



Perinatal mental health beyond rhetoric: need for a global transformative response

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The substantial progress in bringing perinatal mental health to the forefront is undeniable. However, progress towards integrated care shows staggering disparities across countries. It is impeded by barriers and emerging threats along the care pathway. Perinatal mental disorders are common complications of childbirth that impose significant short- and long-term effects. These affect mental and physical health, relationships and socioeconomic status, having a profound impact on women's overall functionality and quality of life. Their rising prevalence and disease burden signal a need for action and policy reform. This editorial sheds light on the status of perinatal mental health, highlights progress and existing roadblocks, and charts the way ahead for policy and practice.

The perinatal period (from conception to 12 months postpartum) is a critical phase for women of childbearing age. The transition into motherhood is marked by significant biological, psychological, behavioural and social changes, which together can heighten a woman's vulnerability to mental distress, thereby unmasking a diathesis for the development of new-onset mental disorders or the recurrence of existing ones.

Major depression and anxiety disorders are disproportionately common among women of childbearing age, demonstrating an upward trajectory across all regions. Perinatal mental disorders are notably common: the estimated global prevalence of perinatal mood and anxiety disorders is 15–20%, with higher rates in low- and middle-income countries (LMICs).^{1,2}

Untreated perinatal mental disorders are linked to maternal and offspring adversities, including higher risk of relapse, inadequate uptake of perinatal care, unhealthy lifestyle, suicide and obstetric complications among mothers and, in their offspring, poor neurocognitive development and long-term vulnerability to developing physical and mental illness in adulthood.³ Moreover, concerning evidence suggests that female fetal brains are differentially vulnerable to prenatal maternal distress compared with male brains, placing them at risk for later adversities across their lifespan. This confers an enduring epigenetic impact on their emotional and behavioural adaptation.⁴

These findings suggest that female mental well-being begins in the womb. Accordingly, the

routine integration of perinatal mental health (PMH) care into standard antenatal care must be regarded as essential, not optional.

The global burden and emerging threats

Currently, mental disorders among women of childbearing age are leading contributors to disability-adjusted life years (DALYs), on a par with other non-communicable diseases. In 2021, they ranked among the leading causes of disease burden.¹ By 2031, the age-standardised prevalence and DALYs are forecast to increase by >38% and 34% respectively.⁵ This trajectory highlights an urgent need for systematic attention.

Importantly, emerging global threats – including pandemics, climate change, war and natural disasters – together with existing barriers, synergistically challenge women's mental well-being and impede progress in PMH. The COVID-19 pandemic, for instance, has been linked to a worldwide increase in mental ill health and intimate partner violence, the latter now ranking among the five leading health risks among women of childbearing age.⁶ Climate change and extreme weather events are recognised as major threats to global health with implications for PMH. By driving mass displacement, disrupting social ties and livelihoods, and heightening climate anxiety, these phenomena contribute to adverse maternal and offspring outcomes.⁷

Of concern are the rising numbers of refugee and displaced women and children who are facing tragic forms of discrimination, coercion and deprivation of basic life needs, not least mental healthcare.⁸ Healthcare disparity is exacerbated by the intersectionality of ethnocracies, ethno-racism, systemic inequality, marginalisation, poverty and gendered gaps in education and digital literacy, ultimately leading to poor overall health outcomes.⁹

Taken together, these factors underscore the importance of realising the scale and complexity of emerging threats, laying a strong foundation for readiness to address them as they unfold before their repercussions become uncontrollable.

Comprehensive PMH care: barriers and drivers

To build a more responsive and integrated model of care, we must examine the barriers and drivers that shape access, quality and outcomes.

Barriers hindering the institutionalisation of effective PMH care result from interconnecting individual, sociocultural, structural, service-level and political factors. Consequently, health systems continue to under-recognise and under-report PMH problems, while related services remain under-resourced.

In limited-resource settings, the misallocation and misprioritisation of resources are major barriers to both the provision of and access to effective PMH care. Despite its significance, health systems tend to sideline mental healthcare in favour of other prioritised health issues. This pattern was particularly evident during the COVID-19 pandemic and one that profoundly and disproportionately affected women of childbearing age and perinatal women.¹⁰ On the other hand, culturally rooted fear, stigma and misattribution of mental symptoms to somatic ailments are recognisable social determinants. They stem from poor PMH literacy, which influences help-seeking behaviour and impedes timely access to care.¹¹

In this context, we put forward the view that policy-driven PMH literacy is fundamental to scaling up care. Strengthening community PMH literacy – alongside other policy-change measures – can counteract misconceptions, change existing sociocultural norms, enhance social support and encourage help-seeking. The concurrent integration of PMH education and training into both mainstream and health professionals' education can help compensate for the shortage of PMH specialists, enhance timely case detection and improve doctor–patient relationships as well as interdisciplinary communication.¹¹ This would translate into better PMH outcomes that extend to the child, family and community at large.

This holistic overview reinforces the need for a unified global effort to establish a universal model of integrated PMH care.

A global response: transforming rhetoric into results

PMH – as an essential component of global public health – warrants an immediate and coordinated global response. Consequently, most international guidelines now incorporate PMH standards of care within their broader recommendations for a positive perinatal experience.¹²

Although some clinical practice guidelines still fail to integrate PMH care as a standard component and continue to consider male physiology as the default and pregnant women as a 'special population', recent commendable progress in PMH research has enabled several countries to develop evidence-based national guidelines and standards of practice, contributing to notable improvements in PMH services. Health programmes that have successfully integrated PMH care and PMH literacy can thus serve as models for other countries to tailor to their cultural and contextual needs.

This editorial calls for a dedicated unified global toolkit for PMH care to be developed by professional PMH experts, endorsed by leading health organisations and implemented by health systems worldwide. Such a toolkit should delineate screening, early detection, comprehensive assessment, referral pathways, and evidence-based clinical protocols and treatment algorithms across distinct levels of the care pathway.

In addition, health policies should ensure that drugs with proven efficacy to treat postpartum depression are available and affordable by incorporating them into essential medicines lists. Evidence-based psychotherapies should likewise be made widely accessible.

To ensure streamlined and optimal PMH service provision, blended care combining in-person, outreach and telehealth services should be incorporated into the proposed global PMH toolkit. Importantly, this would support continuity of PMH care that is readily available, accessible, equitable and affordable for the vast majority of women of childbearing age who are planning conception.

Charting the way forward

Acknowledging PMH as a global public health priority requiring collaborative care is crucial to halting the immediate and intergenerational impact of perinatal mental disorders. The comprehensive integration of PMH care into national guidelines and across healthcare programmes should become standard practice. The proposed global toolkit for PMH care, delineating comprehensive care pathways and curated models of best practice, would support those countries seeking to integrate PMH into their national health systems. This unified global response can bridge plans to practise and transform rhetoric into results.

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Declaration of interest

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