

Integrating perinatal mental health into primary health: the role of community midwife

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Abstract

Perinatal mental health disorders are undoubtedly connected to maternal and fetal morbidity. Accordingly, there is a great need of proper approach, support and health care provision of vulnerable women during this central period of their lives. Motherhood concerns community health professionals of various specialties, who require special training and studies regarding perinatal mental disorders and consequences for woman and the newborn. A sufficient supporting network aiming to vulnerable women's care and treatment throughout pregnancy and postpartum period can be created only with the state's contribution. The creation of sufficiently organized integrated primary care services, which are made especially for vulnerable women's support and are staffed with interdisciplinary teams, is more than necessary.

Keywords: perinatal mental health disorders, pregnancy, postpartum, health professionals, community midwifery.

1 Introduction

Perinatal mental health is an important issue for primary care health professionals and it has been recognized as a major public health concern [1,2,3]. Perinatal mental disorders have been identified as one of the leading causes of maternal morbidity and mortality [4,5]. Usually, women at risk are not identified or managed and communication between professionals in primary care isn't well organized [6]. Policy makers and service users recognize the need for improved care in the area of perinatal mental health. Community Midwives can play significant role in perinatal mental health promotion, the prevention of perinatal

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health problems and in the care of the women and their families [6]. Moreover, the public health role of community midwives in detection, initial assessment of perinatal mental disorder and in empowering women during the perinatal period is well documented [7,8,9,10]. Since the profound effect of undetected postpartum mental disorders is well documented, efforts have been undertaken to meet the women's health needs and establish an efficient primary care system through preventive intervention programs[11].

2 Perinatal period as a trigger and enhancing access to an integrated primary care

During perinatal period the majority of women access health care services. This provides a window of opportunity for community midwives to identify those at risk of perinatal mental disorder provided they are taught how to do this effectively. The development of measures like the Edinburgh Postnatal Depression Scale (EPDS) specifically designed to detect depressive symptoms [12,13] are important 'clinical tools' for routine "screening" of women as a potential preventive strategy.

When perinatal mental health is integrated into community midwifery, women can access perinatal mental health services closer to their homes, thus caring for their newborn, keeping their families together and maintaining their daily activities. The objective is to identify early and then facilitate referral for vulnerable women who may benefit from prevention, early intervention and treatment programs designed to reduce adverse maternal health outcomes [14,15,16] and life threatening consequences of mental health disorders during pregnancy.[17] Community midwifery care for perinatal mental health also facilitates community outreach and perinatal health promotion, as well as monitoring during the whole perinatal period and more effective management of affected women.

Although there are shortfalls in knowledge and confidence of midwives in perinatal mental health care [9] it is encouraging that they want to get additional continuing education. [18] Targeted examination of midwives' learning needs is important to address the gap in knowledge and guide professional development education for midwives. Therefore strategies must ensure that continuing professional education is responsive to the local context [17].

It is important that ongoing support and education is provided to community midwives administering questions that likely may cause more anxiety (like domestic violence) so that they feel confident in all areas when interviewing women.

3 Human rights as a neutral concern

Human rights as the accessibility to health services are protected internationally. A number of international laws, guidelines and conditions with main shaft perhaps the EU Charter of Fundamental Rights is somehow present to protect especially vulnerable individuals and groups [19]. Perinatal mental health services in community midwifery care minimize stigma and discrimination. Primary care service 'pays off' because it creates satisfied mothers, that are taken care of in their own houses. The woman will be cared by the community midwife in her own home, close to people she trusts, close to her baby and close to things that make her feel comfortable. The risk of human rights violations that can occur in psychiatric hospitals would be removed, if perinatal mental health services are delivered in primary care. A vulnerable woman is essential to remain autonomous within the community and her freedom of expression should be protected by the integrated primary care system. The conflict between doing this and remaining autonomous would be direct if the mother and her baby are referred to institutionalized units and in this way the woman also bound herself to accept an institutional living. Midwives taking up wellness focus perform an every-day political act of facilitating women's autonomy in the maternity health system, and in society [20].

4 Women's view of community midwifery

Community, public health and occupational health nursing although refer to different professional fields, have no scientific limits among them. They all cover a broad spectrum of nursing science. Mainly addressed to individuals, families and groups it contributes to the health care of the population as a whole [21].

The criteria women use to evaluate community midwifery care are complicated and varied. However, these criteria are the ones that count, because health system performance is judged only by women. Some of the criteria may be: reliability, responsiveness, competence, credibility, security, access, communication, understanding. The above criteria could describe the characteristics of an effective midwife that has the ability to care for the family during perinatal period, is willing to help women and provide prompt health services, and has ability to convey trust and confidence and individual attention to the vulnerable women. In fact, the real reason for the potential gap between women's expectations and appropriate care standards may be the absence of wholehearted commitment to women-orientated holistic care in fragmented community care settings. Maintaining care quality depends not only on recognizing women's expectations and establishing appropriated standards but also maintaining a 'work force' of community health professionals both willing and able to care at specified levels. Perinatal and infant mental health is an emerging field that is particularly

challenging as it requires health professionals to work across disciplines and time frames (encompassing both antenatal and postnatal periods), where there is a particular risk of dichotomizing care, compounding existing barriers to service uptake [22]. Midwives have the opportunity to make a difference to the outcomes for both mother and baby as they can provide continuity of care for this vulnerable group at a sensitive time for the women. Midwives are generally viewed with a positive regard by women and this enables them to develop a close and trusting relationship with most women [23].

5 Integration for endogenous change

Integration will be more successful if perinatal mental health is incorporated into health policy and legislative frameworks and supported by senior leadership, adequate resources and ongoing governance. Community midwifery for perinatal mental health must be coordinated with a network of services at different levels of care and complemented by broader health system development. Primary care services for perinatal mental health are less expensive than psychiatric hospitals, for patients, communities and governments alike. Women and their families could avoid indirect costs associated with seeking specialist care in distant locations. Treatment of common perinatal mental disorders is cost effective, and investments by governments can bring important benefits. Perinatal period is an important period for the promotion of mental health of women.

The majority of people with mental disorders treated in primary care have good outcomes. Community midwifery can play significant role in perinatal mental health promotion (for example antenatal classes), the prevention of perinatal health problems (postnatal community midwifery home visiting) and in the care of the women and their families. Evidence based effective Interventions for promoting perinatal mental health by community midwives are: antenatal classes, postnatal home visiting, breastfeeding classes etc.

Many women during the perinatal period suffer from both physical and mental health problems. Perinatal mental distress has been shown to influence obstetric and birth outcomes, is associated with some infant and maternal health problems [24,25] and can adversely affect the developing fetal brain and thus influence infant behavior [26]. Also, perinatal mental disorders are associated with increased risk of emotional [27] psychological and developmental disturbances in children [28,29] as well as physical problems, such as asthma [30].

Integrated community midwifery services help ensure that women are treated in a holistic manner, meeting the perinatal mental health needs of women with physical disorders, as well as the physical health needs of women with diagnosed perinatal mental disorders.

In all countries there is a significant gap between the prevalence of perinatal mental disorders and the number of women receiving treatment and care

[31]. Perinatal mental disorders often go unrecognized with several consequences for the mother and the newborn [32,33,34]. The high human cost of perinatal mental illness has been highlighted [35,36]. Suicide has been identified as the leading cause of maternal death in the UK by the Confidential Enquiry into Maternal Deaths [35] and Confidential Enquiry into Maternal and Child Health [36] with a high proportion of these women having a severe mental illness. Also, according to MBRACE-UK Maternal Report 2015 almost a quarter of women who died between six weeks and one year after pregnancy died from mental-health related causes.

Research has demonstrated a number of key areas where improvements in care may have prevented the deaths or reduced the risk [35,36,37]. Among these, according to the Joint Commissioning Panel for Mental Health's guide on commissioning perinatal services [38] midwives should receive additional training in perinatal mental health and the detection of at-risk patients and should routinely enquire about women's current mental health during pregnancy and the early postpartum period.

6 Conclusions

Perinatal mental disorders affect 20-30% [39] of women that are care by midwife, if left untreated, create an enormous toll of suffering, disability and economic loss. Despite the potential to successfully treat perinatal mental disorders, only a small minority of the women in need receive even the most basic treatment. Integrating perinatal mental health services into primary care is the most viable way of closing the treatment gap and ensuring the women get the care they need. Community midwifery for perinatal mental health is affordable, and investments can bring important benefits. Certain skills and competencies are required for community midwives to effectively assess, recognize, support and refer women with perinatal mental disorders. Community midwives should be adequately prepared and supported in their work. Perinatal mental health is central to the values and principles of Midwifery; holistic women care will never be achieved until perinatal mental health is integrated to community midwifery care.

Key Recommendations

- All women should be routinely assessed in the antenatal period for history of mental disorder by the community midwife.
- Edinburgh Postnatal Depression Scale or other screening tools should form part of screening by the community midwife.
- Women identified by the community midwife as high risk of puerperal psychosis should receive psychiatric review.

- Interventions for promotion of perinatal mental health by community midwife (antenatal classes, postnatal classes, homevisiting) should be available for the women.
- Clear local guidelines and protocols for the detection and management of perinatal mental health problems should be developed.

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