MATERNAL MENTAL ILLNESS & CHILD OUTCOMES

Prevalence
In South Africa, one in three women experience a mental illness related to her pregnancy. This is three times the prevalence in developed countries. Common mental disorders during the antenatal period have been associated with adverse physical and psychological outcomes for both mothers and their children. This is particularly relevant in low-resource settings where there is limited access to health facilities. The World Health Organisation warns that maternal mental illness poses significant challenges to society. The burden of mental illness is not only faced by women, but also affects their children, their families and society broadly.

Impact
Maternal mental disorders are associated with poor obstetric outcomes, such as preterm delivery and prolonged labour. Hormonal changes in the intrauterine environment can affect foetal development. The debilitating effects of maternal mental illness can compromise a mother’s caregiving capacity. Taken together, the consequences of maternal mental illness have direct implications for infant survival, early childhood development and the development potential of women and their families.

Resilience in adversity
Poverty, HIV/AIDS, violence, abuse, social exclusion, refugee status and gender inequality drive the high prevalence of maternal mental illness. However, simple interventions, such as maternal mental health care, can provide the meaningful support necessary to enhance the resilience of mothers in distress. The PMHP’s main objective is to draw on pregnant women’s existing resources and strengthen their resilience so they can learn to cope with their emotional distress and deal with stressful and hostile environments. By addressing the issues of maternal mental illness, the intervention directly contributes to reducing child mortality and prevents children from developing mental health problems themselves.

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Vulnerability to future mental health problems
Maternal mental illness

Adverse child outcomes
Poor bonding with child
Children are floating past us, drowning in the river of poverty and disadvantage. As people who care about kids, we’re good at hauling children out of the river – but if we really want make an impact, we need to stop children from falling into that river.

Prof Louis Reynolds, Red Cross Hospital paediatrician and founding member of the National Progressive Primary Health Care Network

The PMHP intervention
The PMHP intervention promotes an innovative, preventative approach. The Project does not only address women in crisis. Rather, screening large populations of at-risk women identifies those who are vulnerable. Therapeutic counselling then provides support and empowerment for women so that crises may be prevented or managed more effectively. Self esteem and a sense of agency may be restored in a safe and therapeutic environment. A mother with positive self esteem and an ability to work towards a better future will better be able to negotiate the hardships in her life and optimally nurture the development of her children.

Working upstream
By working with mothers, the PMHP contributes to positive infant, child and adolescent development by intervening at a time when children are most likely to benefit from it. Thus, maternal mental health is a critical intervention for achieving Millennium Development Goal 4, namely, to reduce under-five mortality.

Vision: integrated maternal mental health care
Our aim is for all women to have universal access to quality maternal mental health care, at the same site where they receive pregnancy care. The success of this approach is that poor women do not need to use additional resources or deal with issues of stigma when accessing the care they need. In this way, those who most need health care are able to access it.