

◦ Survey on the prevention and response with depression during pregnancy and postpartum: WHO? DOING?



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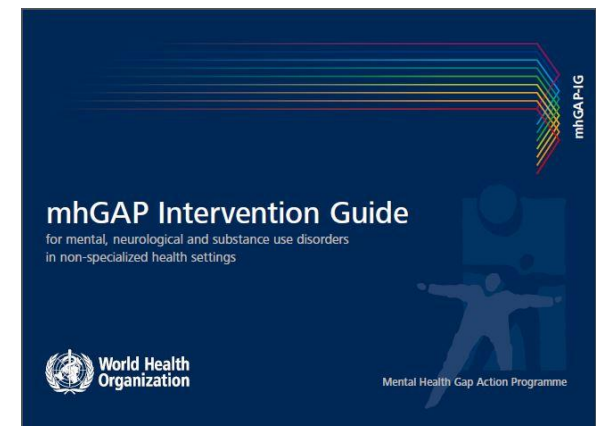
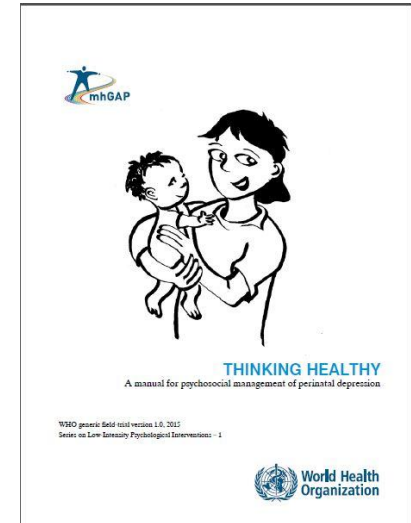
Objectives

- To overview of supportive programs and services for women with depression during pregnancy and postpartum
- To describe the difficulties, barriers of the detection, treatments and supporting depression during pregnancy and postpartum
- To determine the policy gaps on prevention and coping with depression during pregnancy and postpartum

The framework

The framework is based on:

- Thinking healthy: A manual for psychosocial management of perinatal depression – WHO 2015
- mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings – WHO 2010



Methods

- **Program overview:** synthesis and analysis of programs of state, private, NGOs about mental health in general and depression during pregnancy and postpartum
- **In-depth interviews:** identify the awareness, favorable factors and difficulties in diagnosis and treatment depression during pregnancy and postpartum
- **Review the policies:** identify the regulations of the state for the prevention and treatment of depression during pregnancy and postpartum

Time and location

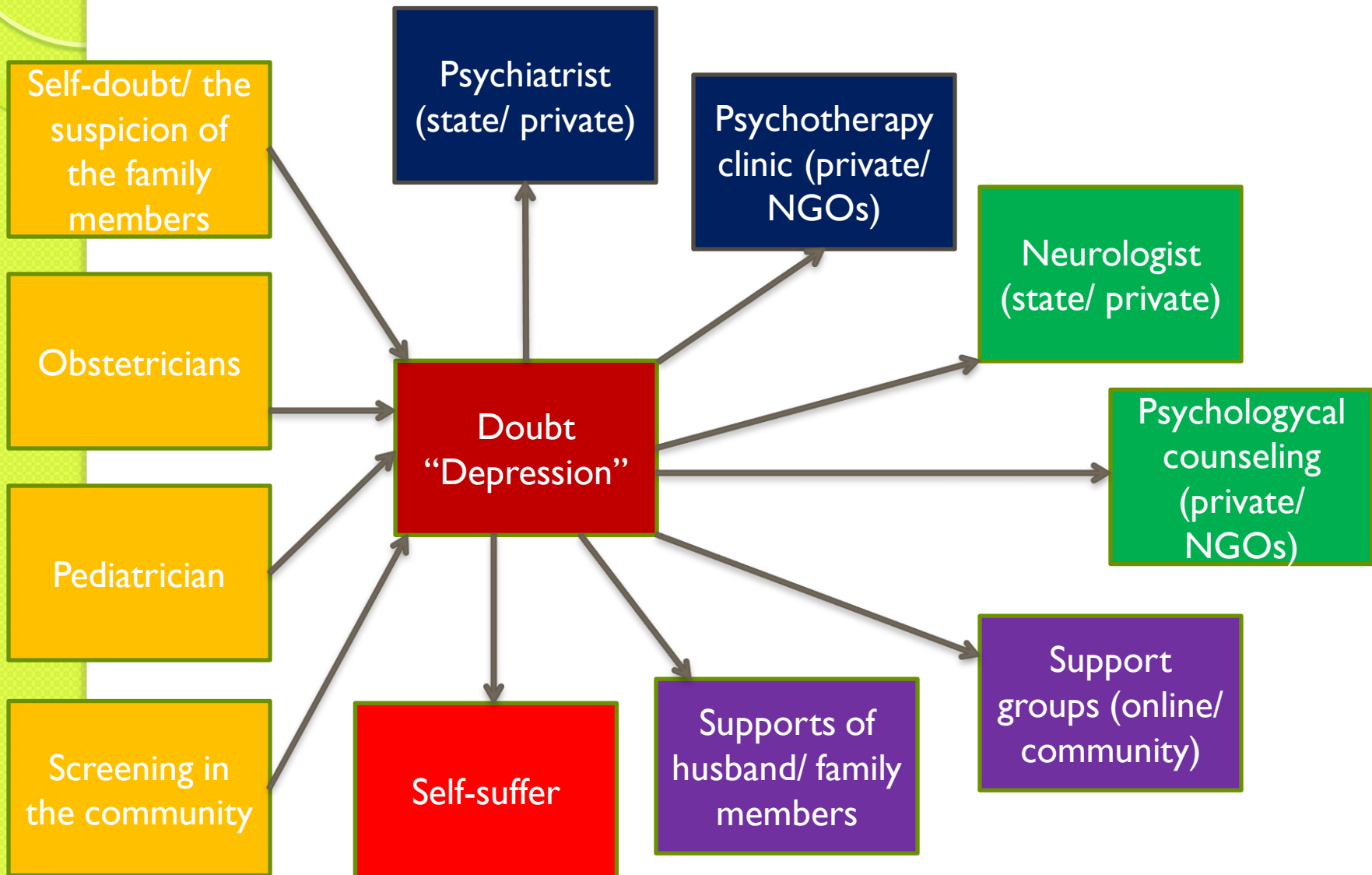
Time: from June to August, 2017

Location: Hanoi (and some health workers in Son La, Bac Ninh province)

Sample size

- **05 community intervention models** for mental health/ depression and depression during pregnancy and postpartum
- **24 indepth interviews:**
 - 05 managers/ leaders and obstetricians
 - 05 doctors and specialists in mental health, depression
 - 04 experts, counselors, psychological support staffs for women (including depressed women)
 - 10 pregnant and postnatal women (including: 07 self-doubt “depression”, 03 diagnosed and treated)
- **9 documents/ policies**

Result 1: Services/ Supports



Result 2: The factors affecting access to services/ supports

2.1. Lack of knowledge of pregnant/ postpartum women:

- Most do not know about depression during pregnancy and postpartum before pregnancy or childbirth
- Only examine when there are “heavy expressions”: looking lost/ dull, gawk, can not eating/ sleeping, serious conflicts with family members, hurt the baby (dropping the baby, think of killing the baby...)
- There is no information about the services (where to go for medical examination and treatment); confusion between mental, neurological and psychological counseling

"I took my baby to meet the pediatrician. I told to her that I can not sleep, I afraid of my baby dies, I always miscellaneously said such as "You (my husband) do not go to work, please. If not, you never see our baby. The pediatrician advised me to visit the doctor... She said that I should go to the Chau Quy hospital. When I and my husband went to the Chau Quy hospital, we were scared. So my husband took me to come in the neurological department of Bach Mai Hospital. Here the doctor gave me the prescription for a month but not useless. I still can not sleep, so I went back to the neurological department. Then the doctor introduced to the Bach Mai mental hospital"

(Female, 40 years old, 3 children, depression at the second childbirth)

Result 2: The factors affecting access to services/ supports (cont.)

2.2. Gender, social prejudices

- Non-acceptance “There is the depression in the pregnancy and postpartum periods”; thinking that “abnormal temperament”; “the coddle”, “idleness”..., expressing: the uncomfortable attitudes, the neglect, the scolding...
- Complexity/ prejudices with “mental” → non-examination even when the doctor assigns that going to see the psychiatrist
- “The dependence” of the postnatal woman: must stay indoors; abstinence; take care of the baby... so the woman was not able to exam proactively

“I'm afraid to go to the hospital or medical facilities, because people think that I'm crazy”

(Female, 28 years old, the second pregnancy and self-doubt with “depression”)

“I told my husband: ‘How do I do? I don't know what is going on? What do I have problems? I hate our baby’. But my husband said that ‘Are you crazy? If you are crazy, you must be exam. But you are ok, I will help you to do housework”

(Female, 25 years old, the first pregnancy and self-doubt with ‘depression’, feeling hated her baby)

I have ever met a case that her husband and all of family members did not believe what she said. I called directly her mother but she was cursing me badly. I brought the materials to her husband but he did not believe me. He also was cursing me crazy and threatening to hit me ...She had a headache, so her husband took her to exam. She told to the doctor about her expressions. The doctor referred to the neurologist and explained to her husband. Then her husband believed and help her treatment at home.

(Female, have been depressed and treated (postpartum), currently managing a fanpage for supporting postpartum depressed women)

Result 2: The factors affecting access to services/ supports (cont.)

2.3. Lack of sensitivity, attention of non-psychiatric health staffs

Training time in mental health is very short while the ability to interact with patients who are with mental health problems is very high -> Most of doctors lack of knowledge, or sensitivity to postpartum depression.

I still tell my students that not all of them are working in psychiatry. But most of them will contact with the patients with mental health problems. Currently the 4-weeks mental training program for general practitioners has been reduced to 2 weeks. 40 questionnaires have been reduced to 17. While about 30-35% of the population have been mental health problems.

(Psychiatrist lecturers)

When I had a pregnancy checkup, I talked to the doctor that I worried very much, I was afraid of the development of the fetus was not good. And why I did not love the baby like other mothers? The doctor said that: Why worry? Making some more tests to spend money.

(Female, 25 years old, the first pregnancy and self-doubt with 'depression')

I have ever met a lot of cases that patients said that they had stomach pain, had several times colonoscopy without detecting physical injury. But they still be treated stomach pain in a year. When they came to me, I find out a mental problem. If the doctor is concerned to mental health, it's not hard to find out.

(Psychiatrist)

Result 2: The factors affecting access to services/ supports (cont.)

2.4. Judge, blame, lack of sensitivity of health staffs

When we find out the serious stress cases, we transfer our clients to Bach Mai Hospital. However, there is one of case that the client go to the hospital and do not want to return there, because she feels uncomfortable, judged and blamed from the doctor. So we find out the other doctor whom we know and trust and we took her to re-examination with that new doctor. What a surprise, that new doctor is the one who makes the client uncomfortable.

(The counselor supports for violated women)

Result 3. Review the policies

3.1. Mental health is generally placed in the broad sense of health, it is not mentioned separately. But the aspects "mental" and "happiness" are defined in the National Law and Strategy on health

Constitution

Everyone is entitled to health care and protection, is equally entitled to medical services and has the duty to comply with regulations with regard to prophylaxis, medical examination and treatment.

(Article 38)

Result 3. Review the policies (cont.)

Law on the protection of people's health

***Health** is the most precious asset of man, one of the basic things for people to **live happily**, is the goal and an important factor in economic, cultural, social development and in national defense (Suggestions)*

*Citizens have **the right to protection of their health**, leisure, recreation and physical training; It is ensured hygiene in labor, nutrition hygiene, environment hygiene and is served in the medical expertise (Article 1)*

Result 3. Review the policies (cont.)

National Strategy for protection, care and promotion of the people's health 2011-2020 and vision 2030

“To ensure that all of people receive primary health care services, extending access to and using quality health services. People live in safe community and develop well in physical and mental”

Result 3. Review the policies (cont.)

3.2. The terms "depression during pregnancy/ postpartum depression" have not been mentioned formally in the National Guidelines on Reproductive Health Services; however, depression, mental illness, observe mental manifestations, mental health care have been mentioned in the antenatal and postnatal examinations.

- **Counseling caring before pregnancy:** Encourage the health examination of wife and husband to detect chronic diseases, including mental disorders
- **9 steps in pregnancy checkups:** there is a mention of a history of mental illness
- **Counseling for pregnancy women:** “avoiding stress”, “roles and responsibilities of the husband and other family members
- **Counseling in labor and postpartum:** mobilizing and psychological support
- **Caring of mother and newborn in the first week after childbirth:** guiding to observe the mental status of postpartum mothers

Recommendations

- Raising awareness, reducing the stigma and prejudice of the community for pregnancy/ postpartum depression and mental health
- The pregnancy/ postpartum woman need to screening and detection of depression – from personal level to family, community, health facilities levels
- Connecting and disseminating widely the services of screening, diagnosis, treatment and support for pregnancy/ postpartum depression women

Thank you!



Postpartum depression: Be not listless, Be not silent