Rosie Cooper to the Secretary of State for Health and Social Care, regarding the age adjusted access rate for perinatal mental health beds per 100,000 population in each (a) Clinical Commissioning Group and (b) local authority area. (LDO)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-25/64867/>

---

**20200626-55\***

**Postnatal care: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 60870, 17 June 2020

Ms Nadine Dorries responds to a written question from Munira Wilson to the Secretary of Health and Social Care, regarding what assessment his Department has made of the effect of the covid-19 outbreak on the (a) physical health, (b) mental health, and (c) safety of new mothers. (JSM)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60870/>

---

**20200626-41\***

**Mental Health Services: West Lancashire [written answer].** House of Commons (2020), Hansard Written question 62352, 22 June 2020

Ms Nadine Dorries responds to a written question from Rosie Cooper to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure adequate local provision of mother and baby mental health units for people in West Lancashire constituency. (JSM)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-22/62352/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200623-33\*

**Perceived strategies to reduce traumatic childbirth amongst Iranian childbearing women: a qualitative study.** Taheri M, Taghizadeh Z, Jafari N, et al (2020), BMC Pregnancy and Childbirth vol 20, no 350, 8 June 2020

#### Background

Psychological birth trauma (PBT), mainly due to overlooking maternal mental health, is a common and high prevalence public health problem in low-resource settings. Preventing PBT is a good indicator of the realization of human rights in healthcare. This work reports the results of a qualitative study that aimed to identify perceived strategies of PBT prevention among childbearing women in Iran.

#### Methods

We conducted semi-structured in-depth interviews with 22 mothers with history of traumatic childbirth, two mothers with positive childbirth experience, two spouses, and eight health professionals between April and June 2017. We used purposive sampling method to recruit traumatized mothers, while health experts were selected based on their relevant expertise and experience. Our initial literature review identified eight categories, using which we developed our interview guide and conducted the content analysis approach.

#### Results

With the maximum possible purification, we reached 50 thematic codes. The strategies to prevent PBT are generally summarized in four major themes and 13 categories: 1) skill-builder knowledge [Birth preparedness, Mothers' empowerment in maintaining mental health, Understanding the importance of mental care in maternity services], 2) responsible caregiving [Support loop, Good behavior of the caregivers, Deepening trust, Struggle with medicalization of childbirth, Labour pain relief, Special services for maternal mental health], 3) the alliance of prenatal and antenatal care [Continuity of care, Coordination of prenatal and antenatal caregivers], and 4) reconstruction of the structures [Efficient management, Rebuilding physical structures].

#### Conclusions

This is a comprehensive approach towards PBT prevention, which can guide future efforts to reduce PBT at the clinical level and open further avenues for future studies. We recommend policy makers to consider the integration of multilevel and multidimensional PBT prevention interventions, simultaneously within maternity care services packages for promotion of mental health. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-03045-0>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200623-12\***

**Supporting perinatal anxiety in the digital age; a qualitative exploration of stressors and support strategies.** Harrison V, Moore D, Lazard L (2020), BMC Pregnancy and Childbirth vol 20, no 363, 17 June 2020

#### Background

The period surrounding childbirth is one of profound change, which can often be experienced as stressful and overwhelming. Indeed, around 20% of women may experience significant levels of anxiety in the perinatal period. However, most women experiencing perinatal anxiety (PNA) go unrecognised and untreated. The Internet offers a potentially scalable solution to improve access to support, however a dearth of research in this area means that work is needed to better understand women's experience of PNA, so that potential targets for intervention can be identified and possible barriers to support overcome. This study aimed to qualitatively explore women's experience of anxiety triggers and support in the perinatal period; and gain insight into what online support is acceptable for women with PNA.

#### Methods

Women who were either pregnant or within one-year postpartum were invited to participate in focus groups across the UK. Focus groups were used to allow a diversity of perspectives to be heard, while simultaneously promoting the identification and prioritisation of important support needs and solutions. Interviews were transcribed and thematically analysed.

#### Results

Five key themes emerged in relation to women's experience with PNA: holding unrealistic expectations of birth and motherhood; stigma; the importance of peer support; uncertainty and poor maternal confidence; and a lack of mental health support and knowledge. Perinatal women felt under-supported and poorly prepared for motherhood. A mismatch between their expectations and the reality of their experience, alongside a pressure to be the 'perfect mum' was the primary source of their anxiety. Furthermore, stigma associated with PNA may have exacerbated these issues and led to help-seeking avoidance. Overall, women felt these issues could be addressed via online support, through the delivery of more realistic information, providing psychoeducation about PNA symptoms and management, and the inclusion of authentic peer experiences. Thus, delivering evidence-based information and interventions online may provide a solution that is acceptable to this cohort.

#### Conclusions

This work provides unique insight into potential sources of anxiety for women in the perinatal period, while also offering potential internet-based support solutions that are likely to be acceptable and helpful for women with PNA. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-02990-0>

---

**20200622-13\***

**Maternity Services: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 59267, 12 June 2020

Ms Nadine Dorries responds to a written question from Olivia Blake to the Secretary of State for Health and Social Care, regarding what additional (a) counselling and (b) support his Department provided to people who gave birth during the covid-19 lockdown. (JSM)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-questions-answers/?page=1&max=20&questiontype=AllQuestions&house=commons%2Clords&member=4864&keywords=coronavirus&uin=59267>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200615-33\*

**Perinatal mental health in Ireland: A scoping review.** Huschke S, Murphy-Tighe S, Barry M (2020), Midwifery vol 89, October 2020, 102760

#### Background

The international literature clearly indicates that perinatal mental health issues affect many women, and can have profound negative consequences for both the mother, infant and family, and that the causes of perinatal mental health issues are multifaceted and complex.

#### Aim

This scoping review explores the existing research on perinatal mental health in Ireland to provide a baseline and to guide further research as well as inform the implementation of the recent policy strategies.

#### Design

#### Scoping Review

#### Methods

We conducted a structured literature search on Science Direct, Web of Science, PubMed, PsychInfo and Scopus, using key words to search for publications up to December 2018. All publications based on empirical studies on perinatal mental health in Ireland (regardless of research design, sample size, and methods used) were included. Exclusion criteria were: study location not the Republic of Ireland; not relating to the perinatal period (pregnancy up to the first 12 months after birth); not relating to mental health; and not relating to maternal mental health, not relating to human subjects; not an empirical study; international study with generalised results. Data were mapped onto a charting form, allowing us to a) conduct a basic numerical analysis of prevalent research questions and designs, and b) to identify key themes within the data, utilising Braun and Clarke's (2006) thematic analysis.

#### Results

The search resulted in 623 unique references. 29 publications were included in this review. Our analysis resulted in three main findings. (1) A significant number of women in Ireland are affected by perinatal mental health problems, but prevalence rates vary significantly between studies. (2) A history of mental health problems and lack of social support were identified as key risk factors. (3) The existing perinatal mental health services in Ireland are generally inadequate. We further noted a focus on quantitative approaches and a medicalisation of perinatal mental health, resulting in an absence of women's voices and their lived experiences, particularly those of women of colour, migrant women and ethnic minorities. Conclusions and implications for practice: We conclude that in order to further the vision of woman-centred maternity care, we need to conduct woman-centred research that puts women's subjective experiences of perinatal mental health and well-being at the centre, including those of marginalised women in an increasingly diverse Irish society. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20200615-25\*

**Satisfaction of Slovak women with psychosocial aspects of care during childbirth.** Mazúchová L, Kelčíková S, Štofaničková L, et al (2020), Midwifery vol 86, July 2020, 102711

### Objective

The objective of the study is to find out and assess satisfaction of Slovak women with psychosocial aspects of perinatal care.

### Design and setting

The research was designed as a quantitative cross-sectional study. The research data were collected in five pediatric outpatient clinics in Slovakia.

### Participants

The research sample consisted of 360 women within 0-1 year after natural delivery (average time in months from childbirth:  $6.22 \pm 3.64$ ) who visited the selected pediatric outpatient clinic in the period from October 2016 to January 2018.

### Methods

To collect the relevant data, the original Czech questionnaire measuring psychosocial climate in maternity hospitals - KLI-P (Cronbach  $\alpha = 0.95$ ) was used to investigate the satisfaction of women with care during labor and delivery as well as with psychosocial aspects. The following six factors were assessed: (1) helpfulness and empathy of midwives and (2) of physicians, (3) superiority and lack of interest, (4) physical comfort and services, (5) control of a woman in labor and her participation in decision-making, (6) providing information. The received data were analyzed using descriptive statistics, the Shapiro-Wilk test, robust ANOVA, Post-hoc test, the Wilcoxon two-sample test, a G-test of independence and the Cochran-Armitage test of trend.

### Findings

We found that most women (83.1%) were generally satisfied with their care during labor and delivery as well as with psychosocial support. In terms of psychosocial aspects, the highest level of satisfaction was attributed to the approach of the health professionals and the lowest one (61.5%) to the control and participation of delivering woman in decision-making. Both perception of the course of labor and delivery and skin-to-skin contact immediately after birth were shown to be statistically significant predictors of women's satisfaction. The aspect of age was found to be statistically significant in relation to the factor of control of a woman in labor and her participation in decision-making.

### Key conclusions and implications for practice

It can be concluded that it is necessary to pay attention to the psychosocial aspects of health care during labor and delivery, with the emphasis on strengthening interventions in the field of participation of women in decision-making. Simultaneously, it is beneficial to emphasize and support the naturalness of childbirth so that women would associate childbirth with a positive experience. Finally, it is important to promote skin-to-skin contact right after birth. (Author)

---

## 20200609-12\*

**Perinatal mental health [written answer].** Northern Ireland Assembly (2020), Hansard Written question AQW 4010/17-22, 5 May 2020

The Minister of Health responds to a written question from Mr Colin McGrath, asking him to detail (i) his Department's spend on perinatal mental health in each Health and Social Care Trust in each of the last five years; and (ii) how the service is delivered; and (iii) the plans to develop this service. (Author, edited)

**Full URL:** <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=300746>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**20200608-15\***

**Perinatal mental health during the COVID-19 pandemic.** Matvienko-Sikar K, Meedya S, Ravaldi C (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 4, July 2020, pp 309-310

Discusses the ways in which midwives can support the perinatal mental health of women during the COVID-19 pandemic. The authors suggest that midwives should use the term 'physical distancing' instead of 'social distancing' in order to recognise the importance of social networks, and women should be encouraged to practice mindfulness and other relaxation strategies. (LDO)

**Full URL:** <https://doi.org/10.1016/j.wombi.2020.04.006>

---

**20200526-35\***

**Coronavirus: Maternal mental health [written answer].** Northern Ireland Assembly (2020), Hansard Written question AQW 4059/17-22, 11 May 2020

The Minister of Health responds to a written question asked by Ms Órlaithí Flynn regarding (a) support for pregnant women and new mothers during the COVID-19 crisis, and (b) the stage of the business case for the perinatal mother and baby unit. (LDO)

**Full URL:** [http://data.niassembly.gov.uk/questions.aspx/GetQuestionsForWrittenAnswer\\_AnsweredInRange?startdate=2020/5/18&enddate=2020/5/18](http://data.niassembly.gov.uk/questions.aspx/GetQuestionsForWrittenAnswer_AnsweredInRange?startdate=2020/5/18&enddate=2020/5/18)

---

**20200526-10\***

**Reduction in physical activity significantly increases depression and anxiety in the perinatal period: a longitudinal study based on a self-report digital assessment tool.** Haßdenteufel K, Feißt M, Brusniak K, et al (2020), Archives of Gynecology and Obstetrics vol 302, no 1, July 2020, pp 53-64

**Purpose**

Physical activity can reduce pregnancy-related complications and contributes substantially to improving maternal mental health. A reduction in activity encompassing exercise and daily household tasks throughout the course of pregnancy increases the risk of depression and anxiety. The following research examines the longitudinal interaction between exercise, general physical activity, and mental health outcomes in pregnant women.

**Methods**

This prospective longitudinal study was conducted at the maternity departments of two major university hospitals in Germany. Self-reported data of 597 women were digitally assessed every 4 weeks from the second trimester until birth as well as 3 and 6 months postnatally. Depressive and anxiety symptoms were assessed using the EPDS, PRAQ, and STAI and physical activity levels were measured using the PPAQ questionnaire. Cross-sectional and longitudinal analyses using Pearson's correlation coefficient and multiple regression models were conducted.

**Results**

We found a significant reduction in general physical activity in the period from the 20th to 32nd gestational week. Women who reported a greater decline during pregnancy showed significantly higher depression and anxiety scores. In stratified analyses, only baseline mental health scores proved to be variables with stronger impact on postnatal depression and anxiety outcomes.

**Conclusion**

General physical activity and maternal mental health significantly influence each other during and after pregnancy. Both physical activity and the prevention of perinatal mental disorders should be systematically encouraged during perinatal care to prevent adverse maternal and fetal birth outcomes. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200521-70\***

**Perinatal Mental Health Services [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28886, 6 May 2020

Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding whether all NHS boards with birth numbers under 5,000 per year have a (a) stand-alone or (b) dispersed multidisciplinary community perinatal mental health team that has the skills and capacity to assess and care for, at a minimum, pregnant and postnatal women, up to 12 months, who have more complex or high-risk presentations. (MB)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28886>

---

**20200521-69\***

**Perinatal Mental Health Services [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28885, 6 May 2020

Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding whether all NHS boards with birth numbers of over 5,000 per year now have a multidisciplinary community perinatal mental health team that has the skills and capacity to assess and care for pregnant and postnatal women, up to 12 months, who require secondary care mental health services. (MB)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28885>

---

**20200521-18\***

**Perinatal Mental Health Services: Coronavirus [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28902, 6 May 2020

Clare Haughey responds to a written question asked by Anas Sarwar to the Scottish Government, regarding the support it is providing to (a) pregnant women and (b) new mothers in response to the COVID-19 outbreak, and how services are linking up to ensure that (i) perinatal mental health is being prioritised and (ii) a message is relayed to mothers regarding how to seek any help that they might require. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28902>

---

**20200521-17\***

**Mother and Baby Units [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28881, 6 May 2020

Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding (a) equity of access to a regional mother and baby unit (MBU) for all NHS boards, (b) whether any boards do not have service level agreements with an MBU, and (c) if so for what reason. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28881>

---

**20200521-15\***

**Mother and Baby Units: Partners and Family Members [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28883, 6 May 2020

Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding whether each NHS board now ensures there is provision for accommodating partners or other family members near to each mother and baby unit when mother and child have travelled a long distance. This question refers to recommendation 5 in a recent report on perinatal mental health services (1).

1. Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services. Edinburgh: The Scottish Government, 6 March 2019, 51 pages. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28883>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

#### 20200521-14\*

**Mother and Baby Units [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28879, 6 May 2020  
Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding the number of admissions each mother and baby unit has had in each of the last three years, also broken down by the patient's NHS board. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28879>

---

#### 20200521-13\*

**Mother and Baby Units [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28880, 6 May 2020  
Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding whether it has (a) established or (b) identified the site of the additional mother and baby unit (MBU) beds; whether it will establish a third MBU located in the north of Scotland, and whether it will place a copy of the option appraisal to meet this additional need in SPICe. This question refers to recommendation 3 in a recent report on perinatal mental health services (1).

1. Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services. Edinburgh: The Scottish Government, 6 March 2019, 51 pages. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28880>

---

#### 20200521-12\*

**Perinatal Mental Health Services: NHS Highland [written answer].** Scottish Parliament (2020), Official Report Written question S5W-28888, 6 May 2020

Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding NHS Highland and whether it is meeting the Scotland-wide ambition of providing the best services to women with mental ill-health in pregnancy or the postnatal period, their infants, partners and families. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28888>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200520-19\*

**Maternal pre and perinatal experiences with their full-term, preterm and very preterm newborns.** Gonçalves JL, Fuertes M, Alves MJ, et al (2020), BMC Pregnancy and Childbirth vol 20, no 276, 6 May 2020

#### Background

Mothers' reports about pregnancy, maternity and their experiences during the perinatal period have been associated with infants' later quality of attachment and development. Yet, there has been little research with mothers of very preterm newborns. This study aimed to explore mothers' experiences related to pregnancy, premature birth, relationship with the newborn, and future perspectives, and to compare them in the context of distinct infants' at-birth-risk conditions.

#### Methods

A semi-structured interview was conducted with women after birth, within the first 72 h of the newborn's life. A total of 150 women participated and were divided in three groups: (1) 50 mothers of full-term newborns (Gestational Age (GA)  $\geq$  37 weeks; FT), (2) 50 mothers of preterm newborns (GA 32-36 weeks; PT) and (3) 50 mothers of very preterm newborns (GA < 32 weeks; VPT).

#### Results

Mothers of full-term infants responded more often that their children were calm and that they did not expect difficulties in taking care of and providing for the baby. Mothers of preterm newborns although having planned and accepted well the pregnancy (with no mixed or ambivalent feelings about it) and while being optimistic about their competence to take care of the baby, mentioned feeling frightened because of the unexpected occurrence of a premature birth and its associated risks. Mothers of very preterm newborns reported more negative and distressful feelings while showing more difficulties in anticipating the experience of caring for their babies.

#### Conclusion

The results indicate that Health Care Systems and Neonatal Care Policy should provide differentiated psychological support and responses to mothers, babies and families, taking into account the newborns' GA and neonatal risk factors. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-02934-8>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200514-56\***

**Perinatal depressive and anxiety symptoms of pregnant women along with COVID-19 outbreak in China.** Wu Y, Zhang C, Liu H, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 2, August 2020, pp 240.e1-240.e9

#### Background

On January 20, 2020, a new coronavirus epidemic with 'human-to-human' transmission was officially announced by the Chinese government, which caused significant public panic in China. Pregnant women may be particularly vulnerable and in special need for preventative mental health strategies. Thus far, no reports exist to investigate the mental health response of pregnant women to the COVID-19 outbreak.

#### Objective

The aim of the present study is to examine the impact of COVID-19 outbreak on the prevalence of depressive and anxiety symptoms and the corresponding risk factors among pregnant women across China.

#### Study Design

A multi-center cross-sectional study was initiated in early December 2019 to identify mental health concerns in pregnancy using the Edinburgh Postnatal Depression Scale (EPDS). This study provided a unique opportunity to compare the mental status of pregnant women before and after the announcement of the COVID-19 epidemic. A total of 4124 pregnant women during their third trimester from 25 hospitals in 10 provinces across China were examined in this cross-sectional study from January 1 to February 9, 2020. Of these women, 1285 were assessed after January 20, 2020 when the coronavirus epidemic was publically announced and 2839 were assessed before this pivotal time point. The internationally recommended EPDS was used to assess maternal depression and anxiety symptoms. Prevalence rates and risk factors were compared between the pre and post study groups.

#### Results

Pregnant women assessed after the declaration of COVID-19 epidemic had significantly higher rates of depressive symptoms (26.0% vs 29.6%,  $P=0.02$ ) than women assessed pre-epidemic announcement. These women were also more likely to endorse thoughts of self-harm ( $P=0.005$ ). The depressive rates were positively associated with the number of newly-confirmed COVID-19 cases ( $P=0.003$ ), suspected infections ( $P=0.004$ ), and death cases per day ( $P=0.001$ ). Pregnant women who were underweight pre-pregnancy, primiparous, < 35 years old, employed full-time, middle income, and had appropriate living space were at increased risk to develop depressive and anxiety symptoms during the outbreak.

#### Conclusion

Major life-threatening public health events such as the COVID-19 outbreak may increase the risk for mental illness among pregnant women including thoughts of self-harm. Strategies targeting maternal stress and isolation such as effective risk communication and the provision of psychological first aid may be particularly useful to prevent negative outcomes for women and their fetuses. (Author)

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.05.009>

**20200513-19**

**Depression and anxiety in pregnancy - critical analysis of a case study.** da Cruz Gomes SD (2020), MIDIRS Midwifery Digest vol 30, no 2, June 2020, pp 193-202

Pregnancy is supposed to be a time of emotional well-being in a woman's life, but for many women it is a time of confusion, fear, sadness, anxiety, stress, and even depression and anxiety. Women's mental health is often neglected, despite the link between poor mental health in pregnancy and poor obstetric and neonatal outcomes, as well as poor health later in life. Midwives, as the woman's main carer and advocate, have a crucial role in the assessment and management of women with depression and anxiety in pregnancy. This article focuses on the critical analysis of the issues and key factors in the management of care of a woman with depression and anxiety in pregnancy. (Author)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200505-33\*

**A phenomenological exploration of parenting after birth trauma: Mothers perceptions of the first year.** Molloy E, Biggerstaff DL, Sidebotham P (2021), *Women and Birth: Journal of the Australian College of Midwives* vol 34, no 3, May 2021, pp 278-287

#### Problem

While perinatal mental health issues are considered to have an impact on a mother's parenting capacity, there is limited research exploring mothers' perceptions of their relationship with their child following traumatic birth experiences and how these might affect their parenting capacity.

#### Background

Birth trauma is a well-recognised phenomenon which may result in ongoing physical and perinatal mental health difficulties for women. This may impact on their attachment to their children, their parenting capabilities, and their self-identity as mothers.

#### Aims

To explore maternal self-perceptions of bonding with their infants and parenting experiences following birth trauma.

#### Methods

In-depth interviews with ten mothers were undertaken using an Interpretative Phenomenological Analysis methodology.

#### Findings

Women who experienced birth trauma often described disconnection to their infants and lacking confidence in their parental decision making. Many perceived themselves as being 'not good enough' mothers. For some women the trauma resulted in memory gaps of the immediate post-partum period which they found distressing, or physical recovery was so overwhelming that it impacted their capabilities to parent the way they had imagined they would. Some women developed health anxiety which resulted in an isolating experience of early parenthood.

#### Conclusions

Women who have suffered birth trauma may be at risk of increased fear and anxiety around their child's health and their parenting abilities. Some women may experience this as feeling a lower emotional attachment to their infant. Women who experience birth trauma should be offered support during early parenting. Mother-Infant relationships often improve after the first year. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200423-31\*

**Comparison of screening accuracy of the Patient Health Questionnaire-2 using two case-identification methods during pregnancy and postpartum.** Slavin V, Creedy DK, Gamble J (2020), BMC Pregnancy and Childbirth vol 20, no 211, 14 April 2020

Background

Variation exists regarding perinatal depression screening. A two-step screening method has been recommended. According to a maternity-focused core outcome set developed by the International Consortium for Health Outcomes Measurement, women who score 3 or more on the PHQ-2 then complete the Edinburgh Postnatal Depression Scale (EPDS). Limited evidence exists regarding the screening accuracy of the PHQ-2 in childbearing women. An alternative case-identification method may be more sensitive for perinatal women. We aimed to [1] evaluate the screening accuracy of the PHQ-2 during the perinatal period using two case-identification methods, and [2] measure the variability of accuracy over four time-points during pregnancy and postpartum.

Methods

A prospective, longitudinal cohort study was conducted with 309 consecutive women who completed the PHQ-2 and EPDS during pregnancy (booking, 36-weeks) and postpartum (6-, 26-weeks). EPDS was the reference standard using cut-off scores for 'at least probable minor depression' during pregnancy ( $\geq 13$ ) and postpartum ( $\geq 10$ ) and for 'probable major depression' during pregnancy ( $\geq 15$ ) and postpartum ( $\geq 13$ ). PHQ-2 was analysed using two methods: [1] scored (cut-points  $\geq 2$  and  $\geq 3$ ), [2] dichotomous yes/no (positive response to either question) against EPDS cut-points for at least probable minor and probable major depression. Receiver operating characteristic analyses determined accuracy.

Results

Probable major depression: Over four timepoints PHQ-2  $\geq 3$  revealed lowest sensitivity (36-79%) but highest specificity (94-98%). An alternative case-identification method revealed high sensitivity (93-100%), but lowest specificity (58-71%). Minor depression: PHQ-2  $\geq 3$  revealed the lowest sensitivity (19-50%) but highest specificity (95-98%). An alternative case-identification method revealed the highest sensitivity (81-100%) and moderate specificity (60-74%).

Conclusions

Recommended method of case-identification (PHQ-2  $\geq 3$ ) missed an unacceptable number of women at-risk of depression. As a clinical decision-making tool, an alternative, dichotomous method maximized case-identification and is recommended. Further, the literature identified inconsistent reporting of the PHQ-2 and the alternative case-identification method hindering the ability to synthesise data. The future use and reporting of consistent question wording and response format will improve outcome reporting and synthesis. Further research in larger and diverse maternity populations is recommended. (Author)

Full URL: <https://doi.org/10.1186/s12884-020-02891-2>

20200415-28\*

**How should maternal death due to suicide be classified? Discrepancy between ICD-10 and ICD-MM.** Hasegawa J, Katsuragi S, Tanaka H, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology vol 127, no 6, May 2020, pp 665-667

Commentary on maternal death due to suicide and its categorisation as a direct or indirect obstetric death. The authors highlight the differences in its categorisation according to The International Statistical Classification of Diseases and Related Health Problems - Maternal Mortality (ICD-MM) and the International Statistical Classification of Diseases and Related Health Problems (ICD-10). (LDO)

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**20200403-39\***

**You and your baby. A national survey of health and care. 2018.** National Perinatal Epidemiology Unit (2020), Headington: NPEU April 2020. 70 pages

The latest national maternity survey 'You and Your Baby' is published. The large population-based survey, conducted by the National Perinatal Epidemiology Unit, explores the health and wellbeing of women who have recently given birth in England. A random sample of 16,000 women aged 16 years and over who gave birth in October 2017 was selected by the Office for National Statistics from birth registration records. Just over 4,500 women replied to the survey. Response rates were lower in younger women, those who were unmarried when their birth was registered, women born outside the UK, women living in socially disadvantaged areas, and women who had previously given birth. Survey weights were used to help reduce the effects of bias introduced by non-response.

This is the first national maternity survey in England to ask women about their health and wellbeing six months after childbirth. Studies often focus on pregnancy and the early postnatal period, so important milestones and challenges later in the postnatal period, such as infant feeding, mental health, and returning to work receive less attention. For the first time, women were asked about vaping around the time of pregnancy and childbirth.

Looking at trends over time, the survey results suggest that there have been some positive changes in recent years in terms of infant feeding practices, smoking behaviours around the time of pregnancy, and return to work patterns following childbirth. One significant challenge highlighted by the survey is the ongoing need to address maternal mental health problems and to offer women the support they need. (Publisher)

---

**20200320-89\***

**Fathers' perinatal mental health.** Hanley J, Williams M (2020), British Journal of Midwifery vol 28, no 2, February 2020, pp 84-85

Fathers' mental health pre- and post-pregnancy has received little attention in comparison to mothers. Although it may be argued there is not always equity within the perinatal mental health services across the UK, there has been a substantial improvement in the access for mothers. This, however, is not the case for fathers. There has been a growth of interest in fathers' mental health but this does not appear to have the same momentum as that for mothers. The statistics for fathers experiencing depression is around 1 in 10. The authors discuss the implications. (Author, edited)

---

**20200320-23\***

**Perinatal mental health [written answer].** Northern Ireland Assembly (2020), Hansard Written question AQW 3033/17-22, 3 March 2020

The Minister of Health responds to a written question asked by Ms Órlaithí Flynn to The Northern Ireland Assembly, pursuant to AQW 1453/17-22, what assurances he can give that a perinatal mental health inpatient unit and community service is high on his Department's budgetary priorities. (CAP)

**Full URL:** <http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=297252>

---

**20200320-10\***

**Postnatal Care: Mental Health Services [written answer].** House of Commons (2020), Hansard Written question 27577, 10 March 2020

Nadine Dorries responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care, regarding how many clinical commissioning groups (CCGs) have commissioned peer-led mental health support for new mothers in the last five years; and if he will make it his policy to encourage CCGs to commission that support. (CAP)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-10/27577/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200311-123\***

**The EPDS and Australian indigenous women: A systematic review of the literature.** Kotz J, Marriott R, Reid C (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 2, March 2021, pp e128-e134

**Problem**

The Edinburgh Postnatal Depression Scale (EPDS) is considered the gold standard in perinatal mental health screening and the Australian Clinical Practice Guidelines recommend universal use. However, screening rates are four times lower with Indigenous Australian women compared to non-Indigenous women. Difficulties have been reported using the EPDS in this context.

**Background**

Evidence demonstrates the link between perinatal mental health and maternal and child outcomes. Indigenous Australian maternal and child health and wellbeing outcomes remain unacceptably poor across all measured parameters and reported psychological distress and child removal rates are increasing.

**Methods**

A systematic literature review was conducted to assess the effectiveness, validity, reliability, and cultural safety of the EPDS in the Indigenous Australian context and identify the availability and suitability of any adaptations.

**Findings**

The EPDS has not been validated for use with Indigenous Australian women.

**Discussion**

The findings and limitations identified in this review are consistent with concerns in other countries about the cross-cultural use of the EPDS and its sensitivity in predicting risk for postnatal depression amongst Indigenous women. Where adaptations of the EPDS have been used there has been no psychometric and cultural validation beyond the remote communities in which they were developed.

**Conclusions**

There is no evidence to demonstrate that the EPDS in its current form and application is suitable for screening with Indigenous Australian women. Urgent work is required to evaluate and/or develop culturally meaningful screening tools that are predictive of risk for social and emotional wellbeing and perinatal mental distress in this context. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20200310-1\*

### **Collective impact of chronic medical conditions and poverty on perinatal mental illness: population-based cohort study.**

Faulkner M-R, Barker LC, Vigod LC, et al (2020), Journal of Epidemiology and Community Health vol 74, no 2, February 2020, pp 158-163

**Background** Chronic medical conditions (CMCs) and poverty commonly co-occur and, while both have been shown to independently increase the risk of perinatal mental illness, their collective impact has not been examined.

**Methods** This population-based study included 853 433 Ontario (Canada) women with a singleton live birth and no recent mental healthcare. CMCs were identified using validated algorithms and disease registries, and poverty was ascertained using neighbourhood income quintile. Perinatal mental illness was defined as a healthcare encounter for a mental health or substance use disorder in pregnancy or the first year postpartum. Modified Poisson regression was used to test the independent impacts of CMC and poverty on perinatal mental illness risk, adjusted for covariates, and additive interaction between the two exposures was assessed using the relative excess risk due to interaction (RERI) and synergy index (SI).

**Results** CMC and poverty were each independently associated with increased risk of perinatal mental illness (CMC vs no CMC exposure: 19.8% vs 15.6%, adjusted relative risk (aRR) 1.21, 95% CI (CI) 1.20 to 1.23; poverty vs no poverty exposure: 16.7% vs 15.5%, aRR 1.06, 95% CI 1.05 to 1.07). However, measures of additive interaction for the collective impact of both exposures on perinatal mental illness risk were not statistically significant (RERI 0.02, 95% CI -0.01 to 0.06; SI 1.09, 95% CI 0.95 to 1.24).

**Conclusion** CMC and poverty are independent risk factors for perinatal mental illness and should be assessed as part of a comprehensive management programme that includes prevention strategies and effective screening and treatment pathways. (Author)

---

## 20200305-121\*

### **Utilization of Health Care Among Perinatal Women in the United States: The Role of Depression.** Masters GA, Li N, Lapane KL, et al (2020), Journal of Women's Health vol 29, no 7, July 2020, pp 944-951

**Background:** Individuals with depression have increased nonpsychiatric health care utilization. Associations between depression and utilization have not been studied in perinatal women, despite their heightened depression risk. We examined patterns of nonpsychiatric health care utilization by symptoms of perinatal depression, expecting more frequent use of acute services while being less likely to have routine medical care.

**Materials and Methods:** We identified 1,103 perinatal participants from the 2005 to 2016 National Health and Nutrition Examination Surveys. The Patient Health Questionnaire was used to identify depression (score  $\geq 10$ ). We evaluated associations between perinatal depressive symptoms and health care utilization using logistic models and relative excess risk due to interaction (RERI) using adjusted models with appropriate weighting to provide national estimates.

**Results:** Among perinatal U.S. women, 7.3% had depressive symptoms. Relative to those without these symptoms, women experiencing depressive symptoms were younger, more impoverished, and uninsured ( $p < 0.05$ ). Women with depressive symptoms, compared with those without them, had twice the odds of being without routine medical care (21.6% vs. 12.5%, adjusted odds ratio [aOR]: 2.1, 95% confidence interval [CI]: 1.1 to 4.1) and of using urgent care more frequently (26.5% vs. 15.1%, aOR: 1.9, 95% CI: 1.0 to 3.9). Depressive symptoms combined with lack of insurance generally increased the odds of not having routine care (RERI: 8.4, 95% CI: -0.5 to 17.3) and more frequent use of urgent care (RERI: 7.1, 95% CI: -2.7 to 17.0).

**Conclusions:** Perinatal depression is a prevalent, high-risk illness that requires more nonpsychiatric services and increased psychiatric care. Approaches that facilitate establishing a place for routine care and decreasing acute care use are necessary. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200304-4\*

**Prevalence and key predictors of perinatal depression among postpartum women in Ghana.** Sefogah PE, Samba A, Mumuni K, et al (2020), International Journal of Gynecology & Obstetrics vol 149, no 2, May 2020, pp 203-210

#### Objective

To determine the prevalence and key predictors of perinatal depression among women in Accra.

#### Method

A two-step hospital-based cross-sectional study from May to July 2016. Patient Health Questionnaire version 9 was administered to postpartum mothers, and those aged 18 years or older with scores above 5 who delivered at LEKMA, Ridge, and Korle Bu Hospitals were recruited. Modified Edinburgh Postnatal Depression Scale was used to assess depression at 2 weeks postpartum. Associations between perinatal depression and sociodemographic/obstetric variables were assessed by  $\chi^2$  and multivariate logistic regression.

#### Results

Among 1456 women screened, the prevalence of mental health disorders was 27.5% (400/1456). Of 350 women recruited, perinatal depression at 2 weeks postpartum was 8.6%, 31.6%, and 41.1% at LEKMA, Ridge, and Korle Bu, respectively. Mothers younger than 20 years and older than 35 years at Korle Bu had depression. Vaginal delivery increased the odds of perinatal depression at Ridge and Korle Bu. Blood transfusion was associated with depression at all three hospitals.

#### Conclusion

Blood transfusion, but not other variables, was associated with perinatal depression at 2 weeks postpartum in Accra. Understanding the prevalence of perinatal depression and its associated risk factors in Ghana will aid policy decisions, planning, and clinical management. (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

## 20200302-8\*

**Paternal mental health during the perinatal period: A qualitative systematic review.** Shorey S, Chan V (2020), Journal of Advanced Nursing vol 76, no 6, June 2020, pp 1307-1319

**Aims**  
To examine fathers' experiences and needs associated with mental health during the perinatal period.

**Design**  
Qualitative studies were meta-synthesized using the steps outlined by Sandelowski and Barroso.

**Data sources**  
Six databases (PubMed, Embase, PsycINFO, CINAHL, Scopus and ProQuest) were searched for qualitative studies from each database's inception to 24 June 2019.

**Review methods**  
Studies were critically appraised using the Critical Appraisal Skills Program tool. Qualitative data were extracted, meta-summarized, then meta-synthesized.

**Results**  
Fourteen studies were included and four themes were identified: (a) negative feelings and psychological difficulties, (b) role strain and role conflict with multiple sources, (c) coping strategies that buffered negative feelings and psychological difficulties and (d) support needs to enhance mental health.

**Conclusion**  
Fathers reported poor mental health and expressed needs to enhance their mental health across the perinatal period. Future studies can focus specifically on paternal mental health. The development of theory-guided, family inclusive, technology-based healthcare services are needed to manage mental health. Healthcare providers can promote positive mental health to prepare fathers, increasing their awareness to manage their mental health and to seek timely help.

**Impact**  
Problem-focused coping (i.e. support and problem-solving with partners and childcare involvement) helped fathers to buffer their negative feelings and psychological difficulties. Future studies should focus on paternal mental health rather than on general fathering experiences. Healthcare providers should focus on promoting positive mental health and well-being. Policymakers should create awareness on paternal mental health across the perinatal period. (Author)

---

## 20200228-35\*

**Mums report lack of consistent care during pregnancy and post-birth.** Anon (2020), National Society for the Prevention of Cruelty to Children (NSPCC) 27 February 2020, online

The NSPCC reports on a survey it carried out which asked over 2,000 mothers with children aged 1 to 3 in England about their experiences of health reviews. The survey revealed that nearly a quarter saw a new person each time; over a quarter had a letter, phone call or text message instead of a face-to-face visit; 40% said their health professional didn't establish a relationship where they could share concerns about their wellbeing and over a quarter reported rarely being asked about their mental health.

In the context of perinatal mental health problems affecting up to 1 in 5 mothers, and up to 1 in 10 fathers, the NSPCC has started the Fight for a Fair Start campaign which urges government to invest in the public health grant so families get the care they need. (CAP)

**Full URL:** <https://www.nspcc.org.uk/what-we-do/news-opinion/fight-for-a-fair-start-mums-mental-health/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200227-100\***

**Intervention intended to improve public health professionals' self-efficacy in their efforts to detect and manage perinatal depressive symptoms among Thai women: a mixed-methods study.** Phoosuwan N, Lundberg PC, Phuthomdee S, et al (2020), BMC Health Services Research vol 20, no 138, 24 February 2020

Background

Targeting perinatal depressive symptoms among women can reduce premature mortality. However, public health professionals (PHPs) in primary healthcare settings often have low self-efficacy for detection and management of perinatal depressive symptoms among women. This mixed-methods study was aimed at developing and evaluating a self-efficacy improvement programme (SIP) intended to increase PHPs' self-efficacy in efforts to detect and manage perinatal depressive symptoms.

Methods

The SIP consisted of 1 day of theory and 4 weeks of practice. Sixty-six PHPs from sub-district health promotion hospitals (primary health care level) in Sakonnakhon, a north-eastern province in Thailand, were randomised into an intervention group (n = 33) and a control group (n = 33). Twenty-three of the intervention group participants also took part in focus group discussions (FGDs). Multiple linear regression and qualitative content analysis were used to analyse the data.

Results

After the SIP, the intervention group participants had higher self-efficacy score than those in the control group (p = 0.004). The FGDs resulted in four categories emerging: Having confidence, Changing knowledge and attitudes, Increasing perception of an important role, and Increasing awareness of performed function.

Conclusions

To enhance the ability of PHPs to detect and manage perinatal depressive symptoms, an intervention programme based on self-efficacy modification is recommended.

(44 references) (Author)

Full URL: <https://doi.org/10.1186/s12913-020-5007-z>

---

**20200221-83\***

**Population-Based Assessment of the Recurrence Risk of Postpartum Mental Disorders: Will It Happen Again?.** Munk-Olsen T, Ingstrup KG, Johannsen BM, et al (2020), JAMA Psychiatry vol 77, no 2, February 2020, pp 213-214

Postpartum mental disorders (PPMDs) are serious conditions ranging in prevalence, incidence, and severity. The disorders are mainly observed in women who are primiparous, and mothers with a history of PPMDs are understandably concerned about risk of recurrence after successive deliveries. In this study, we aimed to examine the risk of a mental disorder in the postpartum period by parity and provide an overview of the recurrence risk of PPMDs in affected women after subsequent deliveries.

(Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200221-59\*

**A cross-sectional study of the prevalence and factors associated with symptoms of perinatal depression and anxiety in Rwanda.** Umuziga MP, Adejumo O, Hynie M (2020), BMC Pregnancy and Childbirth vol 20, no 68, 31 January 2020

#### Background

Perinatal depression and anxiety are increasingly recognized as important public health issues in low and middle-income countries such as Rwanda and may have negative consequences for both mothers and their infants. Maternal mental health may be particularly challenged in Rwanda because of the prevalence of risk factors such as poverty, low education levels, negative life events and marital problems. However, there are limited data about perinatal depression and anxiety symptoms in Rwanda. This study thus aimed to explore the prevalence of symptoms of perinatal depression and anxiety in Rwanda, and factors associated with them.

#### Methods

A sample of 165 women in the perinatal period (second and third trimester of pregnancy, up to 1 year postnatal) were interviewed individually over 1 month in October 2013. Women were interviewed at 5 of 14 health centres in the Eastern Province or the affiliated district hospital. Participants answered socio-demographic questions and scales measuring symptoms of perinatal depression (EPDS: Edinburgh Postnatal Depression Scale) and anxiety (SAS: Zung Self-rating Anxiety Scale).

#### Results

Among women in the antenatal period (N = 85), 37.6% had symptoms indicating possible depression (EPDS  $\geq 10$ ) and 28.2% had symptoms associated with clinical levels of anxiety (SAS > 45). Among women within the postnatal period (N = 77), 63.6% had symptoms of possible depression, whereas 48.1% had symptoms of probable anxiety. Logistic regression showed that symptoms of postnatal depression were higher for respondents who had four or more living children relative to those having their first child (Odds Ratio: 0.07, C.I. = 0.01-0.42), and for those with a poor relationship with their partner (Odds Ratio: .09, C.I. = 0.03-0.25). Any lifetime exposure to stressful events was the only predictor of symptoms of postnatal anxiety (Odds Ratio = 0.20, C.I. = 0.09-0.44).

#### Conclusions

Symptoms of postnatal depression and anxiety were prevalent in this Rwandan sample and most strongly predicted by interpersonal and social factors, suggesting that social interventions may be a successful strategy to protect against maternal mental health problems in the Rwandan context. (51 references) (Author)

Full URL: <https://doi.org/10.1186/s12884-020-2747-z>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



## 20200221-4\*

**Perinatal mental health care from the user and provider perspective: protocol for a qualitative study in Switzerland.** Berger A, Schenk K, Ging A, et al (2020), *Reproductive Health* vol 17, no 26, 17 February 2020

### Background

Mental disorders in the perinatal period (PMD) can severely harm women and their children if not detected early and treated appropriately. Even though mental health care is covered by health insurance and is used widely by women in the perinatal period in Switzerland, it is not known if the care provided is meeting the needs of the patients and is efficient in the view of health care professionals. The aim of this study is to identify strengths, gaps and requirements for adequate mental health care in the perinatal period from the perspectives of patients and care providers for a wide range of relevant mental disorders.

### Methods

In the qualitative study we conduct (1) semi-structured single interviews with former PMD patients to obtain narratives about their experiences and needs for health care for their condition. Women are included who have been treated for PMD but are mentally stable at the time of the interview (n = 24). We will stratify the sample by 4 clusters of relevant ICD-10 F-diagnoses, covering the most frequent and the most severe mental disorders. We will further stratify the sample based on whether the women already had experience with psychiatric or psychological health care or not before their last episode of PMD. We will also conduct (2) three interprofessional focus groups with health and social care professionals involved in perinatal care, and a health insurance representative. The focus groups will consist of 5-8 professionals. Data collection and thematic analysis will consider Levesque's et al. (2013) conceptual model on access to health care.

### Discussion

The study will provide fundamental data on the experiences and perspectives about perinatal mental health care from user and provider perspectives. The study will generate the evidence base needed to develop models of integrated, coordinated, patient- and family-centred care that is accessed by women with various types of PMD.

(44 references) (Author)

Full URL: <https://doi.org/10.1186/s12978-020-0882-7>

---

## 20200217-3\*

**IVF treatment: Couple call for parents' mental health support.** Allard D, Ford E (2020), *BBC News* 15 February 2020

Presents an interview with a couple who went through two sessions of IVF and a miscarriage before they became the proud parents of a baby boy. In this short film the couple recall the difficulties they faced when encountering other families and babies, and call for more support for the mental health of couples seeking and going through fertility treatment. (JSM)

Full URL: <https://www.bbc.co.uk/news/av/uk-england-hampshire-51492002/ivf-treatment-couple-call-for-parents-mental-health-support>

---

## 20200213-33

**Perinatal mental health: both sides of the battle.** Thomas AM (2020), *MIDIRS Midwifery Digest* vol 30, no 1, March 2020, pp 79-83

This paper aims to discuss perinatal mental health from the perspective of a community midwife and a woman accessing care, using the woman's words to create discussion. The focus is on a situation encountered while caring for a woman whose mental health deteriorated during pregnancy. The woman's journey concludes with the admission of both mother and baby to a mother and baby unit (MBU) in England. The paper will address current service provision and how systems already in place can be better utilised, including the challenges of negotiating different health disciplines from both the midwife's and the woman's perspective. This study will discuss current and developing service provision throughout the UK. (23 references) (Author).

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200131-3\*

**Adversity, social capital, and mental distress among mothers of small children: A cross-sectional study in three low and middle-income countries.** Gausman J, Austin SB, Subramanian SV, et al (2020), PLoS ONE vol 15, no 1, 30 January 2020, e0228435

#### Background

Maternal mental health is becoming recognized as a global health priority. Mental distress among mothers of young children may be exacerbated by exposure to adversity. Social capital may buffer the impact of adversity on mental distress during the postnatal period and beyond. This paper examines the relationship between adversity, cognitive social capital and mental distress among mothers of young children in three low and middle-income countries.

#### Methods

This study uses data from the Young Lives study on 5,485 women from Ethiopia, India, and Vietnam. Logistic regression was used to examine the association between exposure to stressful life events (SLEs) and mental distress in women between 6 months and 1.5 years post-partum. Logistic and linear regression was used to examine the potential for effect modification by social capital.

#### Results

The proportion of women with mental distress during the period between 6-18 months following the birth of a child in the sample was 32.6% in Ethiopia, 30.5% in India and 21.1% in Vietnam. For each additional SLE to which a woman was exposed, the odds of MMD increased by 1.28 (95% CI: 1.22, 1.36;  $p < 0.001$ ) in Ethiopia, 1.17 (1.11, 1.25;  $p < 0.001$ ) in India, and 1.98 (1.75, 2.25;  $p < 0.001$ ) in Vietnam. Exposure to family SLEs was significantly associated with MMD in all three countries with odds ratios of 1.76 (95% CI: 1.30, 2.38;  $p < 0.001$ ), 1.62 (95% CI: 1.12, 2.33;  $p < 0.01$  in India), 1.93 (95% CI: 1.27, 2.92;  $p < 0.01$ ), respectively. In Ethiopia and India, economic SLEs were also significantly associated with MMD after adjustment (Ethiopia OR: 1.68; 95% CI: 1.12, 2.52;  $p < 0.01$  and India OR: 1.44; 95% CI: 1.01, 2.05;  $p < 0.05$ ), while in India, crime SLEs (OR: 1.93; 95% CI: 1.27, 2.92;  $p < 0.01$ ) were associated with MMD. Cognitive social capital was found to modify the association between SLEs and symptomology of mental distress in Ethiopia, India and Vietnam.

#### Conclusions

This study suggests that adversity may increase the risk of maternal mental distress in three LMICs, while social capital may buffer its effect. (65 references) (Author)

**Full URL:** <https://doi.org/10.1371/journal.pone.0228435>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20200130-18\*

**Association of Prenatal Maternal Psychological Distress With Fetal Brain Growth, Metabolism, and Cortical Maturation.** Wu Y, Lu Y-C, Jacobs M, et al (2020), JAMA Network Open vol 3, no 1, January 2020, e1919940

#### Key Points

**Question** What is the association between maternal stress, anxiety, and depression and in vivo fetal brain growth, metabolism, and cerebral cortical maturation?

**Findings** In this cohort study of 119 pregnant women, prenatal maternal psychological distress was associated with impaired fetal hippocampal development during the late second and third trimesters of gestation and altered fetal cortical gyrification in the frontal and temporal lobes. Maternal depression was also associated with decreased choline and creatine levels in the fetal brain.

**Meaning** Findings from this study suggest that prenatal maternal psychological distress may have an adverse association with brain structure and biochemistry in utero in the human fetus.

#### Abstract

**Importance** Prenatal maternal stress is increasingly associated with adverse outcomes in pregnant women and their offspring. However, the association between maternal stress and human fetal brain growth and metabolism is unknown.

**Objective** To identify the association between prenatal maternal psychological distress and fetal brain growth, cortical maturation, and biochemical development using advanced 3-dimensional volumetric magnetic resonance imaging (MRI) and proton magnetic resonance spectroscopy (1H-MRS).

**Design, Setting, and Participants** This cohort study prospectively recruited pregnant women from low-risk obstetric clinics in Washington, DC, from January 1, 2016, to April 17, 2019. Participants were healthy volunteers with a normal prenatal medical history, no chronic or pregnancy-induced physical or mental illnesses, and normal results on fetal ultrasonography and biometry studies. Fetal brain MRI studies were performed at 2 time points between 24 and 40 weeks' gestation.

**Exposures** Prenatal maternal stress, anxiety, and depression.

**Main Outcomes and Measures** Volumes of fetal total brain, cortical gray matter, white matter, deep gray matter, cerebellum, brainstem, and hippocampus were measured from 3-dimensional reconstructed T2-weighted MRI scans. Cortical folding measurements included local gyrification index, sulcal depth, and curvedness. Fetal brain N-acetylaspartate, creatine, and choline levels were quantified using 1H-MRS. Maternal stress, depression, and anxiety were measured with the Perceived Stress Scale (PSS), Edinburgh Postnatal Depression Scale (EPDS), Spielberger State Anxiety Inventory (SSAI), and Spielberger Trait Anxiety Inventory (STAI).

**Results** A total of 193 MRI studies were performed in 119 pregnant women (67 [56%] carrying male fetuses and 52 [44%], female fetuses; maternal mean [SD] age, 34.46 [5.95] years) between 24 and 40 gestational weeks. All women were high school graduates, 99 (83%) were college graduates, and 100 (84%) reported professional employment. Thirty-two women (27%) had positive scores for stress, 31 (26%) for anxiety, and 13 (11%) for depression. Maternal trait anxiety was associated with smaller fetal left hippocampal volume (STAI score: -0.002 cm<sup>3</sup>; 95% CI, -0.003 to -0.0008 cm<sup>3</sup>; P = .004). Maternal anxiety and stress were associated with increased fetal cortical gyrification in the frontal lobe ( $\beta$  for SSAI score: 0.004 [95% CI, 0.001-0.006; P = .002];  $\beta$  for STAI score: 0.004 [95% CI, 0.002-0.006; P < .001];  $\beta$  for PSS score: 0.005 [95% CI, 0.001-0.008; P = .005]) and temporal lobe ( $\beta$  for SSAI score: 0.004 [95% CI, 0.001-0.007; P = .004];  $\beta$  for STAI score: 0.004 [95% CI, 0.0008-0.006; P = .01]). Elevated maternal depression was associated with decreased creatine (EPDS score: -0.04; 95% CI, -0.06 to -0.02; P = .005) and choline (EPDS score: -0.03; 95% CI, -0.05 to -0.01; P = .02) levels in the fetal brain.

**Conclusions and Relevance** This study found that the prevalence of maternal psychological distress in healthy, well-educated, and employed pregnant women was high, underappreciated, and associated with impaired fetal brain biochemistry and hippocampal growth as well as accelerated cortical folding. These findings appear to support the need for routine mental health surveillance for all pregnant women and targeted interventions in women with elevated psychological distress. (85 references) (Author)

**Full URL:** <https://doi.org/10.1001/jamanetworkopen.2019.19940>

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

---

**20200127-44\***

**A Longitudinal Investigation of Military Sexual Trauma and Perinatal Depression.** Gross GM, Kroll-Desrosiers A, Mattocks K (2020), Journal of Women's Health vol 29, no 1, January 2020, pp 38-45

Introduction: Military sexual trauma (MST), which includes sexual harassment or assault while in the military, is prevalent among women Veterans and associated with depression and suicide. Little is known about women Veterans' perinatal mental health, including the potential role of MST. This is the first study to investigate the impact of MST on risk of depression and suicidal ideation (SI) during and after pregnancy.

Methods: Bivariate statistical tests between MST harassment and assault, measured by the two standard Veterans Health Administration screening questions, and pre- and postnatal depression and SI, measured by the Edinburgh Postnatal Depression Scale, were examined using longitudinal data from the ongoing Center for Maternal and Infant Outcomes Research in Translation (COMFORT) study. COMFORT includes 620 Veterans interviewed during pregnancy; 452 have been reinterviewed after delivery. Hayes mediation models were employed to examine whether prenatal depression mediated the association between MST and postnatal depression.

Results: MST was associated with higher pre- and postnatal symptoms of depression and SI. Further, prenatal depression mediated the association between MST and postnatal depression (indirect effect [standard error] of harassment on postnatal depression through prenatal depression: 1.11 [0.26],  $p < 0.001$ ; indirect effect [standard error] of assault on postnatal depression through prenatal depression: 1.50 [0.35]  $p < 0.001$ ), even after controlling for demographic variables and prenatal stress.

Conclusions: Women Veterans who have experienced MST may be at higher risk of perinatal depression and SI. Findings highlight the importance of access to mental health care and trauma-informed obstetrical care for these Veterans. (Author)

---

**20200127-43\***

**Consequences of Military Sexual Trauma for Perinatal Mental Health: How Do We Improve Care for Pregnant Veterans with a History of Sexual Trauma?** Katon JG, Gerber MR, Nillni YI, et al (2020), Journal of Women's Health vol 29, no 1, January 2020, pp 5-6

No abstract available.

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20200124-37\***

**Healthy Options: study protocol and baseline characteristics for a cluster randomized controlled trial of group psychotherapy for perinatal women living with HIV and depression in Tanzania.** Smith Fawzi MC, Siril H, Larson E, et al (2020), BMC Public Health vol 20, no 80, 20 January 2020

#### Background

Perinatal women accessing prevention of mother-to-child transmission of HIV (PMTCT) services are at an increased risk of depression; however, in Tanzania there is limited access to services provided by mental health professionals. This paper presents a protocol and baseline characteristics for a study evaluating a psychosocial support group intervention facilitated by lay community-based health workers (CBHWs) for perinatal women living with HIV and depression in Dar es Salaam.

#### Methods

A cluster randomized controlled trial (RCT) is conducted comparing: 1) a psychosocial support group intervention; and 2) improved standard of mental health care. The study is implemented in reproductive and child health (RCH) centers providing PMTCT services. Baseline characteristics are presented by comparing sociodemographic characteristics and primary as well as secondary outcomes for the trial for intervention and control groups. The trial is registered under [clinicaltrials.gov](https://clinicaltrials.gov) (NCT02039973).

#### Results

Among 742 women enrolled, baseline characteristics were comparable for intervention and control groups, although more women in the control group had completed secondary school (25.2% versus 18.2%). Overall, findings suggest that the population is highly vulnerable with over 45% demonstrating food insecurity and 17% reporting intimate partner violence in the past 6 months.

#### Conclusions

Baseline characteristics for the cluster RCT were comparable for intervention and control groups. The trial will examine the effectiveness of a psychosocial support group intervention for the treatment of depression among women living with HIV accessing PMTCT services. A reduction in the burden of depression in this vulnerable population has implications in the short-term for improved HIV-related outcomes and for potential long-term effects on child growth and development. (61 references) (Author)

**Full URL:** <https://doi.org/10.1186/s12889-019-7907-6>

---

**20200123-22\***

**Pregnancy: mental health services [written answer].** House of Commons (2020), Hansard Written question 4461, 16 January 2020

Ms. Nadine Dorries responds to a written question asked by Paul Girvan to the Secretary of State for Health and Social Care, regarding whether the Government will undertake a review of the adequacy of dedicated perinatal mental health services. (JSM)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-01-16/4461/>

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20191204-15**

**Conceptualising women's perinatal well-being: a systematic review of theoretical discussions.** Wadephul F, Glvoer L, Jomeen J (2020), Midwifery vol 81, February 2020, 102598

**Background:**

Perinatal well-being has increasingly become the focus of research, clinical practice and policy. However, attention has mostly been on a reductionist understanding of well-being based on a mind-body duality. Conceptual clarity around what constitutes well-being beyond this is lacking.

**Aim:**

To systematically review theoretical discussions of perinatal well-being in the academic literature.

**Design and methods:**

A search of online databases identified papers which discussed perinatal well-being theoretically, taking a multi-dimensional approach to well-being. Thematic synthesis was used to identify and synthesize relevant elements within the included papers.

**Findings:**

Eight papers were identified for inclusion in this review. All contributed a number of elements towards a theoretical discussion of perinatal well-being. Three themes were developed: (1) the importance of a number of general domains of women's lives and domains specific to the perinatal period, (2) well-being as a subjective and individual experience with physical/emodied, affective, and psychological/cognitive aspects, and (3) the dynamic nature of well-being.

**Conclusions and implications for practice:**

Perinatal well-being is a complex, multi-dimensional construct. Current theoretical discussions in the academic literature do not provide a comprehensive model or conceptualisation covering all aspects of well-being during the perinatal period. Further theoretical work is required, particularly with regards to theorising well-being during labour and birth, the perinatal period as a continuum, and the role played by women's expectations. The themes identified in this review contribute to a tentative model of perinatal well-being, taking note particularly of the dynamic nature of well-being. This model should be refined and validated through empirical work and can then be used to underpin further research and the development of a multi-dimensional measure of perinatal well-being. (60 references) (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

**20190814-22\***

**Postpartum Psychiatric Admissions in the United States.** Wen T, Fein AW, Wright JD, et al (2021), American Journal of Perinatology vol 38, no 2, January 2021, pp 115-121

**Objective**

To assess risk for postpartum psychiatric admissions in the United States.

**Study Design**

This study used the 2010 to 2014 Nationwide Readmissions Database to identify psychiatric admissions during the first 60 days after delivery hospitalization. Timing of admission after delivery discharge was determined. We fit multivariable log-linear regression models to assess the impact of psychiatric comorbidity on admission risk, adjusting for patient, obstetrical, and hospital factors.

**Results**

Of 15.7 million deliveries from 2010 to 2014, 11,497 women (0.07%) were readmitted for a primary psychiatric diagnosis within 60 days postpartum. Psychiatric admissions occurred relatively consistently across 10-day periods after delivery hospitalization discharge. Psychiatric diagnoses were present among 5% of women at delivery but 40% of women who were readmitted postpartum for a psychiatric indication. In the adjusted model, women with psychiatric diagnoses at delivery hospitalization were 9.7 times more likely to be readmitted compared with those without psychiatric comorbidity. Women at highest risk for psychiatric admission were those with Medicare and Medicaid, in lower income quartiles, and of younger age.

**Conclusion**

While a large proportion of psychiatric admissions occurred among a relatively small proportion of at-risk women, admissions occurred over a broad temporal period relative to other indications for postpartum admission.

(25 references) (Author) [Please note: this article is a digital version which may undergo minor changes in the future]

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal



**20190625-75\***

**Implementing innovative evidence-based perinatal mental health screening for women of refugee background.** Willey SM, Gibson-Helm ME, Finch TL, et al (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 3, May 2020, pp e245-e255

#### Problem

National guidelines recommend repeated screening for depression and anxiety for all women in the perinatal period. Routine screening in pregnancy is limited due to service, community and individual barriers.

#### Background

Perinatal depression and perinatal anxiety affect up to 20% of all women. Women of refugee background are at even greater risk for perinatal mental health conditions due to refugee experiences and resettlement stressors.

#### Aim

To evaluate the acceptability and feasibility of a perinatal mental health screening program for women of refugee background from the perspective of health professionals.

#### Methods

A mixed methods design guided by the Normalization Process Theory was used. Data were collected at a dedicated refugee antenatal clinic in the south-eastern suburbs of Melbourne, Australia. An online survey (n = 38), focus groups (n = 2; 13 participants) and semi-structured interviews (n = 8; 11 participants) with health professionals were conducted.

#### Findings

Under the four constructs of the Normalization Process Theory, health professionals reported improvements in identifying and referring women with mental health issues, more open and in-depth conversations with women about mental health and valued using an evidenced-based measure. Key issues included professional development, language barriers and time constraints.

#### Discussion

Implementing a perinatal mental health screening program has been positively received. Strategies for sustainability include professional development and the addition of audio versions of the measures.

#### Conclusion

This perinatal mental health screening program is acceptable and a feasible option for health professionals. Health professionals value providing more holistic care and have more open discussion with women about mental health. (40 references) (Author)

---

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal

20190624-93\*

**Honesty and comfort levels in mothers when screened for perinatal depression and anxiety.** Forder PM, Rich J, Harris S, et al (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 2, March 2020, pp e142-e150

#### Purpose

To evaluate the degree of honesty and level of comfort reported by women when questioned about their emotional wellbeing during the perinatal period; to investigate if honesty and comfort are associated with perinatal depression or perinatal anxiety; and to examine the reasons why women may not always respond honestly.

#### Methods

Qualitative and quantitative data from 1597 women from the cross-sectional perinatal mental health substudy (part of the Australian Longitudinal Study on Women's Health) were analysed using a mixed methods approach.

#### Results

When questioned by their health practitioner about their emotional wellbeing in the perinatal period, 20.7% of women indicated they had not always responded honestly. Reasons for not being honest reflected four main themes: normalizing of symptoms/coping; negative perceptions (self-and others); fear of adverse repercussions; and fear of involvement of health services (trust and confidentiality). The 38.9% of women who did not feel comfortable when questioned by their health practitioner about their emotional wellbeing were four times more likely to report perinatal depression (odds ratio = 4.09; 95% confidence interval = 2.55, 6.57) and nearly twice as likely to report perinatal anxiety (odds ratio = 1.90; 95% confidence interval = 1.24, 2.94) than other women.

#### Conclusions

Women who are most likely to need mental health care during the perinatal period are also those least likely to be honest about their mental health. A non-judgemental, open and reassuring approach by clinicians may help to reduce the stigma and fears contributing to lack of honest responses, and improve early diagnosis and treatment of mental health problems. (41 references) (Author)

---

©2024 MIDIRS All Rights Reserved

This Search Pack is distributed for your personal use, please do not illegally distribute this Search Pack either in part or in its entirety. MIDIRS web site is provided for reference information only. MIDIRS is not responsible or liable for any diagnosis made by a user based on the content of the website. Although great care is taken to ensure reference information is both suitable and accurate, MIDIRS is not liable for the contents of any external internet sites referenced, nor does it endorse any commercial product or service mentioned or advised on any of these sites.

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ  
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



**The Royal College of Midwives Trust**  
10-18 Union Street  
London  
SE1 1SZ



**Open 24 hours a day, 7 days a week**  
T: 0300 303 0444  
F: +44 20 7312 3536  
E: [info@rcm.org.uk](mailto:info@rcm.org.uk)  
W: [www.rcm.org.uk](http://www.rcm.org.uk)



**Chief Executive:**  
Gill Walton,  
MA, PGDip, BSc Hons, RM  
**President:**  
Rebecca Davies, RM  
**Patron:**  
HRH The Princess Royal