

“Maternal Health, Post Partum Depression & Well Being”. Addressing Maternal Mental Health: A Global Public Health Imperative

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Abstract- Maternal mental health disorders, particularly during the perinatal period, represent a critical yet under-addressed global public health challenge. These conditions—most notably depression, anxiety, and, in severe cases, postpartum psychosis—affect up to 20% of women in low- and middle-income countries (LMICs), significantly exceeding prevalence rates in high-income settings. Untreated maternal mental health issues compromise not only the well-being of mothers but also lead to adverse child health and developmental outcomes, including poor nutrition, stunted growth, and cognitive delays. This study synthesizes existing literature to assess the prevalence, impact, and response mechanisms surrounding maternal mental health globally, with a focus on LMICs. It identifies major research and policy gaps, such as limited context-specific data, underrepresentation of non-depressive disorders, and insufficient integration of mental health into maternal health services. Evidence supports the effectiveness of low-cost, community-based interventions delivered by non-specialist health workers, which have shown promise in improving outcomes for both mothers and children. The study concludes by calling for the urgent prioritization of maternal mental health within national and global health agendas, emphasizing the need for integrated, scalable, and culturally appropriate strategies aligned with Universal Health Coverage and the Sustainable Development Goals.

Keywords: Maternal mental health, Perinatal depression, Low- and middle-income countries (LMICs), Postpartum disorders, Child development, Community-based interventions, Task-sharing, Universal Health Coverage, Global health policy, Sustainable Development Goals (SDGs)

INTRODUCTION

Mental health disorders during and after pregnancy are a pressing but often overlooked public health issue—especially in low- and middle-income countries. A recent meta-analysis has brought this into sharp focus, revealing that nearly 20% of mothers in developing countries experience clinical

depression after childbirth. This figure is significantly higher than earlier estimates derived predominantly from studies in high-income countries, underscoring the need for localized research and targeted interventions.

Depression during the perinatal period is not only debilitating for mothers but also dangerous. In severe cases, suicide has emerged as a leading cause of death among pregnant and postpartum women. Though less common, postpartum psychosis can also lead to tragic outcomes, including suicide or harm to the newborn.

Beyond the personal toll, maternal mental health issues impact child development. Depression diminishes a mother's ability to engage with and care for her child, which can result in impaired emotional bonding, poor nutrition, and stunted physical and cognitive growth. Research shows that treating maternal depression leads to measurable improvements in child health outcomes, including reductions in diarrhoea and malnutrition—conditions still prevalent in many parts of the world.

Recognizing this growing challenge, the global health community is shifting its focus. While maternal mortality has long been the cornerstone of maternal health indicators, the post-2015 development agenda has expanded the scope to include Universal Health Coverage (UHC) and Healthy Life Expectancy (HLE). These new priorities call for a more integrated approach, where mental health is embedded within maternal and child health services.

Encouragingly, low- and middle-income countries are not waiting for top-down solutions. Several academic and public health institutions have already piloted and implemented community-based mental health programs for mothers. These initiatives are

often low-cost, scalable, and delivered by trained non-specialist health workers such as community health volunteers or primary care staff. The outcomes are promising—showing not only reduced symptoms of depression in mothers, but also improved developmental indicators in children.

As the world strives to achieve equitable and comprehensive healthcare, maternal mental health must be prioritized. It is no longer sufficient to measure success by survival alone; the quality of life and mental well-being of mothers and their children are equally essential. With evidence-based interventions and community-driven models already showing success, the time is ripe to scale up efforts and ensure that every mother receives the mental health care she deserves.

Review of Literature

Maternal mental health has gained increasing attention in global health discourse, particularly as evidence highlights its profound impact on both maternal well-being and child development. Depression and other mental health disorders during the perinatal period are now recognized as major contributors to the global burden of disease among women of reproductive age.

Prevalence and Scope

Studies conducted across various settings have consistently demonstrated high rates of mental health disorders among pregnant and postpartum women. According to the World Health Organization (WHO), approximately 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, most commonly depression (WHO, 2008). These figures rise significantly in low- and middle-income countries (LMICs), with recent meta-analyses estimating 15.6% during pregnancy and 19.8% postnatally (Fisher et al., 2012).

A more recent and comprehensive meta-analysis suggests that the prevalence of postpartum depression in developing countries could be as high as 20% (Rahman et al., 2013), underscoring the disparity between high-income and resource-constrained settings. These findings challenge earlier prevalence estimates and call for context-

specific approaches to maternal mental health assessment and intervention.

Consequences for Mothers and Children

The consequences of untreated maternal mental disorders are wide-ranging. For mothers, depression leads to significant emotional suffering, social isolation, impaired functioning, and, in extreme cases, suicide—now recognized as a major cause of maternal mortality (Oates, 2003). Though rarer, postpartum psychosis poses additional risks, including infanticide or self-harm (Sit et al., 2006).

For children, the implications are equally alarming. Research shows that maternal depression is associated with poor infant growth, developmental delays, and increased risk of malnutrition and infectious diseases such as diarrhoea (Rahman et al., 2004). Early exposure to maternal distress can also affect cognitive, emotional, and social development, highlighting the need for timely mental health interventions.

Interventions and Effectiveness

Encouragingly, maternal mental health disorders are treatable, and a range of psychosocial and behavioral interventions have proven effective. Several randomized controlled trials in LMICs have demonstrated that non-specialist community health workers, when properly trained and supervised, can deliver effective, low-cost mental health care (Rahman et al., 2008; Patel et al., 2011). These interventions not only reduce depressive symptoms in mothers but also improve child health and development outcomes.

The Thinking Healthy Programme, developed in Pakistan, is a widely cited example of a community-based, scalable intervention integrated into maternal health services. It uses cognitive-behavioral techniques and has shown significant impact in improving maternal mood and child health indicators (Rahman et al., 2008).

Policy Implications and Global Initiatives

The global health policy landscape has gradually begun to incorporate maternal mental health into broader maternal and child health strategies. The WHO's Comprehensive Mental Health Action Plan

(2013–2030) advocates for universal health coverage inclusive of mental health. Furthermore, the Sustainable Development Goals (SDGs) emphasize health and well-being (Goal 3), offering a framework within which maternal mental health can be prioritized.

In many LMICs, academic and public health institutions have already piloted integrated maternal mental health programs, often with support from international partners. These models stress the importance of task-shifting, capacity-building, and the use of existing health infrastructure to ensure sustainability and scalability.

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Research Gap

Despite growing awareness and a substantial body of evidence highlighting the burden of maternal mental health disorders—particularly in low- and middle-income countries (LMICs)—significant research gaps remain that hinder the development

and implementation of effective, equitable, and scalable solutions such as Limited Context-Specific Data in LMICs, Underrepresentation of Non-Depressive Disorders, Lack of Longitudinal and Intergenerational Studies, Insufficient Evaluation of Community-Based and Scalable Interventions, Mental Health Workforce and Training Gaps, Policy and Systems-Level Gaps, role of Social Determinants and Cultural Factors

OBJECTIVES OF THE STUDY

- To assess the prevalence and types of maternal mental health disorders, particularly depression, in both high-income and low- and middle-income countries.
- To explore the impact of maternal mental health disorders on maternal well-being, infant growth and development, and overall family health.
- To review existing interventions and models for the treatment and prevention of maternal mental disorders, with a focus on community-based and low-cost approaches.
- To identify challenges and gaps in current research, policy, and health system responses to maternal mental health in diverse global contexts.
- To examine the role of non-specialist health workers in delivering mental health services to mothers in resource-limited settings.
- To recommend strategies for integrating maternal mental health services into broader maternal, newborn, and child health (MNCH) programs within the framework of Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs).

Limitations of the Study

This study primarily relies on secondary data, and while extensive data exists, primary data collection could further enhance the study's quality.

Research Methodology

Secondary data have been used for this study, sourced from various journals, articles, and web resources.

The Need for Addressing Maternal Mental Health—A Global Public Health Imperative

Maternal mental health is a critical yet often neglected aspect of public health, with far-reaching consequences for women, their children, and society at large. Pregnancy and the postnatal period are times of significant physical, emotional, and social change, making women particularly vulnerable to mental health disorders. However, in many parts of the world, maternal mental health remains inadequately addressed in both policy and practice.

Globally, it is estimated that approximately 10% of pregnant women and 13% of postpartum women experience a mental disorder, most commonly depression. These figures rise dramatically in low- and middle-income countries (LMICs), where 20% or more of mothers are affected. Despite the high prevalence, maternal mental health services are often absent or under-resourced, particularly in regions where maternal mortality and child malnutrition also remain major challenges.

Untreated maternal mental health conditions can have devastating consequences. They are a leading cause of maternal disability, and in severe cases, can lead to suicidal behavior, now recognized as one of the major contributors to maternal mortality. Moreover, the effects extend beyond the mother: children of mothers experiencing mental illness are at greater risk of poor nutrition, stunted growth, impaired cognitive and emotional development, and increased susceptibility to illness.

Addressing maternal mental health is not only a matter of individual well-being, but a key strategy for improving public health outcomes. Evidence indicates that treating maternal depression leads to improvements not only in maternal functioning and quality of life, but also in child survival, growth, and development. Early interventions can break the cycle of poverty, poor health, and reduced opportunity that often accompanies maternal mental disorders.

In light of global health priorities such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), the inclusion of maternal mental health within integrated maternal and child health services is both necessary and urgent. Low-cost, community-based models—often led by trained non-specialist health workers—have demonstrated effectiveness in various contexts and

offer a scalable solution, particularly in resource-limited settings.

In summary, addressing maternal mental health is a global public health imperative. It is essential for ensuring healthy mothers, thriving children, and stronger communities. Investing in maternal mental health is not only ethically and medically justified—it is a foundational step toward achieving equitable, sustainable health systems worldwide.

These issues underline the urgent need for systemic change to ensure women have the freedom, resources, and opportunities to empower themselves and contribute meaningfully to society.

Government Schemes for Maternal Mental Health

There are several government schemes and programs—both international and in specific countries—aimed at supporting maternal mental health. These programs are designed to ensure the well-being of mothers during pregnancy and after childbirth, addressing issues like postpartum depression, anxiety, and access to mental health care.

Here's a breakdown of some notable government schemes and initiatives:

In India

1. Pradhan Mantri Matru Vandana Yojana (PMMVY)

- Focus: While not explicitly for mental health, it supports pregnant and lactating mothers financially.
- Benefit: ₹5,000 direct benefit transfer for wage loss compensation.
- Relevance: Reduces stress related to financial insecurity during and after pregnancy.

2. Rashtriya Kishor Swasthya Karyakram (RKSK)

- Focus: Health of adolescents, including mental health services.
- Relevance: Addresses mental health of young women before they enter motherhood.

3. National Mental Health Programme (NMHP)

- Focus: General mental health, including maternal mental health.
- Components:
 - District Mental Health Programme (DMHP) provides services at community level.
 - Counselling, early diagnosis, and awareness programs.

4. LaQshya – Labour Room Quality Improvement Initiative

- Focus: Improving quality of care in labour rooms.
- Relevance: Promotes respectful maternity care, which is crucial for maternal mental health.

5. Janani Shishu Suraksha Karyakram (JSSK)

- Focus: Free and cashless delivery services.
- Relevance: Reduces anxiety and depression related to childbirth costs.

United Kingdom

NHS Perinatal Mental Health Services

- Focus: Comprehensive care for women with mental health issues during and after pregnancy.
- Features: Specialist midwives, psychologists, and psychiatrists.
- Access: Referrals through GPs or maternity services.

United States

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Focus: Home visits by health professionals to at-risk families.
- Relevance: Offers mental health screenings and support for new mothers.

Medicaid Coverage for Perinatal Mental Health

- Some states offer extended postpartum mental health coverage for up to a year.

Global/WHO Initiatives

WHO's Mental Health Gap Action Programme (mhGAP)

- Focus: Expanding mental health services in low- and middle-income countries.
- Includes modules on maternal mental health care.

UNICEF & WHO “Nurturing Care Framework”

- Emphasizes the importance of maternal mental health for child development.

FINDINGS OF THE STUDY

The study on *Addressing Maternal Mental Health as a Global Public Health Imperative* has yielded several key findings that highlight the prevalence, impact, and current response mechanisms related to maternal mental health across different global contexts, particularly in low- and middle-income countries.

1. High Prevalence of Maternal Mental Health Disorders

- Maternal mental health disorders, especially postpartum depression and anxiety, are highly prevalent worldwide, affecting approximately 10–20% of pregnant and postpartum women.
- The burden is significantly higher in low- and middle-income countries (LMICs), where factors such as poverty, gender-based violence, lack of social support, and limited access to healthcare exacerbate mental health risks.
- There is a notable treatment gap, with many affected women receiving no formal diagnosis or care.

2. Negative Impacts on Mothers and Children

- Untreated maternal mental health conditions are associated with poor physical and emotional health outcomes for mothers, including increased risk of self-harm and suicide.
- Children of mothers with depression and anxiety are more likely to experience low birth weight, stunted growth, malnutrition, and developmental delays.
- The overall well-being of the family unit is compromised, with long-term intergenerational consequences.

3. Inadequate Integration of Mental Health into Maternal Health Services

- Despite growing evidence, maternal mental health is not adequately prioritized in many national health policies.
- Integration of mental health services into routine antenatal and postnatal care remains inconsistent, especially in LMICs.
- There is a lack of trained personnel and infrastructure to support screening, diagnosis, and treatment at the primary healthcare level.

4. Promise of Community-Based and Low-Cost Interventions

- Several successful community-based interventions have demonstrated the effectiveness of using non-specialist health workers, such as ASHAs and community health volunteers, to deliver basic mental health support.
- These approaches are cost-effective, scalable, and culturally adaptable, making them ideal for low-resource settings.
- Programs such as group therapy, peer support, and home visits have shown improvements in maternal well-being and child development outcomes.

5. Increasing Global and National Attention

- Organizations like WHO and UNICEF have emphasized maternal mental health in their guidelines and frameworks, such as mhGAP and the Nurturing Care Framework.
- Some countries, including India, the UK, Australia, and the US, have introduced targeted policies or expanded existing programs to include perinatal mental health services.
- However, implementation remains uneven, and many national health systems still lack comprehensive maternal mental health strategies.

6. Gaps in Research and Policy

- There is a need for more context-specific research on maternal mental health, especially from underrepresented regions.

- Most existing studies focus on depression, with limited data on anxiety, psychosis, PTSD, and other disorders during and after pregnancy.
- Policy gaps persist in integrating mental health into Universal Health Coverage (UHC) frameworks and maternal health financing.

CONCLUSION

Maternal mental health is a critical yet often overlooked component of global public health. The burden of mental disorders such as depression, anxiety, and psychosis during and after pregnancy is substantial, particularly in low- and middle-income countries where healthcare resources are limited and social support may be lacking. These conditions not only compromise the health and well-being of mothers but also have far-reaching effects on the growth, development, and survival of children.

Despite increasing awareness, maternal mental health remains insufficiently integrated into mainstream maternal and child health programs. Existing government schemes and global initiatives show promise, but implementation gaps, stigma, lack of trained personnel, and inadequate funding continue to hinder progress. Evidence shows that early identification and timely, culturally appropriate interventions—particularly those delivered by non-specialist health workers—can significantly improve outcomes for both mothers and their children.

Addressing maternal mental health must therefore be recognized as a global public health priority. It demands coordinated action at the policy, programmatic, and community levels. Integrating mental health into routine maternal healthcare, investing in low-cost scalable interventions, and strengthening awareness and advocacy are essential steps toward ensuring the health and dignity of mothers worldwide. Ultimately, healthier mothers lead to healthier families and stronger communities.