



Intervention for Reducing Maternal Mental Health Problems in The Golden Period: Systematic Review

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ABSTRACT

Background: Data from World Health Organization informs that 10-16% of pregnant women and 13-20% of postpartum women have mental health problems worldwide. The most vulnerable time in this problem is when women experience it in the first 1000 days of life or the golden period. This issue has been untreated because of the gap between needs and service availability. This study aims to analyze the intervention for reducing maternal mental health problems during the golden period, especially can provide by the midwife as a health professional who is more accessible to the mother.

Methods: Systematic review took articles from PubMed, Science Direct, Epistemikos, and Google Scholar. Literature searching found 235 articles in 2021 that were analyzed using the PRISMA diagram.

Result: Maternal mental health problem occurs due to the transition phase of the parent which is making a change of role and responsibility. It can provide negative effects on mother and child health. The articles have shown non-pharmacology interventions that have a different effect. Even, cognitive behavioral therapy shows a dominant effect in all studies that can use as single or combine therapy depending on the mother's condition. The midwife has also responsible to do early detection and should be taken training to facilitate this service for the mother.

Conclusion: Maternal mental health during the golden period is crucial, especially for optimizing the child's development by the mother. Although the interventions have varied result, it is still beneficial for the mother.

Keywords: *golden period, maternal health, mental health*

INTRODUCTION

The golden period or the first 1000 days is a transition period from the conception phase to two years after labor.

It is a time when women have changed to new roles and responsibilities. This period becomes a vulnerable time for mental health problems such as stress,

anxiety, and depression^[1,2]. Data from World Health Organization (WHO) informs that 10-16% of pregnant women and 13-20% of postpartum women have mental health problems worldwide which the most experience becomes depression^[3]. The higher-income country has 13% cases, while the low-middle-income country has 15-20% and 42% for migrant women^[4]. Moreover, the prevalence of pregnant women who experience anxiety in the developing country reaches 20% or more^[5].

The golden period is a basic to shape development and optimum health for child. The vital influence of this purpose is how the mother will nurture her child to grow^[6]. Children raised by mothers with mental health problems such as postpartum depression can be affected for adverse child's cognitive development, emotional development problems, and other health problems^[1]. If the problem occurs during pregnancy, it will disrupt the immune function of the mother with pre-eclampsia^[2], increase risk of stillbirth^[7], preterm delivery, and low birth weight^[8].

In Indonesia, there is a regulation through Undang-Undang Dasar number 18 year 2014 as one of efforts from government to overcome mental health problem^[9]. Preventive action in health care facility is Antenatal Care (ANC) which is purposed to increase physical and mental health for pregnant women. It can be helped for preparing the new role as a mother that be expected for optimizing growth and development of baby^[10]. Instead of those regulations, if we take a look through the third point of Sustainable Development Goals (SDGs) that aims to enhance health and well-being for women throughout the golden period including maternal mental health. Mental health problems are often unknown and untreated, especially in low-middle-income countries because of gaps between needs and service availability. Furthermore, it has not

integrated with general care during pregnancy until the postpartum period^[11,12]. Those problems still require early detection and health education by a midwife or other health professionals^[13]. In this context, the mother's knowledge is crucial to increase her health degree through appropriate information^[14].

Efforts to prevent and decrease mental health problems during the golden period are one of the most important things to minimize the risk that may be appeared for either mother or child. So, this study aims to analyze the intervention for reducing maternal mental health problems during the golden period, especially can provide by the midwife as one of the health professionals who is more accessible to the mother.

METHODS

Literature searching used Population Intervention Comparison Outcome (PICO) method. The articles took from PubMed, Science Direct, Epistemonikos, and Google Scholar while the searching step was using advanced search with Boolean operators OR and AND. The keywords are stress prevention or psychological stress prevention and reduce complication and management stress.

The article criteria have published in 2021 using a systematic review design with or without meta-analysis, using English or Bahasa, open access article, or can access with OpenVPN (an application of Virtual Private Networking provided by Universitas Airlangga). The article explains maternal mental health problems (including stress, anxiety, and depression) during the golden period, and also gives information about non-pharmacologic interventions for reducing mental health problems that can be proven by the midwife. The article was excluded for many reasons such as non-relevant title, inappropriate population, not giving information to reduce the

problem, and related to the result of quality assessment.

This study used the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) flow

diagram to inform clearly how the author chose the articles^[15]. The author also used the Critical Appraisal Skills Programme (CASP) checklist for quality assessment.

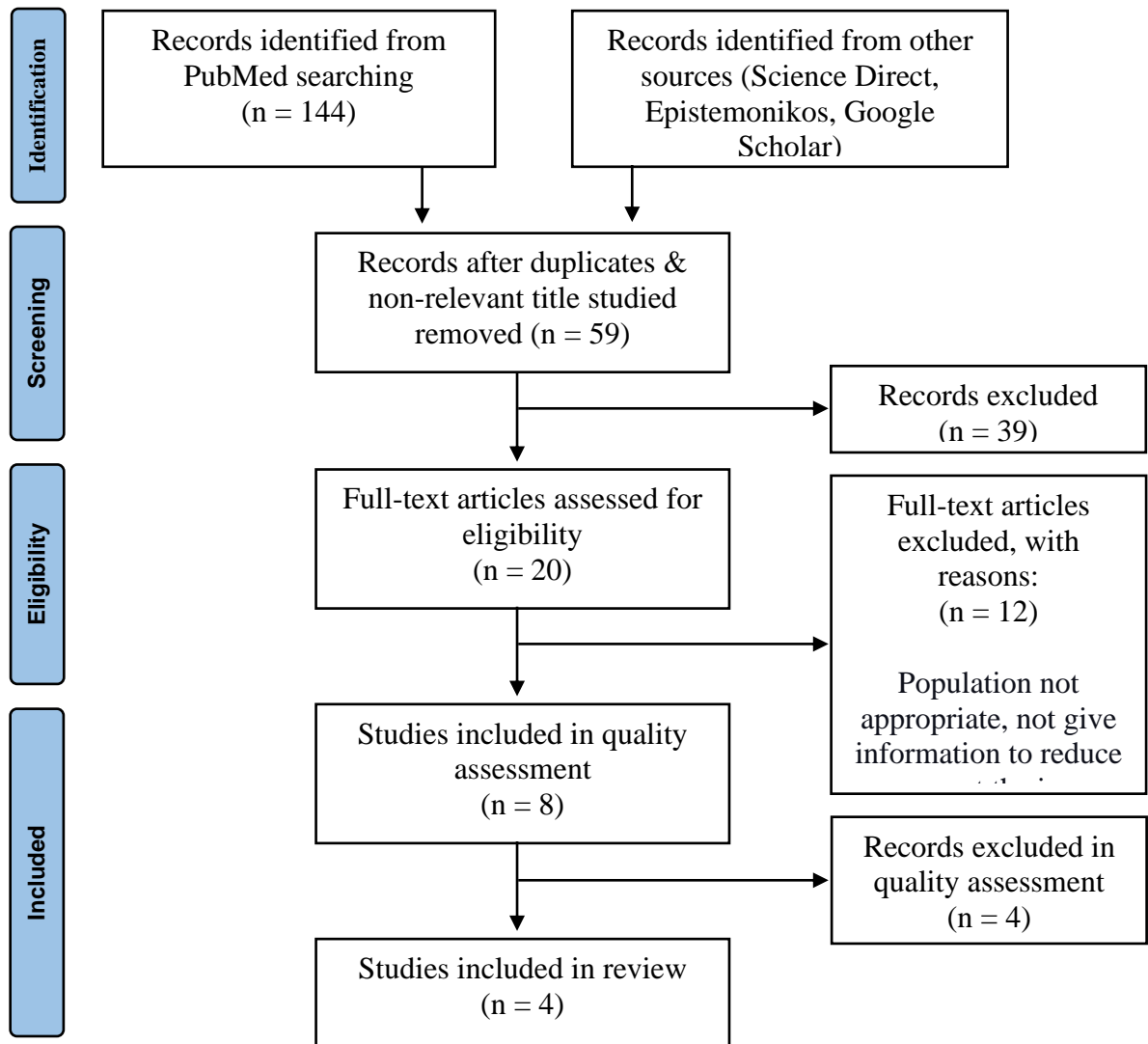


Figure 1. Literature searching used PRISMA diagram

RESULT

The final result of literature searching in this study obtained four articles. There are articles in the pregnancy phase (n = 2) and pregnancy until the postpartum phase (n = 2). The study design consists of systematic review of Randomized Controlled Trial (RCT) with or without meta-analysis and systematic review of RCT and quasi-experiment. Type of mental health problems in those articles is depression, anxiety, stress, and a combination of all types. Another detail of the articles has shown in the article extraction table (Table 1.).

Table 1. Article extraction

Author	Focus	Intervention	Result
Missler et al	Psychological intervention in pregnant women to prevent depression, anxiety, and stress symptoms.	Psychoeducation, CBT, mindfulness/relaxation, IPT, SFC.	This study obtained moderate effect after combine the measurement of distress (d=0.52), depression symptom (d=0.5), and stress (d=0.52). While intervention for anxiety got a small effect (d=0.3). The effect of the intervention is not associated with time, type, post-test time, and quality methodology of intervention.
Domínguez-Solís et al	Reduce anxiety during pregnancy, labor, and postpartum.	Hydrotherapy, perineal exercise with a gym ball, CBT, relaxation, co-parenting, essential oil, aromatherapy, yoga, music therapy, self-guided book reading, prenatal training, kangaroo care, and psychotherapy.	Effective interventions during pregnancy are behavioural activation (d=0.41), cognitive behavioural therapy (d=0.69), yoga (p=0.001), music therapy (d=0.88), and relaxation (p<0.001); during labor is aromatherapy (p=0.05); during pregnancy and postpartum are antenatal training and counselling (d=0.61) and self-guided book reading with professional telephone assistance (d=0.58). The most effective intervention is during pregnancy or postpartum, not in the labor period.

Matvienko-Sikar et al	Reduce and prevent anxiety during the golden period.	CBT-based, mindfulness, attachment, information relaxation technique, nurse visits, peer-mentoring, biofeedback.	triadic giving and HRV	This study obtained inconsistent result about the most effective interventions to reduce or prevent stress and anxiety during the golden period. There is one intervention to reduce stress and anxiety during pregnancy and postpartum period which is cognitive behavioural intervention. The cognitive behavioural stress management could reduce stress in six months postpartum ($p < 0.01$) while cognitive behavioural therapy could reduce stress, anxiety, and depression until four months postpartum.
Sánchez-Polán et al	Exercise intervention during pregnancy to prevent and reduce depression and depression symptoms.	Exercise power balance and pelvic floor training)	(aerobic, exercise, exercise,	This study obtained that moderate exercise during pregnancy is not association with reduce depression during pregnancy (ES = -0.36, 95% CI = -0.58, -13, I ² = 80.2%, P _{heterogeneity} = 0.001).

DISCUSSION

The moment of pregnancy until postpartum is a vulnerable phase for women that becomes a trigger for health problems, especially stress and anxiety. Those conditions also increase the risk of depression. It is a transition phase as a result of the change of role, responsibility, and changes in both physiologic and psychologic. The new role as a parent for the first-time mother who experiences pregnancy and labor will need more time to adapt^[20]. The influence factor for maternal mental health (MMH) during pregnancy is also associated with social support, marital satisfaction, unwanted pregnancy, and violence. The quality of communication between the mother and her husband also impacts MMH^[21]. The other factors that may be become trigger are

sociodemographic, self-efficacy, lost moment, physical and psychological change, and unstable emotion^[16-19].

Untreated mental health problems can influence maternal and child health. It occurs when peptide and synthesis of protein in the brain and placenta during pregnancy (brain-derived neurotrophic factor, oxytocin factor, vascular endothelial growth, cortisol, and matrix metalloproteinase) due to neurochemistry changes in the mother^[3]. The other mechanism considered for a child's poor condition is Hypothalamic Pituitary Adrenal (HPA) axis which is the main system to arrange stress in the human body. In stress conditions, the HPA axis will stimulate the increase of glucocorticoid concentration. Glucocorticoid is needed for baby maturation in pregnancy, but excess

exposure provides adverse effects on the baby^[22].

Four articles have described that pregnancy with anxiety and depression can enhance the risk of spontaneous abortion, pre-eclampsia, and caesarean section. During labor can cause preterm delivery, intrauterine growth restriction (IUGR), low birth weight, asphyxia, and a decrease in the frequency and duration of breastfeeding. In addition, postpartum depression impacts physical health, social interaction, and mother risk behavior (such as alcohol and smoking). That condition causes an uncondusive environment for the mother's personal development and decreases the bonding with her baby. Stress and anxiety conditions may disturb of child's emotional development, cognitive development, motoric development, and nerve development^[1].

Each intervention to prevent or reduce mental problems has type variation and different effects. But, Cognitive Behavioral Therapy (CBT) shows a dominant effect. CBT is a psychological therapy to treat some mental health problems. Generally, it uses to resolve anxiety and depression problems. CBT has an interconnected concept between mind, feel, physical sensation, and behavior. CBT can use for single or combination therapy depending on the patient's condition ^[23-25]. The study has shown the effectiveness of CBT for anxiety during pregnancy^[17]. Besides that, CBT for depressed mothers has significant benefits for child development at two years of age. This therapy is also valid for postpartum women ^[26,27]. CBT application in the group during pregnancy until six months postpartum can decrease anxiety ^[28]. Moreover, CBT's internet-based is also impactful for both postpartum women and general population to reduce moderate to severe depression^[29,30].

Each article explains how to handle mental health with a variety of

interventions in different phases as well. The similarity between all articles is doing the intervention with non-pharmacological treatment. The study has shown that psychological intervention for pregnant women provides a moderate effect with a combined measurement of distress ($d=0.52$) and depression symptoms ($d=0.50$). Moreover, the psychological intervention for anxiety has a lower effect ($d=0.30$). The intervention effect not be affected by intervention time, intervention type, post-test time, and methodology quality^[16]. The most effective interventions to reduce anxiety during pregnancy are behavioural activation ($d=0.41$), cognitive behavioural therapy ($d=0.69$), yoga ($p=0.001$), music therapy ($d=0.88$), dan relaxation ($p<0.001$); during labor is aromatherapy ($p = 0.05$); during pregnancy and postpartum are antenatal training and counselling ($d=0.61$) also self-guided book reading with professional telephone assistance ($d=0.58$)^[17].

The intervention effect for reducing stress and anxiety during the golden period has inconsistent results. There is just one intervention can reduce stress and anxiety in this period that is cognitive behavioral intervention^[18]. Cognitive behavioral intervention becomes the only intervention that can reduce stress and anxiety in this period. Cognitive behavioral stress management can reduce stress six months postpartum while CBT intervention can reduce stress, anxiety, and depression in pregnant women who have risk until four months postpartum. Intervention such as exercise during pregnancy is also beneficial to prevent and reducing depression. But, this intervention is just for healthy pregnant women, without obstetric complications, and observed by professional instructors^[19].

Table 2. Six Weeks CBT Protocol

Sessions	Protocol
1	Opening and psychoeducation about perinatal anxiety: Prevalence, risk factors and mental health problems that happen, the influence of biological and psychological changes on mental health, introduction of the cognitive-behavioral model on perinatal anxiety, the role of the mind in maintaining and arranging distress symptoms.
2	Identification and challenge unhelpful thoughts: Identification unhelpful and error thoughts, introduce three strategies for cognitive restructuring and mind balancing (example: best friend technique, evidence technique, possibility pie).
3	Helpful anxiety vs unhelpful anxiety: Distinguish between productive and unproductive anxiety, also introduce a systematic approach for problem-solving in productive anxiety.
4	Targeting for problematic behavior: Psychoeducation about the role of behavior in distress maintenance, identification of behavior problem (example: excessive search for certainty, excessive check, avoidance), introduce a behavior experiment based on exposure.
5	Arrange depression: Psychoeducation about depression symptoms in the perinatal period, risk factors and prevalence, hormone influence, biological and psychological mood change, the introduction of behavior activity and activity schedule, introduce about regular breathing.
6	Assertive communication: Psychoeducation about assertive communication and other forms of communication (such as passive, aggressive, and passive-aggressive), discussion about assertive communication that becomes the crucial need in the perinatal period, strategic to increase assertive communication (example: planning for strategy approach, assertiveness script, broken record technique). The last is a closing and summary of the study, also a strategy to prevent a recurrence.

Certified professional workers like midwives, psychologists, and obstetricians can facilitate maternal needs to prevent MMH problems. The most intervention provided by the midwife is especially since the identification process of the probability of anxiety in women during the golden period^[16]. The midwife should take training related to a non-pharmacology method to prevent and treat anxiety and depression. A preventive approach is crucial to prevent and provide a positive impact on both mother and child health. The midwife can explain interventions and let the mother choose on her own. Then, the midwife

should be observed and assess the effectiveness of reducing MMH problems^[17].

In reality, early detection or screening for MMH does not become a regular treatment in a health care facility^[11]. The reason because the low-middle-income country still struggles with other problems such as the unavailability of evidence-based detection strategies, fewer human resources, and negative stigma from society^[31]. The midwife is not confident, lacks knowledge, do not take training to do the intervention. This obstruction can resolve with appropriate training and getting support from the organization

profession because evidence states that intervention and counseling by a midwife are effective^[32]. This statement is in line with the study in Yogyakarta that midwife who provides training and knowledge about blues depression in postpartum women can reduce maternal and infant mortality due to mental health problem during postpartum^[33].

CONCLUSION

A mother with mental health problems during the first two years will cause child development in the golden period is not optimal. Non-pharmacology interventions can become an option to reduce the negative effect of MMH. The kind of interventions can adjust depending on the mother's condition. Although some articles have shown a different impact, intervention is still beneficial. As health professionals, the midwife should provide for these needs after getting the training. Of course, it needs support from the organization profession to conduct training so that the midwife can facilitate the mother based on evidence.

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