



## Review article

# Maternal mental health in Australia and New Zealand: A review of longitudinal studies



Virginia Schmied<sup>a,\*</sup>, Maree Johnson<sup>a,b</sup>, Norell Naidoo<sup>a</sup>, Marie-Paule Austin<sup>c,d</sup>, Stephen Matthey<sup>e</sup>, Lynn Kemp<sup>f</sup>, Annie Mills<sup>a</sup>, Tanya Meade<sup>g</sup>, Anthony Yeo<sup>a</sup>

<sup>a</sup>School of Nursing & Midwifery, University of Western Sydney, Sydney, Australia

<sup>b</sup>Centre for Applied Nursing Research (a joint facility of the South Western Sydney Local Health District, Ingham Institute for Applied Medical Research and the School of Nursing and Midwifery, University of Western Sydney), Australia

<sup>c</sup>Perinatal & Women's Mental Health, St John of God Health Care, University of New South Wales, Australia

<sup>d</sup>The Black Dog Institute, Prince of Wales Hospital, Sydney, Australia

<sup>e</sup>University of Sydney, Infant, Child & Adolescent Mental Health Service, South West Sydney Local Health District, Sydney, Australia

<sup>f</sup>Centre for Health Equity Training Research and Evaluation (CHETRE), Part of the Centre for Primary Health Care and Equity, School of Public Health and Community, Medicine, University of New South Wales, Locked Bag 7103, Liverpool BC, NSW 1871, Australia

<sup>g</sup>University of Western Sydney, School of Social Science and Psychology, Australia

## ARTICLE INFO

## Article history:

Received 16 September 2012

Received in revised form 3 January 2013

Accepted 12 February 2013

## Keywords:

Longitudinal studies

Maternal health

Mental health

Women's health

Depression postpartum

Midwifery

## ABSTRACT

**Aim:** The aim of this paper is to describe the factors that impact on the mental health of Australian and New Zealand (NZ) women in the perinatal period (pregnancy and the year following birth), and to determine the impact of perinatal mental health on women's subsequent health by summarising findings from prospective longitudinal studies conducted in Australia and NZ.

**Methods:** A systematic search was conducted using the databases, Scopus, Medline, PsychInfo and Health Source to identify prospective longitudinal studies focused on women's social and emotional health in the perinatal period. Forty-eight papers from eight longitudinal studies were included.

**Results:** The proportion of women reporting depressive symptoms in the first year after birth was between 10 and 20% and this has remained stable over 25 years. The two strongest predictors for depression and anxiety were previous history of depression and poor partner relationship. Importantly, women's mood appears to be better in the first year after birth, when compared to pregnancy and five years later. Becoming a mother at a young age is by itself not a risk factor unless coupled with social disadvantage. Women report a high number of stressors in pregnancy and following birth and the rate of intimate partner violence reported is worryingly high.

**Conclusion:** Midwives have an important role in the identification, support and referral of women experiencing mental health problems. As many women do not seek help from mental health services, the potential for a known midwife to impact on women's mental health warrants further examination.

© 2013 Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd) on behalf of Australian College of Midwives.

## 1. Introduction

Maternal health in pregnancy and the year following birth has been the focus of a large number of cross sectional studies in both Australia and overseas identifying the prevalence and persistence of physical and emotional health problems.<sup>1–5</sup> For some women these health problems can be severe, affect their quality of life<sup>6,7</sup> and have a detrimental effect on their relationship with their

infant, partner and other family members.<sup>8,9</sup> There has also been increasing interest in examining the impact of maternal physical, social and emotional health on the health and well-being of infants and children.<sup>9–11</sup> Cross sectional studies however, only provide information about a single point in time. In contrast longitudinal studies, involving repeated measures of the same people over time, can provide information on the prevalence of variables of interest at several points in time, providing information on causation, prognosis, stability, and change.<sup>12</sup>

In Australia and New Zealand there are now a number of large scale longitudinal studies focused on outcomes for women in pregnancy and following birth and for their children.<sup>13–15</sup> Studies that have used a longitudinal design with repeated measures over time can increase our knowledge of the factors associated with

\* Corresponding author at: School of Nursing and Midwifery, University of Western Sydney, Building EBLG Room 33, Parramatta South Campus, Sydney, Australia. Tel.: +61 9685 9505; fax: +61 9685 9535.

E-mail address: [v.schmied@uws.edu.au](mailto:v.schmied@uws.edu.au) (V. Schmied).

changes in the physical and mental health of women and infants from pregnancy, through birth and beyond the first year postpartum, particularly women and infants who may be at risk for poor physical and mental health outcomes. For example, there is a large variation in the proportion of women reporting a moderate level of depressive symptoms six weeks to three months after birth,<sup>16</sup> however without following the same group of women we do not know how many continue to experience a moderate level of depressive symptoms or have a diagnosis of depression 1, 5 or even 10 years later and for how many this was a transitory event. Longitudinal studies that recruit women and their infants can also then investigate the impact of pregnancy experiences or certain birth events or complications for example on the physical and mental health of children at for example, age 2, 4, or 10 years or older. Knowledge generated through robust longitudinal studies can assist maternity services plan appropriately to meet the needs of women and their families as they prepare for, and commence parenthood.

The aim of this paper is to describe the factors that impact on the mental health and well-being of Australian and New Zealand (NZ) women in the perinatal period, defined here as from pregnancy through to one year after birth, and to determine the impact of perinatal mental health problems on women's subsequent health by summarising the findings from prospective longitudinal studies conducted in Australia and NZ. The findings of this review will also inform future research, particularly the choice of measures or tools that are used by researchers as this will increase opportunities for comparison across studies and over time.

## 2. Method

### 2.1. Literature search strategy

The search strategy aimed to identify prospective longitudinal studies focused on women's social and emotional health in the perinatal period and the impact that this may have on their subsequent physical and mental health. A search of the databases, Scopus, Medline, PsychInfo and Health Source was conducted to identify studies published in English between January 2000 and December 2011. Search terms used were *longitudinal, women, women's health, pregnancy, psychosocial, mental health, physical health, infant, perinatal, postnatal*.

### 2.2. Search results

The search generated 999 papers. The process used to identify relevant papers is outlined in Fig. 1. Studies were excluded if they were not a longitudinal study, did not recruit pregnant or postpartum women, had a cohort sample less than 500; had less than three data collection points, were focused on women with disease (e.g. HIV). This resulted in 117 papers. Abstracts were read in detail and a further 39 papers were excluded because they did not meet these criteria. The remaining 78 were then reviewed to identify studies conducted in Australia and NZ. Twenty three of these papers met the criterion described above and reported findings from eight different Australian or NZ longitudinal studies (Mater-University of Queensland Study of Pregnancy (MUSP); Western Australian Pregnancy Cohort Study (RAINE); Growing up in Australia: The Longitudinal Study of Australian Children (LSAC); The Australian Longitudinal Study on Women's Health (ALSWH); Christchurch Health & Developmental Study (Christchurch); Dunedin Multidisciplinary Health & Development Study (Dunedin); The Australian Temperament Project (ATP); Plunket National Child Health Study (Plunket)).

The research team were aware of other longitudinal studies that had not been identified in the above search (e.g. the Maternal Health Study). We therefore conducted a web search using the terms above and including the terms '*Australian and New Zealand*'. Through this web search we identified an additional four longitudinal studies (The Maternal Health Study (MHS); Parental Age and Transition to Parenthood Australia (PATPA); The Aboriginal Birth Cohort Study; Pacific Islander Family Study (PIFS)) (see Fig. 1). We then searched the websites of all 12 Australian and NZ longitudinal studies (the original eight plus the four new studies) to identify any additional relevant papers reporting maternal mental health outcomes. This yielded a further 31 relevant papers bringing the total number of papers to 54 from 12 longitudinal studies. All papers were then read in full and we excluded papers that only examined maternal physical health or lifestyle factors and not mental health, leaving 48 papers reporting relevant findings about maternal mental health from eight longitudinal studies. Four of the 12 longitudinal studies identified (Dunedin, ATP, Aboriginal Birth Cohort study, Plunkett) had no publications specifically addressing maternal mental health and were excluded from the review at this point.

### 2.3. Data quality

Quality appraisal was undertaken using the Critical Appraisal Skills Programme (CASP) 12 questions for cohort studies.<sup>17</sup> We reviewed 12 of the 48 papers that were published as 'methodology' papers reporting the study design for each of the eight longitudinal studies (LSAC<sup>12,18</sup>; MHS<sup>13</sup>; MUSP<sup>14,19</sup>; ALSWH<sup>20,21</sup>; RAINE<sup>22</sup>; PIFS<sup>23,24</sup>; PATPA<sup>25</sup>; Christchurch<sup>26</sup>). These study design papers included the key variables and outcomes, the aims and research questions, the recruitment and participant selection procedures, the approach to data collection and the measures selected (see Table 1). All eight longitudinal studies met the CASP quality appraisal for cohort studies. Findings are descriptive and presented as a narrative summary<sup>27</sup> of results from published papers.

## 3. Results

### 3.1. Study aims and conceptual frameworks

The eight longitudinal studies addressed a range of questions related to maternal characteristics including mental and physical health during pregnancy and after birth, maternal and infant birth outcomes and the health and development of children (see Table 1 for description of study aims). The majority of these studies did not however set out to examine maternal mental health, rather their focus was on the impact of maternal characteristics including mental health on child health and development across the lifespan (for example, LSAC, PIFS). The MUSP study was initially designed to examine the impact of social, psychological and lifestyle factors on obstetric outcomes and the RAINE study was designed to evaluate the use of ultrasound during pregnancy. With the cohorts recruited, both these studies extended their focus to longer term child outcomes. Only two of the eight studies (MHS, PATPA) were designed to specifically address questions related to maternal health outcomes. However, a third study, ALSWH comprises three study cohorts across three different age groups, focusing on major life events, The youngest cohort (the third) born between 1973 and 1978 have facilitated investigation of the impact of pregnancy, birth and motherhood.<sup>28</sup>

Few of the studies explicitly stated a theoretical framework, although a conceptual basis was implied in the study aims or objectives. A conceptual or theoretical framework is important as it

Download English Version:

<https://daneshyari.com/en/article/2636018>

Download Persian Version:

<https://daneshyari.com/article/2636018>

[Daneshyari.com](https://daneshyari.com)