

Developing mental health care for pregnant and postpartum women

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Disclosure of information on conflicts of interest

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the topic of perinatal mental health currently one grant project - ESF OPE+; + 4 grants in past

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Other potential conflicts of interest: NO

Woman 30 years old, in a happy relationship with her husband for more than 10 years

Two children 2 years; 2 months

Already during pregnancy she shows signs of the presence of symptoms of mental disorder. Massive deterioration with the development of (very suspicious) postpartum depression with psychotic symptoms (by her behaviour – brushing her teeth with fluoride toothpaste, she destroyed her older daughter's brain and thus damaged her for life, by breastfeeding her second daughter for only one day, she also destroyed her brain, she stopped her development).

Somatic checks of children, all right repeatedly.

A woman ends her life and the lives of her children by jumping into the abyss. She couldn't live with the guilt, and she didn't want her beloved husband to suffer because of it, because he would have to take care of two children (disabled because of her).... They were healthy.

The woman had more than 20 contacts with health care providers during pregnancy, childbirth, and postpartum. NO ONE asked how she was feeling or recommended a psychiatric evaluation.

[J Clin Med.](#) 2023 Feb; 12(3): 1120.

PMCID: PMC9917852

Published online 2023 Jan 31. doi: [10.3390/jcm12031120](https://doi.org/10.3390/jcm12031120)

PMID: [36769767](https://pubmed.ncbi.nlm.nih.gov/36769767/)

Maternal Mental Health Care Matters: The Impact of Prenatal Depressive and Anxious Symptoms on Child Emotional and Behavioural Trajectories in the French EDEN Cohort

[Kadri-Ann Kallas](#),¹ [Ketevan Marr](#),¹ [Simi Moirangthem](#),¹ [Barbara Heude](#),² [Muriel Koehl](#),³ [Judith van der Waerden](#),^{1,*} and [Naomi Downes](#)¹

Mauro Giovanni Carta, Academic Editor

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1,135 mother-child pairs, women with symptoms of depression and anxiety in pregnancy. Cohort A treated, Cohort B untreated

Children of mothers who were not treated during pregnancy (psychology/psychiatry) had a higher lifetime risk for:

Hyperactivity and inattention (OR = 2.06, 95% CI 1.33–3.20)

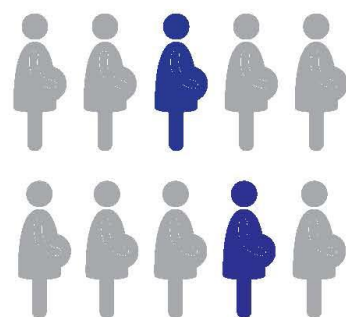
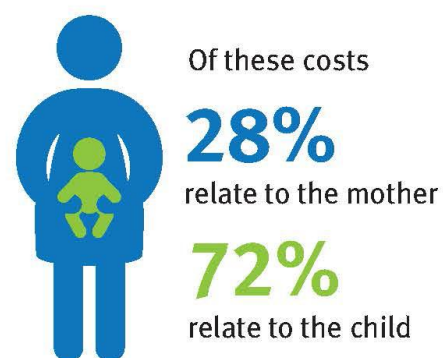
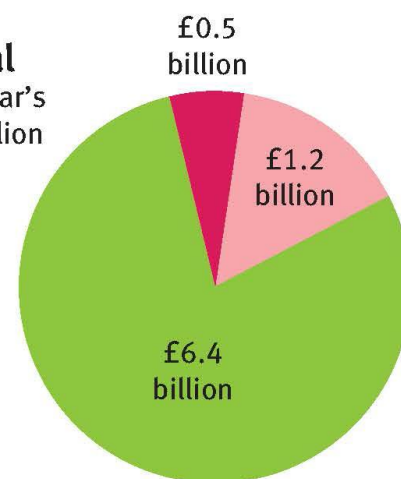
Conduct disorder (OR = 2.26, 95% CI 1.44–3.56)

Emotional problems (OR = 2.32, 95% CI 1.50–3.58)

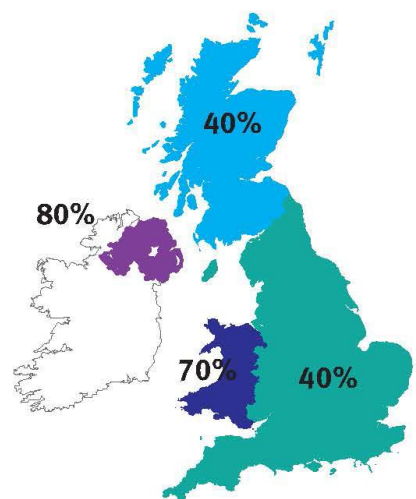
Key points from the report

Known costs of perinatal mental health problems per year's births in the UK, total: £8.1 billion

health and social care
other public sector
wider society



Women in around half the UK have NO access to specialist perinatal mental health services



Suicide is a leading cause of death for women during pregnancy and in the year after giving birth



Costs v improvement
The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

The impact of untreated perinatal mental disorders

Key takeaways

PMADs are the **#1 complication** of pregnancy and childbirth



Untreated PMADs in the U.S. are **costly** and have multigenerational consequences



Half of **perinatal women** with a diagnosis of depression do not get the treatment they need



Cambridge, MA: Mathematica Policy Research

Impacts of a depressive episode

On the course of pregnancy

riziko předčasného porodu před dokončeným 37. gestačním týdnem (Grigoriadis et al., 2013)

risk of preterm birth before the 37th gestational week (Grigoriadis et al., 2013)

risk of spontaneous abortion

reduced adherence of women

On the child

negatively affects the maternal-child relationship (Righetti Velterema et al., 2002)

disruption of the child's early emotional attachment is one cause of higher rates of psychopathology and delayed cognitive development in children of mothers with postpartum depression compared to children of non-depressed mothers (Sanger et al., 2015)

On lactation/breastfeeding

associated with shorter breastfeeding duration and early cessation of breastfeeding (Dias et al., 2015)

Relationships

Impaired quality of life and partner relationships (Dagher et al., 2021)

In the last decade, suicide has been the leading cause of maternal mortality - about 20% of postpartum deaths

Khalifeh et al., (2016)

(Righetti Velterema et al., 2002)

Are PMDs a common issue in our country?

More than 10% of women can be diagnosed with a mental disorder at the end of week six postpartum.

Mental disorder	Prevalence (%)	Conversion to Czech Republic 113 000 births /year
Postpartum psychosis	0,4	452
Schizophrenia / bipolar disorder	0,8	904
Severe depression	2,5	2 825
Anxiety disorders	12,3	13 899
Any mental disorder (not all potential dis. observed)	13,6	15 368

Přesnost Edinburské škály poporodní deprese ve screeningu těžké depresivní poruchy a dalších psychických poruch u žen ke konci šestinedělí

Accuracy of the Edinburgh Postnatal Depression Scale in screening for major depressive disorder and other psychiatric disorders in women towards the end of their puerperium

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Souhrn: Cíl: Zhodnotit přesnost Edinburské škály poporodní deprese (EPDS) ve screeningu těžké deprese a jiných duševních poruch u žen v šestinedělí. **Soubor a metodika:** U 243 žen jsme administrovali EPDS k hodnocení depresivních příznaků a Mini-mezinárodní neuropsychiatrické interview k určení psychiatrických diagnóz. Určili jsme frekvenci výskytu sledovaných psychických poruch v souboru a vyhodnotili jsme senzitivitu, specifitu a další diagnostické proměnné pro přítomnost těžké deprese a jiných duševních poruch pro různé prahové skóre v EPDS. **Výsledky:** Těžká depresivní porucha se vyskytovala u 2,5 % (95% IS 1,1–5,3 %) žen. Jakákoli sledovaná duševní porucha pak u 13,6 % (95% IS 9,8–18,5 %) žen. Nejlepšího poměru senzitivity a specifity pro záchyt těžké depresivní poruchy dosahoval prahový skóre EPDS ≥ 11 ; senzitivita: 83 % (95% IS 35–99 %); specifita: 79 % (95% IS 74–84 %). EPDS skóre ≥ 11 pak dosahoval senzitivitu 76 % (95% IS 58–89%) a specifitu 82 % (95% IS 76–87%) pro záchyt jakékoli sledované duševní poruchy. **Závěr:** Česká verze EPDS má dobrou vnitřní konzistenci a EPDS skóre ≥ 11 dosahuje nejlepší kombinace hodnot senzitivity a specifity pro detekci těžké depresivní poruchy. Screening pomocí EPDS u žen na konci šestinedělí může odhalit i jiné psychické poruchy než pouze těžké deprese.

Klíčová slova: Edinburská škála poporodní deprese – screening – perinatální duševní zdraví – šestinedělí – poporodní deprese

Birth rate in the Czech Republic

In 2023, **91.1 thousand children were born alive, 10.2 thousand fewer than a year earlier.** This was the second significant year-on-year decline in the number of births in a row.

The decline in births was also associated with a decrease in the total fertility rate to **1.45 children per woman**. The average age of women at the birth of their first child has increased by 0.8 years to 28.9 years over the last ten years.

The average age of women at the birth 30.4 years

GROUP WORK AND DISCUSSION:

What is the trend in your country?

Is a woman's increasing age at childbirth and fewer children per family in any way risky? Or is it a benefit?

Why do you think this is happening?

Up to 75% of women with mental health problems in the Czech Republic on maternity and parental leave do not seek professional help

Archives of Women's Mental Health
<https://doi.org/10.1007/s00737-020-01052-w>

SHORT COMMUNICATION



Prevalence of mental disorders and treatment gap among Czech women during paid maternity or parental leave

A. Sebelá¹ · N. Byatt² · T. Formanek³ · P. Winkler³

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Abstract

We performed a secondary analysis of the data from Czech epidemiological study on mental health to determine the prevalence of mental disorders among Czech women on maternity or parental leave and to assess the present treatment gap. Any mental disorder was present in 17.6% ($n = 21$) of the total sample of 119 women. The treatment gap was present among 76% ($n = 16$) of them. In conclusion, most women on maternity or parental leave facing a mental disorder were not receiving treatment. The present study is the first of its kind in the region of Central and Eastern Europe.

Keywords Mental disorders · Maternity leave · Parental leave · Treatment gap · Stigmatization

Parental leave in the Czech Republic

Parental leave in the Czech Republic is used to deepen childcare.

up to three years; „salary” – 13 841 EUR total; covered by social insurance

both mother and father can go but we have a minimum of fathers going on parental leave

GROUP WORK AND DISCUSSION:

what's the parental leave situation like in your state?

what are the advantages and disadvantages of parental leave?

Summary

- Mental disorders in the perinatal period are relatively common in the Czech Republic
- Untreated mental disorders have serious effects on pregnancy, childbirth, breastfeeding and the newborn
- A high percentage of women in our country are untreated
- There has been no systematic treatment in the Czech Republic



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WHO guide for integration of perinatal mental health in maternal and child health services

19 September 2022 | Publication



Guide for integration of
perinatal mental health in
maternal and child health services



Overview

Supporting good mental health can improve health outcomes, and the quality of maternal and child health services for all women can be improved by creating an environment where they feel safe to discuss any difficulties they are experiencing in a respectful and caring environment that is free from stigmatization.

The guide for integration of perinatal mental health in maternal and child health services outlines an evidence-informed approach describing how program managers, health service administrators and policy-makers responsible of planning and managing maternal and child health services can develop and sustain high-quality, integrated mental health services for women during the perinatal period. It brings together the best available evidence to support maternal and child health providers in promoting good mental health, identifying symptoms of mental health problems and responding in a way that is adapted to their local and cultural context.

WHO TEAM

Mental Health and Substance Use

EDITORS

World Health Organization

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[Obstet Gynecol.](#) 2016 May; [127\(5\)](#): 911–915.

PMID: [27054937](#)

doi: [10.1097/AOG.0000000000001395](#)

Perinatal Obstetric Office Depression Screening and Treatment: Implementation in a Health Care System

[Tracy Flanagan](#), MD^a and [Lyndsay A. Avalos](#), PhD, MPH^b

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Gynaecology clinics and hospitals in California under the Mind:Pregnancy programme

Three-point screening: „the first prenatal visit (or early pregnancy), 2) 24–28 week “glucola visit”, and 3) the 3–8 week postpartum visit“

Effective, accepted by both ob-gyn and patients, [linked to other care](#)



[Geburtshilfe Frauenheilkd.](#) 2022 Oct; 82(10): 1082–1092.

Published online 2022 Sep 30. doi: [10.1055/a-1844-9246](https://doi.org/10.1055/a-1844-9246)

PMCID: PMC9525145

PMID: [36186149](https://pubmed.ncbi.nlm.nih.gov/36186149/)

Language: English | [German](#)

Implementing a Perinatal Depression Screening in Clinical Routine: Exploring the Patient's Perspective

[Thuy Giang Trinh](#), [Cornelia E. Schwarze](#), [Mitho Müller](#), [Maren Goetz](#), [Kathrin Hassdenteufel](#), [Markus Wallwiener](#), and [Stephanie Wallwiener](#)

Gynaecological outpatient clinics in Baden-Württemberg and the University Hospitals Heidelberg and Tübingen within the Mind:Pregnancy programme

Effective, accepted by both ob-gyn and patients, [linked to other care](#)



► World Psychiatry. 2020 Sep 15;19(3):313–327. doi: [10.1002/wps.20769](https://doi.org/10.1002/wps.20769) [↗](#)

Perinatal mental health: a review of progress and challenges

[Louise M Howard](#)¹, [Hind Khalifeh](#)¹

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PMCID: PMC7491613 PMID: [32931106](#)

We conclude with research and clinical implications, which, we argue, highlight the need for an extension of generic psychiatric services to include preconception care, and further investment into public health interventions, in addition to perinatal mental health services, potentially for women and men, to reduce maternal and child morbidity and mortality.

GROUP WORK AND DISCUSSION:

What do you think may be the difficulties/stressors for women and their families during pregnancy and after childbirth?

Do you think they are the same across Europe?

Are there any specific, more vulnerable groups?

> Front Psychiatry. 2024 Mar 13;15:1350036. doi: 10.3389/fpsy.2024.1350036. eCollection 2024.

State of perinatal mental health care in the WHO region of Europe: a scoping review

Anna Horakova ^{1 2}, Hana Nemcova ^{1 3}, Kristyna Hrdlickova ^{1 3}, Stefani Kalli ², Alina Davletova ², Mario Filipe Rodrigues Saraiva Duarte ⁴, Darya Molodina ⁴, Tiina Riekk ⁵, Antonin Sebel ^{1 4}

Affiliations + expand

PMID: 38544852 PMCID: PMC10965802 DOI: 10.3389/fpsy.2024.1350036

2.5 Synthesis of results

The synthesis of the results of the online resources search was carried out for each country using the following scoring system; a country could score between 0 and 5 points, with one point awarded for each if: 1) there is a general national mental health policy; 2) there is a specific national PMH policy; 3) implemented PMH screening service is present (nationally or in more than half of the country’s population); 4) it provides any evidence-based treatment option for PMH difficulties (nationally or in more than half of the country’s population); 5) there are any evidence-based guidelines for PMH care (for diagnostics, prevention, treatment, screening or pharmacotherapy for any type of PMH problem).

Countries were ranked according to the number of points they scored. Further, we identified the WHO European leaders in PMH care and countries that lack this specialised care.

	Inclusion criteria	Exclusion criteria
Population	Perinatal (from the beginning of pregnancy to one year postpartum) women and their families	Women and their families outside the perinatal period
Study design	National and regional (affecting more than half of the country’s population) policy/guideline/strategy documents	-Regional (affecting less than half of the country’s population) policy/guidelines/strategy documents -Research studies -Comments
Setting	Countries of the WHO European region	Other countries than members of the WHO European region
Languages	-Czech, English, Slovak, Russian, Portuguese, Spanish, French, Greek fluently -Searches in other languages were performed using an online translator	–
Year	The document was published between 2004 and 2023	–
Search period	16/05/2022	25/09/2023

–, not applicable.

Figure 1

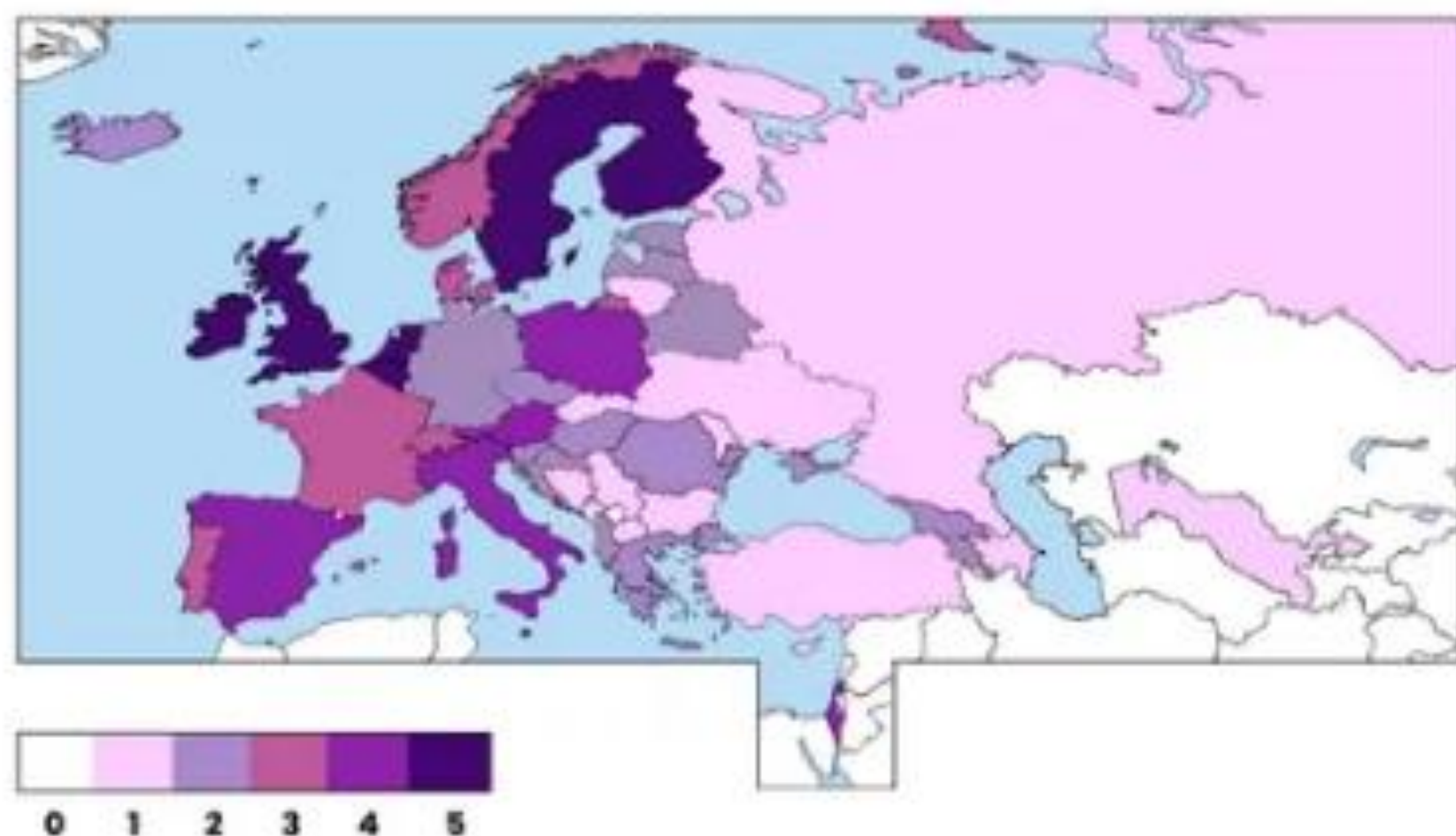


Figure 1 The status of perinatal mental health in the WHO-European region. The status was assessed based on a point system ranging from 0 to 5 for each country. The allocation of points reflects the level of development in perinatal mental health care, with a higher score indicating more advanced and comprehensive care.

Czech Republic

Innovations in care are in national strategy documents :

National Action Plan for Mental Health; The Concept of Mother and Child Care.

core elements - screening and delivery of appropriate support and care modalities

GROUP WORK AND DISCUSSION:

What is the situation in your country?

Our innovation programmes

EEA and Norway Grants: Pregnancy without psychosocial stress – the earliest prevention of mental disorders and toxic stress in children. 2021 – 2023

ClinicalTrials.gov Identifier: NCT04853693

AZVJ: Effectiveness of distant peer support in preventing postpartum depression: a randomized controlled trial. 2021-2024

ClinicalTrials.gov Identifier: NCT04639752

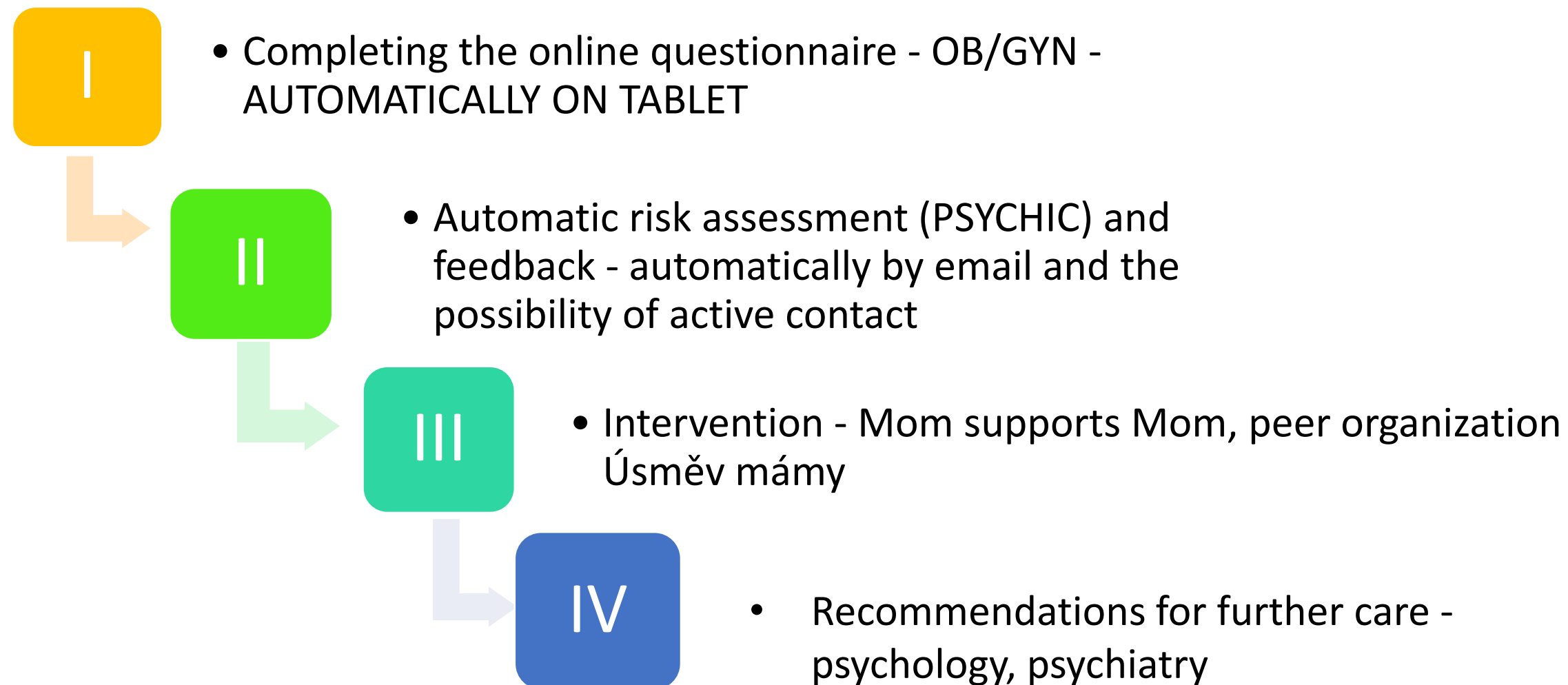
ESF+ Incubation phase of solution development early screening for psychosocial risk and delivery of appropriate intervention. . 2023- 2/2024

Iceland
Liechtenstein
Norway grants



Financováno
Evropskou unií

Screening and follow-up care scheme



Evidence – Pregnancy

20 outpatient clinics

Praha, Středočeský a
Olomoucký Kraj

Decrease in anxiety
and psychosocial
stress

Randomized Controlled Trial

> Midwifery. 2024 Dec;139:104198.

doi: 10.1016/j.midw.2024.104198. Epub 2024 Sep 24.

Effectiveness of the mom supports mom peer support intervention in treating antenatal mental health difficulties in women

Anna Horakova¹, Marie Kuklova², Kristyna Hrdlickova³, Hana Nemcova⁴, Pavel Knytl⁵,
Lenka Kostylkova⁶, Antonin Sebel⁷

Affiliations + expand

PMID: 39342905 DOI: 10.1016/j.midw.2024.104198

Findings: A total of 167 women were included in the study and randomized into two groups.

Depressive symptoms did not decrease (Cohen's d; 95 % CI = 0.48; 0.17-0.79; p = .002), but levels of anxiety (Cohen's d; 95 % CI = 0.44; 0.13-0.75; p = .005) and psychosocial stress (Cohen's d; 95 % CI = 0.55; 0.20-0.82; p = .002) were reduced in women in the intervention group compared with women in the control. In addition, prenatal attachment increased among intervened women (Cohen's d; 95 % CI = 0.48; 0.17-0.79; p = .002).

Evidence – postpartum

6 maternity hospitals


Baseline 2-3 days postpartum

Outcome week 6 postpartum

Praha, Středočeský a Olomoucký Kraj

EPDS 10 a více 22%

Sebela et al., 2024 *under review*



**DUŠEVNÍ POHODA
MÁMY JE DŮLEŽITÁ**

**Pro vás,
pro miminko
i pro nás**

**Nejčastější mateřské
psychické obtíže:**

- úzkost
- vtíravé myšlenky
- ztráta radosti
- vyčerpání
- pochyby

**Součástí naší péče je proto on-line screening
psychosociálního stresu po porodu.**

Outcomes (week six postpartum)

Table 2. Outcome measures

	Control group (N=315)	Intervention group (N= 173)	p	t	Cohen's d (95% CI)	F (Adjusted age, baseline score)	P
Self-assessment scales							
ΔEPDS	-4.9 (5.4)	-6.5 (5.7)	.003	t= 2.971; df=486	0.30 (0.10;0.48)	F(1;484)= 4.979	.026
ΔPASS	-6.8 (10.6)	-9.8 (10.3)	.003	t= 2.990; df=486	0.29 (0.10;0.47)	F(1;484)= 6.177	.013
ΔAQoL ment	0.06 (0.15)	0.09 (0.15)	.015	t= -2.442; df=486	0.20 (0.01;0.39)	F(1;484)= 5.450	.02
ΔAQoL pshysic	0.12 (0.17)	0.17 (0.20)	.002	t= -3.081; df=486	0.28 (0.09;0.46)	F(1;484)= 10.261	.001
ΔAQoL utility	0.07 (0.15)	0.11 (0.15)	.008	t= -2.682; df=486	0.27 (0.08;0.45)	F(1;484)= 7.072	0.008

EPDS – Edinburgh postpartum depression scale

PASS – Perinatal anxiety screening scale

AQoL – Quality of life

How are we doing with the implementation of screening?

36 maternity hospitals across Czechia

Baseline 2-3 days postpartum

Follow-up day 14

Next follow ups: voluntary every month until the child is 1 year old

currently about 1300 screenings per month

Regular work with maternity hospital staff

Educational programme for midwives - "Midwife with special competence in perinatal mental health,,

GROUP WORK AND DISCUSSION:

What competencies in promoting psychosocial health do midwives in your country have?

<https://forms.nudz.cz/fill/public/7ZeL6xeHBpC9AvLij3sw>

GROUP WORK AND DISCUSSION:

Is there a similar program in your state? Do you have any experience with it?

Could you find any gaps in our solution?

Is a focus on mental health alone sufficient?

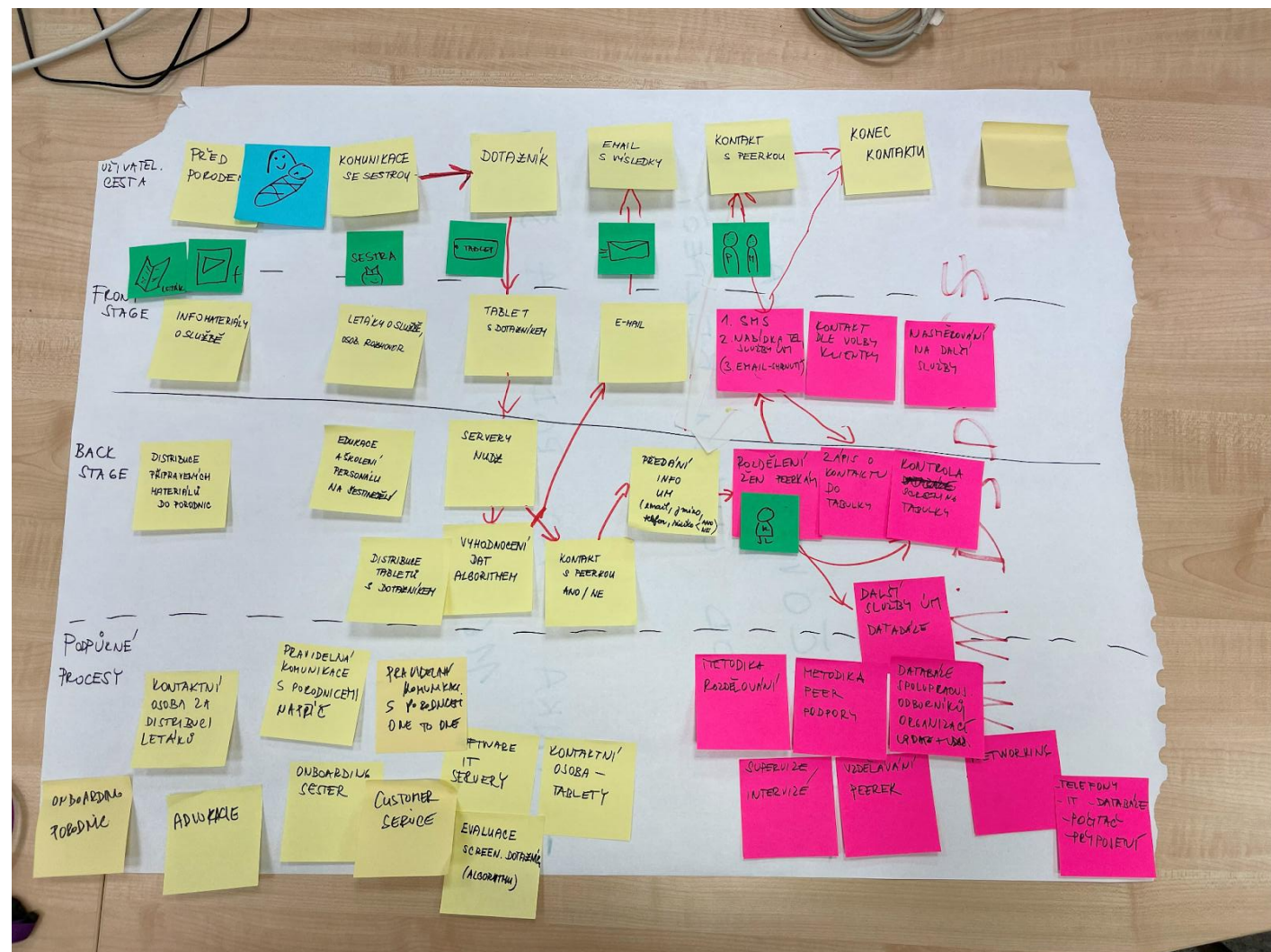
What do you think are the pros and cons of peer support?

Further development – What we learned through HCD methods

Our solution is not sufficient to cover all possibilities

Ux redesign for both gyn-por and users, but also for the whole service

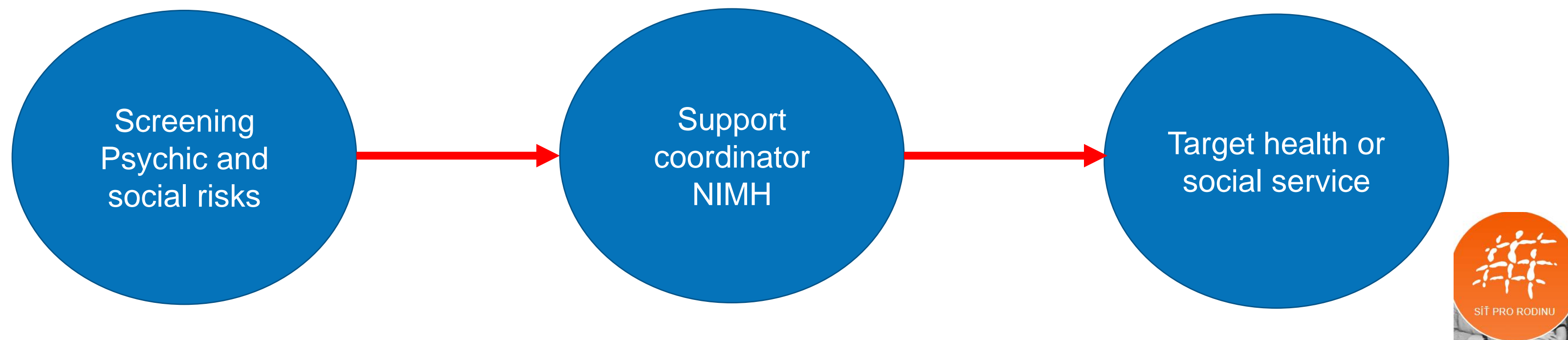
Need to involve multiple organisations in the solution – within the support provided (after screening and initial triage)



 *úsměv mámy*



Společnost
pro ranou péči



H  ST

 **Člověk
v tísní**



Financováno
Evropskou unií

Operační program **Zaměstnanost plus**

NU^DZ NÁRODNÍ ÚSTAV
DUŠEVNÍHO ZDRAVÍ



GROUP WORK AND DISCUSSION:

What about the integration of mental health and social services in your state?