

Maternal Mental Health During Pregnancy

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ABSTRACT

Maternal mental health during pregnancy is a growing public health priority with substantial implications for both maternal and fetal outcomes. Depression, anxiety, and stress-related disorders are among the most prevalent psychological conditions affecting pregnant individuals. These conditions not only impact maternal well-being but can also lead to complications such as preterm birth, low birth weight, and impaired cognitive and emotional development in children. Despite increasing awareness, stigma, inadequate screening, and limited access to mental health services remain major barriers to care. This article explores the prevalence, causes, effects, and recommended interventions related to maternal mental health during pregnancy.

Keywords: *Maternal mental health, Pregnancy, Antenatal depression, Perinatal anxiety, Prenatal care, Maternal outcomes, Fetal development, Mental health screening*

Pregnancy is a transformative period marked by significant biological, psychological, and social changes. While it is often viewed as a joyful and fulfilling time, it also presents a unique set of mental health challenges. According to the World Health Organization (WHO), about 10% of pregnant women globally experience a mental disorder, with depression and anxiety being the most common (WHO, 2022). In low- and middle-income countries, this figure can rise to 15–20%. These conditions often go undiagnosed and untreated, with long-lasting consequences for mothers and their children.

Understanding maternal mental health during pregnancy is essential for developing effective screening strategies and interventions. The complexity of this issue lies in its multifactorial origins, including hormonal changes, social stressors, history of mental illness, and environmental factors. This article seeks to synthesize current knowledge, explore challenges in mental health care for pregnant individuals, and highlight best practices for improving outcomes.

Prevalence and Risk Factors

Maternal mental health disorders during pregnancy range in severity from mild anxiety to severe depression and, in rare cases, psychosis. Antenatal depression affects approximately 7–20% of pregnant women, with higher prevalence in disadvantaged populations (Gavin et al., 2005). Anxiety disorders, including generalized anxiety disorder (GAD), panic disorder,

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Maternal Mental Health During Pregnancy

and post-traumatic stress disorder (PTSD), also frequently manifest during pregnancy, especially in women with prior trauma or adverse pregnancy experiences.

Several risk factors contribute to poor maternal mental health, including:

- **Biological factors:** Hormonal fluctuations, sleep disturbances, and preexisting psychiatric conditions.
- **Psychosocial stressors:** Lack of social support, financial instability, domestic violence, and unintended pregnancies.
- **Cultural factors:** Stigma, traditional beliefs about motherhood, and cultural expectations may suppress open discussions about emotional distress.
- **Health system factors:** Limited access to mental health services, especially in rural or underserved areas, further exacerbates the problem.

Impact on Maternal and Child Health

Untreated maternal mental health issues during pregnancy can have profound effects on both the mother and the developing fetus. Women experiencing depression or anxiety are more likely to engage in unhealthy behaviors such as substance abuse, poor nutrition, and inadequate prenatal care. These behaviors increase the risk of obstetric complications including gestational hypertension, preeclampsia(bp+other), and preterm labor.

For the fetus, maternal psychological distress is associated with increased levels of cortisol, which can impair fetal neurodevelopment. Infants born to mothers with prenatal depression or anxiety may show delayed language development, behavioral issues, and difficulty bonding. Moreover, maternal mental health conditions can persist postpartum, affecting parenting practices and the emotional climate of the home.

Screening and Diagnosis

Despite the significant consequences, mental health screening is not uniformly implemented in prenatal care settings. Standardized tools such as the Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionnaire (PHQ-9), and the Generalized Anxiety Disorder Scale (GAD-7) are recommended for early detection.

The U.S. Preventive Services Task Force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG) advocate for routine mental health screening during pregnancy and the postpartum period. However, time constraints, lack of training, and concerns about stigmatization often deter healthcare providers from incorporating these screenings into routine practice.

Treatment and Interventions

Effective management of maternal mental health requires a multidisciplinary approach that includes obstetricians, mental health professionals, and social workers. Treatment options include:

- **Psychotherapy:** Cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) are first-line treatments for mild to moderate depression and anxiety.
- **Pharmacotherapy:** In more severe cases, antidepressants such as SSRIs(Selective Serotonin Reuptake Inhibitors) may be considered, with careful evaluation of risks and benefits. Evidence suggests that many SSRIs are relatively safe during pregnancy, though they require monitoring.

Maternal Mental Health During Pregnancy

- **Supportive interventions:** Peer support groups, community health programs, and digital mental health tools (e.g., teletherapy, mental health apps) have shown promise in increasing accessibility.
- **Lifestyle modifications:** Regular physical activity, mindfulness practices, and adequate sleep hygiene can enhance overall emotional well-being.

Barriers and Future Directions

Key barriers to addressing maternal mental health include stigma, insufficient provider training, cultural resistance, and lack of integration between obstetric and mental health services. Addressing these challenges requires systemic change, including:

- **Policy support:** Mandating mental health screening during pregnancy as part of standard prenatal care.
- **Education:** Training for healthcare providers on identifying and managing maternal mental health conditions.
- **Community engagement:** Involving partners, families, and local organizations in awareness campaigns to reduce stigma.
- **Research:** More longitudinal studies are needed to assess the long-term impacts of prenatal mental health interventions.

CONCLUSION

Maternal mental health during pregnancy is a critical yet often neglected aspect of maternal and child health. Addressing this issue requires a comprehensive approach involving early identification, accessible treatment, and societal support. By prioritizing maternal mental health, we can improve outcomes not only for mothers but also for future generations. Enhanced awareness, education, and policy reform are essential steps toward closing the gap in maternal mental health care.

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Conflict of Interest

The author(s) declared no conflict of interest.

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