

Maternal Mental Health in Low Income Countries: Prevalence, Assessment, and Implementation of Support Programs

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This workshop will give participants the opportunity to discuss strategies for support and treatment to address the high prevalence of maternal mental ill health throughout the world. The International Maternal-Child Mental Health (MCMH) Working Group has recently been formed as a multidisciplinary and cross agency group that fosters global policies and practice in maternal care. The Working Group's members come from various disciplines, including clinical psychologists, social workers, nutritionists, public health experts, and consumers and organizations, including the CORE Group, Catholic Relief Services, CARE, Duke University, Johns Hopkins University, Postpartum Support International, University of Maryland, and World Vision. The MCMH comes together with a vision of a world of healthy mothers, children, and families that survive and t also thrive. Our mission is to promote national and local culturally sensitive policies, to develop and disseminate learning and research, and to implement practice aimed at maternal mental health in resource-constrained environments globally. Working Group members are active in international health at the community and government level, using their international activities and influence to create heightened attention to the specific issues of antenatal and postnatal women globally. This workshop will call upon participants to discuss 1) the nature of maternal mental health difficulties globally, 2) the consequences of maternal mental ill health for women and their children, 3) approaches to identifying women in need for support in resource constrained areas, and 4) intervention strategies that have been or could be implemented, including social support networks integrated into other care options.

Unexpected Outcomes of Pregnancy: Impact on Parental Development

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This workshop will discuss unexpected outcome of pregnancies; the loss of a baby and how this impacts the pregnancy that follows, the birth of a preterm baby and a medically fragile baby. Sense of self as parent is greatly altered when these experiences happen as well as guilt over what parents might have done differently. Consequently attachment issues may be altered, especially to the baby that follows a perinatal loss. A model of attachment based intervention in the pregnancy following loss will be discussed and supported by research done on adults who were the child born after loss and parents raising children after loss who had intervention in their subsequent

pregnancies. How professionals can create an alliance with parents to support attachment during pregnancy and in the newborn intensive care units will be addressed.

Participative Workshop: A Multidisciplinary Analysis of Complex Clinical Cases in Perinatal Psychiatry

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During the perinatal period, the mother and the baby (and also the father) are surrounded by many professionals whose priorities and technical focus differ: the general practitioner, the obstetrician, the mid-wife, the paediatrician, the social worker, the psychologist, hospital vs community care networks... Each professional may work with an implicit culture in his/her domain, in the hospital or the community context, finding it difficult to connect with others working for the same patient.

Connections between professionals may become more strained if the pregnancy is associated to a specific vulnerability: antenatal diagnosis of malformation, psychiatric problem of the mother, history of perinatal death, social problems, substance abuse...

Developing effective connections between professionals involved in such common but complex situations constitute a major task. This would not only be a more efficient way of allocating resources, but may also have specific therapeutic effects on the mother-baby dyades through prevention of anxiety or even trauma associated with the highly technical modern health care context.

With a focus on the prevention and appropriate care of major psychiatric disorders during the perinatal period, we will present case material and comment it step by step in this multidisciplinary workshop.

By working through in a specific manner the details of the each case presented, we will underline differences and potential complementarities in approaches of the professionals involved, try to clarify common misunderstandings or dead ends in collaborative work. Mutual understanding between professionals focusing on the "purely" medical or psychological aspects of the cases will be especially worked on.

This workshop will aim a rich interaction with the audience and put emphasis on enabling mutual teaching and attunement of practices.

7-Poster Sessions with Oral Discussion

Risk factors and predictors of depressive disorders in the first trimester of pregnancy in eastern Anatolia, Turkey

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Aims: Depressive disorder accompanying the hormonal and physiological changes experienced in pregnancy may have negative impact for both the mother and the baby and lead to undesirable results. For these reasons, it is important to determine the risk factors and predictors of depression within the cultural context of the pregnant women in order to ensure early diagnosis and treatment. In this study, our aim is to identify the risk factors and predictors of depressive disorders in women in the first trimester of their pregnancy.

Methods: A total of 463 women who were in the first trimester of their pregnancy were randomly selected for this study. Participants were administered the Structured Clinical Interview for DSM-IV (SCID) for the diagnosis of depressive disorders. Pregnant women who were diagnosed with a depressive disorder were administered the Hamilton Depression Scale, the Global Assessment of Functioning Scale, Brief Disability Questionnaire, and the Perceived Social Support Scale which was developed for Turkish population. A sociodemographic information sheet was completed for each patient to identify the risk factors associated with depressive disorders.

Results: The risk factors that were found to be associated with depressive disorders in this study were level of education, low income, early marriage, adolescent pregnancy, history of miscarriage, low education level of the spouse and exposure to violence. Previous mental illness, a history of mental illness during the previous pregnancy, unemployment of spouse, exposure to violence during current pregnancy and unplanned pregnancy were found to be the predictors of depressive disorder during the first trimester of pregnancy.

Conclusion: The first step in preventing depression in the pregnant population is to identify the women at risk. Identification of at-risk pregnant women in their first trimester and early treatment will reduce potential risks for both the mother and the infant. In terms of early diagnosis and treatment of pregnant women, it would be helpful to start depression screening programs that are run by specialists in our country.

Effects of Continuity of Care on Birth Experience

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Birth is a major event in a woman's life, socially, as much as physiologically and psychologically. The experience of such an event will have an important impact on her identity as a woman and a mother and most of all on the child's development (Racamier, Bydłowski, Revault d'Allones).

In this context, we have chosen to study the effects of maternity care during the birth period (pregnancy, delivery and days that follow delivery)

In France, maternity care conditions seem to be particularly medicalised with potential harmful psychological consequences for the mother and the child (Fort, Vande Vusse, Beck & Siegel). In order to estimate these effects we have compared two different care approaches among women with a non pathological pregnancy and measured the impact on the birth experience.

Circumstances in which we have led this research brought us to reduce our cross-section to compare two groups of 5 women. Semi-structured interviewing allowed us to improve our research and compensate the statistical weakness of quantitative tools that however gave us the opportunity to give a first direction to further exploration.

Results have shown a positive effect of continuity of care, especially on the perception of pain and days following delivery. It also benefits the perceived control and support, effects that could be assigned to the confidence established between the future mother and the care referent.

These results bring perspectives. Continuity of care effects in Maternity make us wonder about a care referent in chronic disease as well as submission to medical authority and its consequences in France.

Beyond, our results could suggest a new dimension of perceived control that would be the notion of "active release". To conclude, the effects of continuity of care puts once again the perinatal prevention in the heart of the discussion.

As a midwife and psychologist, our purpose is to share the experience of the benefits of continuity of care in birth experience. Crossing experience from the UK and France, we suggest that time, perceived control, and a trust relation between medical actors and patients can prevent pregnancy and postpartum psychological crisis.

Perinatal Mental Health in Turkey

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Turkey is a developing country and Turkish people have different cultural features from Europe and Asia. Turkey has been experiencing a social and cultural transformation during the last century. Conjunctions with these changing values and expectations women also have had new roles and responsibilities.

Women's health has always been an important issue of the health policies in Turkey. Perinatal care is given free of charge and is widely available. 92 % of mothers receive antenatal care from health personnel during the pregnancy. About 85% of mothers and 90% of infants receive postnatal care from health personnel in the two months following the delivery in Turkey.

Turkey has some improvements in its health system especially to prevent early motherhoods, mother and infant deaths, to decrease the fertility rate, to increase literacy rate, to protect the families' domestic violence, to promote small entrepreneurship and, to educate the health personnel about perinatal care. Although significant advancements have been achieved, women still need support to overcome some problems related with their roles, status and health issues in the society. Pregnancy and birth related mental disorders still require more attention.

Research studies about perinatal psychiatry have been conducted all over the country. Most of them are related to prevalence and risk factors of postnatal depression. According to the studies, unemployment of the husband, low education, poverty, early age pregnancy, unplanned pregnancy, premenstrual syndrome, lack of antenatal care, history of mental illness, history of mental illness in first-degree relatives and adverse life events were associated with postnatal depression.

As a conclusion, depression prevention programs in the perinatal period should become a high priority issue in Turkey. Implementing community-based programs to meet the care needs of new mothers, including at least two follow up visits, giving education on psychiatric disorders related to pregnancy and, establishing departments on women's mental health must be a concern of health authorities.