

# Addressing maternal mental health: A crucial imperative for Nepal's wellbeing

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**Rationale:** Maternal mental health is a cornerstone of holistic healthcare, yet its significance often remains overshadowed in the global discourse on maternal and child health. In Nepal, a country with improved statistics on maternal mortality over the years, the issue of maternal mental health still remains a matter of public health concern, with countless mothers and their families suffering in silence. This editorial aims to shed light on the urgency of the need to prioritize maternal mental health within the broad healthcare agenda in Nepal and the need to integrate mental health within routine maternal health care programs.

Maternal mental health refers to the emotional and mental health of women during pregnancy, childbirth and after delivery. The health of the baby is directly linked to the health of the mother. Mental health conditions during the perinatal period adversely affect the health of the women, the mother, and the baby. The effects extend beyond physical health outcomes such as obstetric and birth complications, to mother-infant bonding, attachment, growth and development and to the emotional and academic spheres in the child's life.<sup>1</sup> This also has ripple effects across families, communities and economies.<sup>2</sup>

Perinatal mental health conditions such as anxiety and depression are the most serious and common complications of pregnancy and the postnatal period globally. Prevalence rates for common conditions antenatally and postnatally are reported to be 10 and 13% respectively, in High-income countries (HICs),<sup>3</sup> while the estimates are in the range of 16-20%<sup>4</sup> in Low-income countries (LICs) and Low-and middle-income countries (LMICs). Comparable prevalence estimates have been reported in few small-scale studies from Nepal. Furthermore, 20% of these women have suicidal or self-harm thoughts though the rates vary within countries. More severe conditions, though much less common, such as psychosis, schizophrenia and bipolar disorders may

also arise during this period with significant impact among children and families.<sup>5,6</sup>

Maternal suicide is the leading cause of death in developed countries during pregnancy and the first postnatal year.<sup>7,8</sup> Despite an impressive global reduction in maternal mortality by more than 30% over the last two decades, 9 out of 10 maternal deaths still occur in LICs and LMICs.<sup>9</sup> Sustainable development goals were defined and launched after completion of millennium development goals in 2015 aiming to end preventable causes of all maternal deaths.<sup>10</sup> Suicide has consistently been reported as a major cause of deaths among women of reproductive age group in Nepal since 1998. It accounted for 10% of all maternal deaths in 1998 making it the third leading cause, while in 2008, it accounted for 16% making it the leading cause. The most recent study by the National population and housing census 2021 reported that intentional self-harm was attributed to 6% of total maternal deaths.

Despite the understanding that perinatal mental health conditions are the most serious common complications of pregnancy and postnatal period worldwide, this is often an overlooked area for research, funding initiative and service investment globally and in Nepal. Only recently with recognition of the societal and economic burden of maternal mental health conditions and as a member state of United Nations committed to reducing maternal mortality to set numbers, the government of Nepal has started some initiatives in the positive direction such as keeping maternal mental health as a priority agenda by the health ministry.

Similarly aligning with the WHO's recommendation for integration of mental health services within women and child health care with publication of a guide in 2022, the family welfare division under the health ministry published antenatal care (ANC) and postnatal care (PNC) continuum of care 2078 aiming to address maternal mental health conditions. Integration of maternal health services into the existing maternal and childcare services is one of the best strategies identified in improving maternal health outcomes in LICs and LMICs with utilization of task sharing and stepped care approaches.<sup>11</sup>

A recently published meta-review on barriers and facilitators to women accessing perinatal mental health care concluded with the fact that international effort is fundamental on increasing awareness of perinatal mental health conditions, decrease stigma and women-focused care with culturally sensitive trained professionals.<sup>12</sup>

In Nepal, as of now, established practice of screening and addressing for common mental health conditions in the maternal health services even in tertiary level hospitals is nonexistent. Hence, there is an urgent need to integrate a comprehensive and feasible mental health program within routine maternal care packages in the country.

The integration of mental health care package for maternal mental conditions in regular antenatal and postnatal visits for women has the potential to address the huge treatment gap by early identification, and treatment as well as by implementing preventive and promotive programs. Promoting maternal mental health involves not only recognizing and addressing mental health issues but also providing adequate support and resources to pregnant individuals and new mothers. However, this needs larger stakeholder engagement from grassroot level to policy-making level and making evidence based guide taking into consideration the local context and culture. By prioritizing maternal mental health, we can positively impact both individual families and society as a whole.

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