



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.**

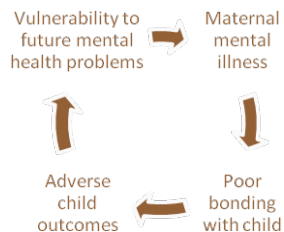


Resilience in adversity

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.

THE INTERGENERATIONAL CYCLE

Anxiety and depression, during and after pregnancy, are associated with serious negative, inter-generational consequences for the mother, infant and society.



Infant Outcomes

- low birth weight
- delayed initiation of breastfeeding
- stunting
- malnutrition
- gastro-intestinal problems
- non-completion of immunisations
- increased ICU admissions
- crying and irritability
- fearfulness

Child Outcomes

- impaired motor skills
- impaired language development
- weaker adaptation to stress
- recognition and memory processes affected
- lower frustration threshold
- hyperactivity and attention deficit
- inconsolability
- anxiety symptoms
- malnourishment
- vulnerability for developing alcoholism
- development of asthma in later childhood
- internalising behaviour e.g. emotional withdrawal
- externalising behaviour e.g. aggression

Adolescence Outcomes

- anxiety disorders and depression
- shyness
- unsocial behaviour
- conduct disorder
- attention deficit disorder
- substance abuse
- suicidality
- increased risk of HIV infection, abuse and unintended pregnancy

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.



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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.