

COVID-19 and Childbirth: Post Traumatic Stress and Depression in New Mothers, India



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BACKGROUND

- ❖ Historically, catastrophic events such as natural disasters, famine and pandemics have been shown to have notable psychological impact on mothers and babies^{1,2}. The current COVID-19 pandemic brings forth several sources of stress such as the high-risk of getting infected, limited knowledge about the virus and its course, and physical distancing efforts. Not surprisingly, a growing body of literature is highlighting the impact of the COVID-19 pandemic on mental health^{3,4,5,6}.
- ❖ A group that seems especially vulnerable to these sources of stress includes women in the perinatal period. Perinatal mental health is a public health concern, especially in developing countries, with several studies indicating that mothers during pregnancy and post-delivery can be at risk for common mental health disorders⁷. Several aspects of the current pandemic are expected to contribute to increased levels of stress in pregnant women and new mothers^{8,9}, and thus, a comprehensive understanding of mental health concerns in this population during the pandemic is warranted.

OBJECTIVE

- ❖ To examine mothers' experiences of post-traumatic stress (PTS) and depression (DEP) as a result of giving birth during the COVID-19 pandemic.
- ❖ To assess the association of PTS and DEP with mothers' experience of support from the obstetric staff.

METHOD

New mothers who gave birth between April 2020 and December 2020 from two OB-GYN clinics in Chennai, India were contacted via phone call. Those who consented to participating in the study were then sent a follow up message with a link to the online survey. The questionnaire included the Impact Events Scale – Revised¹⁰, Patient Health Questionnaire-9¹¹ and the support subscale of the Support and Control in Childbirth Scale¹² along with questions about the new mothers' socio-demographic and obstetric experiences. Data from 220 participants was assessed using independent t-tests and bivariate correlation analysis.

RESULTS

Prevalence Rates

- ❖   1 in 2 participants (50.45%) met the criteria for clinical concern on the Impact of Events – Revised scale to assess Post-Traumatic Stress.
- ❖    1 in 3 participants (34.54%) met the criteria for a diagnosis of major depression on the Patient Health Questionnaire.

Interactions with Obstetric Staff

- ❖ Both PTS ($r = -0.161$, $p = 0.017$) and DEP ($r = -0.174$, $p = 0.010$) were **significantly negatively associated** with support from obstetric staff experienced during childbirth.
- ❖ Women who indicated that their OB-GYN discussed antenatal mental health ($t = -2.645$, $p = 0.009$) and postpartum mental health ($t = -2.191$, $p = 0.030$) with them had **significantly lower mean scores** of DEP on the PHQ-9 scale when compared to women whose OB-GYNs did not discuss mental health with them.

COVID-19 and Reproductive History

- ❖ Women who indicated that they tested positive for COVID-19 ($t = 2.7335$, $p = 0.007$) during pregnancy or post-delivery had significantly higher mean scores for PTS.
- ❖ Time since delivery was negatively associated with DEP ($r = -0.177$, $p = 0.009$).
- ❖ Women who had experienced a previous pregnancy loss ($t = -3.456$, $p < 0.001$) reported significantly lower mean scores of DEP when compared to women who had not experienced such a loss.
- ❖ No significant difference in DEP and PTS based on type of delivery, someone being allowed in the room with the mother, planned vs. unplanned pregnancy, complications during the pregnancy, and infant related complications.

KEY TAKEAWAYS

- ❖ The findings of this study indicate that several new mothers who gave birth during the pandemic experienced PTS and DEP at clinically concerning levels.
- ❖ The results highlight the role of support from obstetric staff as a protective factor against developing PTS and DEP.
- ❖ The results throw light on the importance of discussing antenatal and postpartum mental health with patients.

IMPLICATIONS FOR PRACTICE

- ❖ Given the high prevalence rates of PTS and DEP, it may be useful to screen all women who give birth during the pandemic for psychological morbidity, while paying particular attention to women who test positive for COVID-19.
- ❖ It seems important to improve women's experiences of being supported during childbirth, this can be done by maintaining privacy and confidentiality, maintaining respect and courtesy to a woman in labour, sharing timely information as well as demonstrating support, encouragement and reassurance¹³.
- ❖ It may be useful to employ a trauma informed approach when working with women who are giving birth during the pandemic.

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