



Reflections on Patient - centred Perinatal mental Health Care

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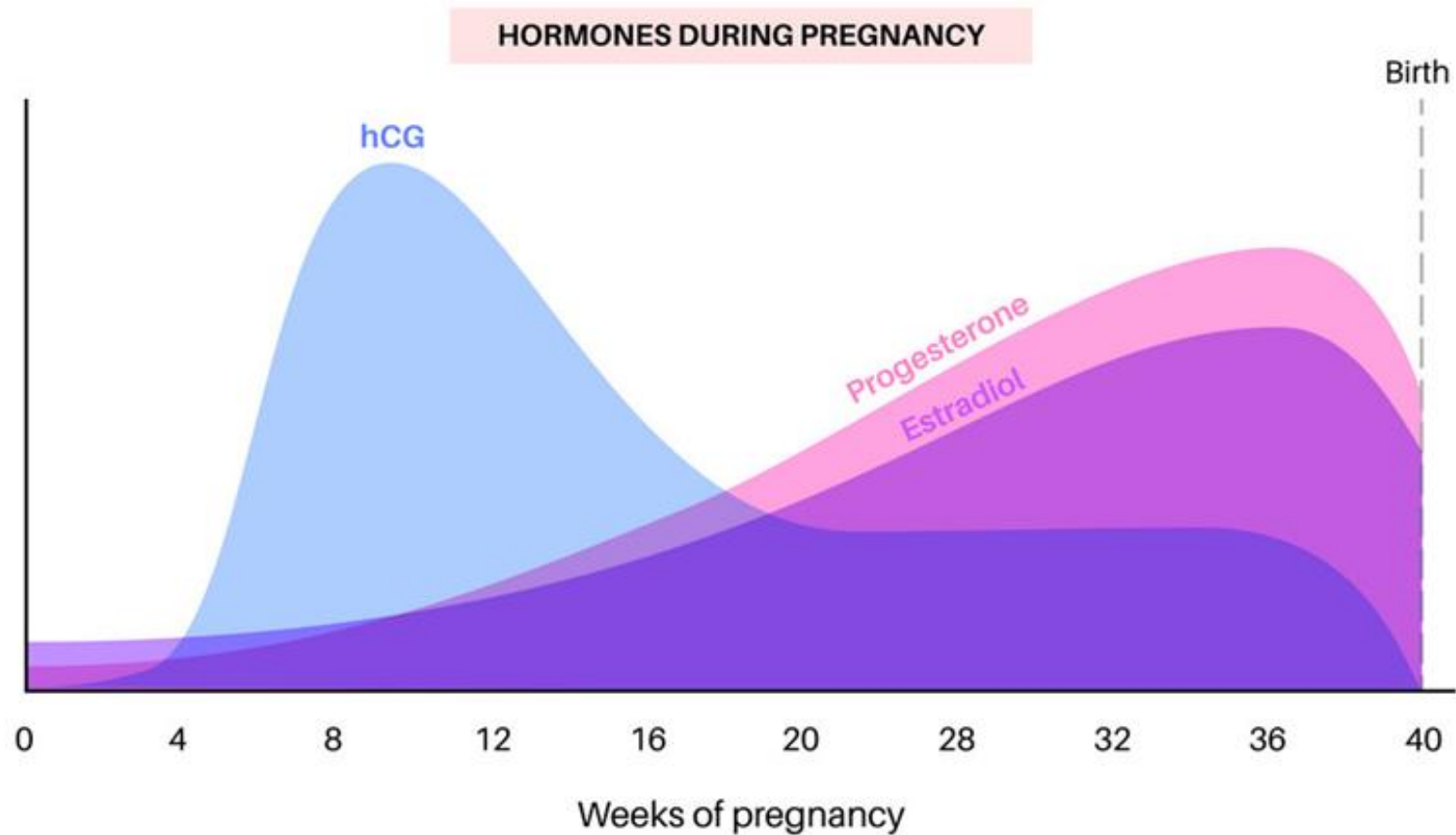
The background of the slide is a close-up photograph of water with numerous bright, shimmering reflections of light, creating a sparkling effect. The water is a deep blue color, and the reflections are concentrated in the upper right and lower right areas, with some scattered reflections throughout.

Reflections



Pregnancy

“You are not yourself...”





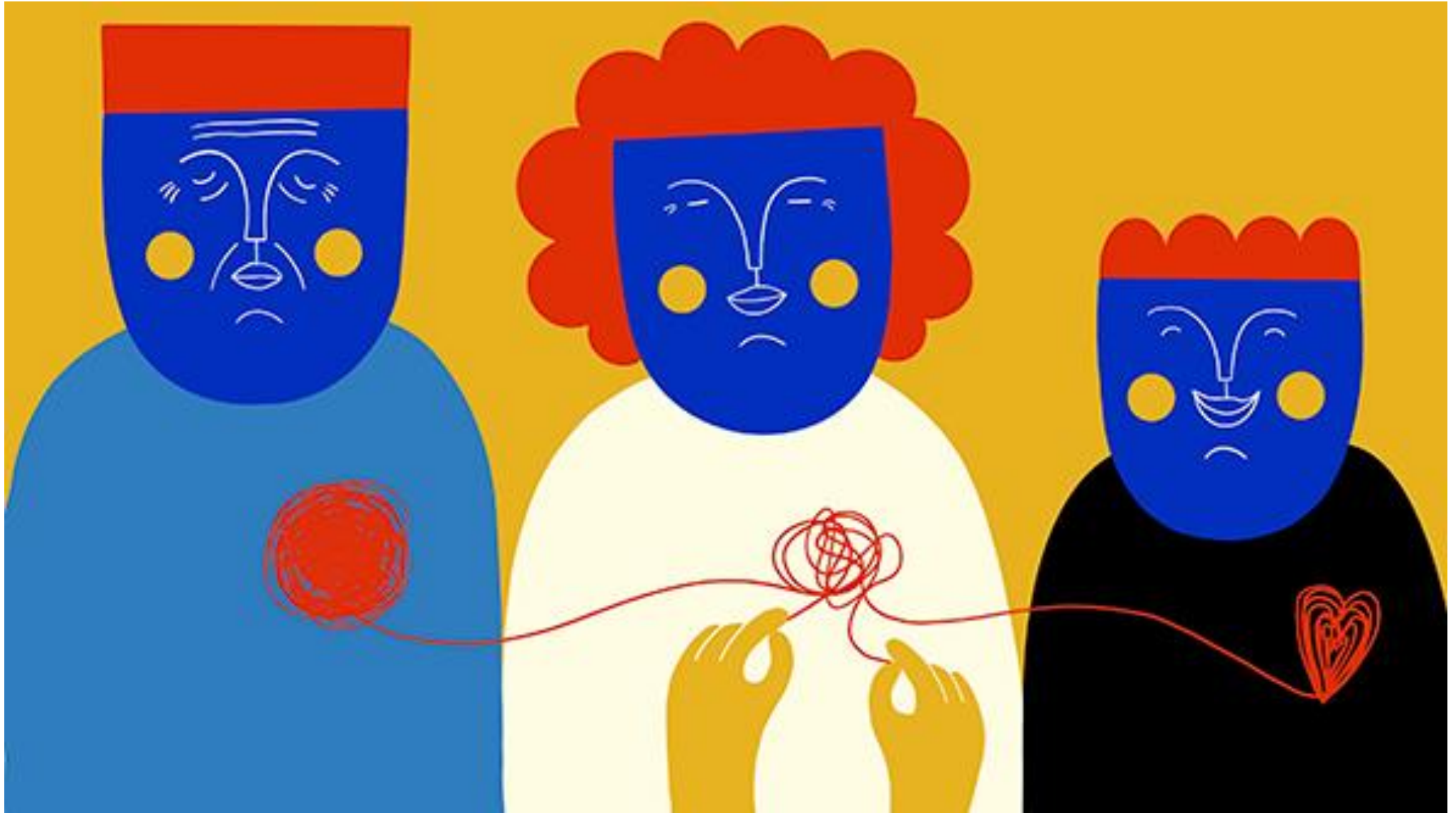
Depression

“It’s like there are two parts of you in your mind”

“It’s like your mind gets these subconscious uncontrollable thoughts”

- **WHO estimates that depression accounts for 4.3% of the global disease burden.**
- **By 2030 depression will be the leading cause of premature deaths and increased years of living with disabilities.**

Intergenerational Trauma



“Get over it...”

**“My parents survived the trauma of 1976 and
Apartheid”**

“Be strong... Move forward”

“Don’t deal with emotions...”

- Intergenerational trauma is an emotional or psychological trauma experienced by a group of people that affects the health and well-being of individuals in successive generations.
- The impacted generations develop signs and symptoms of depersonalization, emotional numbness and poor coping mechanisms resulting in various psychiatric sequelae.



Stigma

“Depression is worse than being diagnosed with HIV/AIDs or Cancer”

- Stigma by society, community members, and healthcare providers is a major barrier to accessing perinatal mental health conditions.**
- Poor knowledge of mental health treatments and the stigma itself prevents access to effective screening, and treatment of common perinatal mental health conditions.**



Mental health in South Africa



“ There is no education on mental health and clinics don’t have mental health services”

“Poor people cannot get help”



South Africa

The prevalence of women living with or at high risk of depression in South Africa is an estimated 21%–39%.

The prevalence of postnatal depression is an estimated 16%–32%.

The prevalence of anxiety disorders among South African pregnant women is 23%.

Complex biological and social determinants position South African women uniquely for risks of adverse mental health during the perinatal period.

The post-apartheid socioeconomic and cultural context, combined with 30% HIV prevalence in pregnant women, high prevalence of food insecurity, and an increasing non-communicable disease burden, increase the risk of poor mental health.

Importantly, the prevalence of intimate partner violence during pregnancy ranges from 15% to 38%.

<https://www.hhrjournal.org/2020/11/a-right-to-health-lens-on-perinatal-mental-health-care-in-south-africa/>

Perinatal mental Health Services



“One stop for all health services in pregnancy”

‘Just having someone to ask, “ Are you okay?”’

“ Just having someone to check-in with me”



Quality of Care



Quality of Care (QoC)

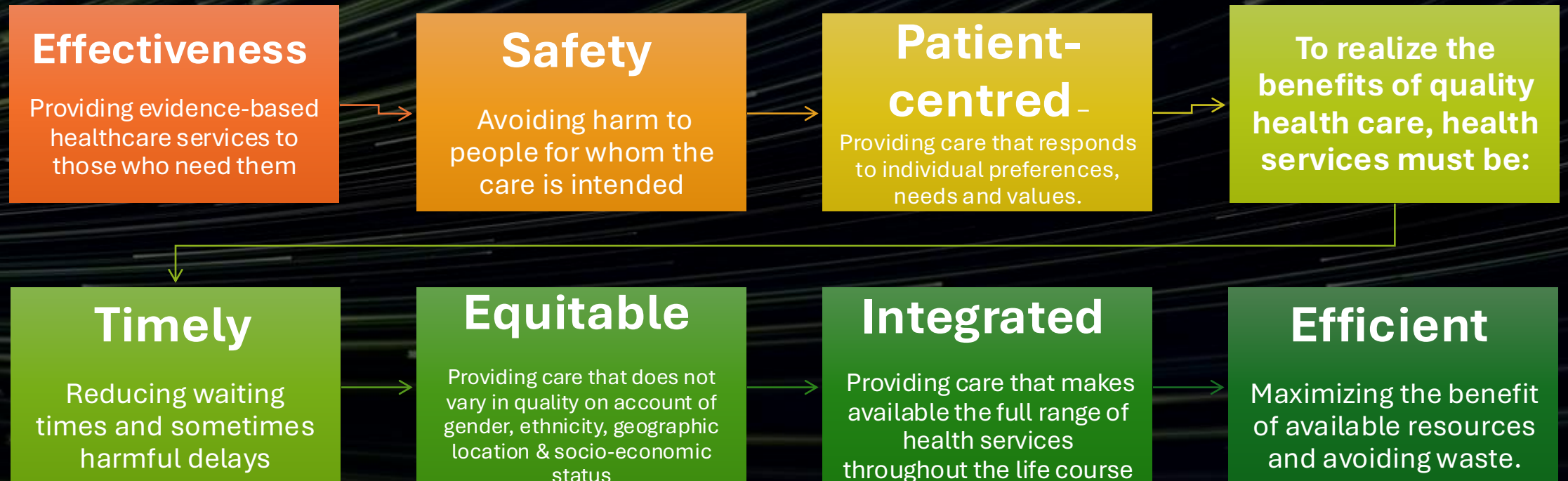


Quality of care is the degree to which health services for individuals and populations increase the likelihood of positive health outcomes.



The development goals era of Quality of Care is essential to ensure the strengthened capacity of all countries in health risk reduction and management.

Quality of Care



Perinatal Healthcare Provision in an Under-resourced Community

- Increasing research has demonstrated **poor quality of care** across the perinatal period in sub-Saharan Africa highlights the prevalence with which the **mistreatment, abuse, disrespect, and neglect of women** at the words and hands of frontline health workers occurs.
- Studies in Nigeria, Ethiopia, Tanzania, and Kenya have shown high rates (19%–98%), reporting at least one or more categories of disrespectful and abusive care during childbirth.

**The complex
challenge of
providing patient-
centred perinatal
healthcare in rural
Uganda:
A qualitative
enquiry**

This study conducted to obtain a deeper understanding of how interpersonal dimensions of the quality of care relate to real-life experiences of perinatal care, in a resource-constrained local health system.

Sarkar, N. D. P., Bunders-Aelen, J., & Criel, B. (2018). The complex challenge of providing patient-centred perinatal healthcare in rural Uganda: A qualitative enquiry. *Social science & medicine* (1982), 205, 82–89. <https://doi-org.innopac.wits.ac.za/10.1016/j.socscimed.2018.03.029>

Perinatal Healthcare Provision in a Under-resourced Community

In summary, despite individual health provider efforts, there was significant reported negative interpersonal interactions, while the mere provision of perinatal health services was often mistakenly perceived as positive patient provider interactions.

Poor interpersonal QoC included neglectful and/ or duplicitous communication, verbal mistreatment, and negligent behaviours from health workers towards perinatal women.

The consequences of poor QoC create cycles of ineffective utilisation of perinatal services that may continue past the perinatal period.

Poor QoC may potentially negatively impact both maternal and infant outcomes.

**Women's
experiences of
specialist
perinatal mental
health services:
A qualitative
evidence
synthesis**

- **Poor perinatal mental health is a growing public health concern.**
- **5 countries - UK, Ireland, Canada, New Zealand & Australia.**
- **The identified system level barriers are further compounded by barriers from the women themselves who can be reluctant to disclose PMH symptoms despite regular contact with health services.**
- **Women's reluctance to disclose mental ill health is often due to fears of stigma, losing parental rights, being deemed an unfit mother, or difficulties with the logistics of attending appointments when caring for small children.**

Conclusion

- **Supporting perinatal mental health can improve overall maternal health outcomes.**
- **The quality of maternal and child health services for all women can be improved by creating an environment where they feel safe to discuss their challenges in a respectful and caring environment that is free from stigmatization.**
- **Provision of patient-centred perinatal mental healthcare should be considered when integrating services into global maternal healthcare.**



References

- Albanese, A. M., Geller, P. A., Sikes, C. A., & Barkin, J. L. (2021). The Importance of Patient-Centered Research in the Promotion of Postpartum Mental Health. *Frontiers in psychiatry*, 12, 720106. <https://doi.org/10.3389/fpsy.2021.720106>
- Moran, E., Noonan, M., Mohamad, M. M., & O'Reilly, P. (2023). Women's experiences of specialist perinatal mental health services: a qualitative evidence synthesis. *Archives of women's mental health*, 26(4), 453–471. <https://doi.org/10.1007/s00737-023-01338-9>
- <https://www.hhrjournal.org/2020/11/a-right-to-health-lens-on-perinatal-mental-health-care-in-south-africa/>
- Laddipeerla, A., Alexander, J., & Lattanzio, A. (2015). Reflections on Aboriginal perinatal mental health, mothers, babies, families and community: A South Australian trainee's experience. *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*, 23(6), 693–695. <https://0-doi-org.innopac.wits.ac.za/10.1177/1039856215592316>
- Sarkar, N. D. P., Bunders-Aelen, J., & Criel, B. (2018). The complex challenge of providing patient-centred perinatal healthcare in rural Uganda: A qualitative enquiry. *Social science & medicine (1982)*, 205, 82–89. <https://0-doi-org.innopac.wits.ac.za/10.1016/j.socscimed.2018.03.029>
- Ullah, H., Ahmad, H., Tharwani, Z. H., Shaeen, S. K., Rahmat, Z. S., & Essar, M. Y. (2023). Intergenerational trauma: A silent contributor to mental health deterioration in Afghanistan. *Brain and behavior*, 13(4), e2905. <https://doi.org/10.1002/brb3.2905>