



## Summary Review

Systematic Review

### Interventions for common perinatal mental disorders in women in low- and middle-income countries: a systematic review and meta-analysis

#### Aim of the Review

To assess the effectiveness of interventions that improve the mental health of women in the perinatal period in low and middle-income countries, and to evaluate any effect on the health, growth and development of their offspring.

#### Background

Perinatal mental health problems are common worldwide. Maternal mental health problems are not only detrimental to a woman's health, but they have also been linked to reduced sensitivity and responsiveness in caregiving and to higher rates of behavioural problems in young children. In low-income settings, maternal depression has been linked to higher rates of diarrhoeal diseases, incomplete immunization and poor cognitive development in young children.

#### Key Messages

1. The burden of common perinatal mental disorders can be reduced through mental health interventions delivered by supervised non-specialist health and community workers
2. These interventions benefit women's mental health, their children's growth and development, as well as mother–infant interaction
3. The relationship between maternal mood and infant health and development is not unidirectional
4. Further research is needed to understand how these interventions can be scaled up in the highly diverse settings that exist in low and middle-income countries

#### OVERALL OBJECTIVE

To understand the feasibility of implementing affordable mental health interventions for common perinatal mental disorders in women in low and middle-income countries

#### PUBLICATION DETAILS

Bull World Health Organ.  
2013, volume 91: 593–601.

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## Main Results

- Perinatal mental health interventions delivered by supervised, non-specialist health and community workers proved to be more beneficial than routine care for both mothers and children
- A large meta analysis demonstrated that interventions designed to **improve maternal mental health outcomes** had a pooled effect size of -0.38 (95% confidence interval -0.56 to -0.21) for depression
  - These interventions also showed a **positive impact on infant health and development**, including reduced diarrhea episodes in infants and improved immunization rates
  - Secondary maternal psychological outcomes included increased antidepressant drug compliancy, improved attendance at primary care clinics and better overall functioning
- Interventions seeking to **improve the relationship between mother and infant** had a pooled effect size of 0.36 (95% CI: 0.22-0.51), and results included:
  - Significant positive effects on growth, development and rates of infectious disease in infants, and lower neonatal mortality
  - Improved maternal knowledge on infant care, sensitivity and responsiveness towards infants

## Recommendations for Service Development

- The perinatal period is an opportunity to deliver **integrated care** for maternal mental health and infant development
  - The intervention's effect is stronger when the maternal and infant components are integrated
  - Mental health integration into general health work may be **less stigmatizing** to women
- Ensure approaches are **culturally adapted** and grounded in **cognitive, problem-solving and educational techniques**, for example:
  - Involving the entire family in the health care of mothers may be more beneficial than an individualistic approach, especially in densely populated communities and crowded households
- Continuous **supervision of staff** delivering an intervention is more effective than one-off training
- Future studies are needed to address the gap in interventions which target severe perinatal mental disorders

### INCLUSION CRITERIA

All controlled trials from low and middle income countries, with mental health interventions targeting women during pregnancy and after childbirth, or that measured maternal mental health outcomes up to 36 months postpartum.

### STUDY CHARACTERISTICS

13 studies, representing 20 092 participants were included.

4 interventions addressed maternal depression directly.

6 studies aimed to enhance infant health and development.

6 interventions aimed to improve the relationship between mother and infant.

### QUALITY OF EVIDENCE

Direct, between-study comparisons of the effects of various interventions on infant health and development were limited by differences in design, intervention content and age at which outcomes were measured.



### Authors Conclusions

The perinatal period is an opportunity to deliver integrated care for maternal mental health and infant development, and these appear to act synergistically. This large meta-analysis provides grounds for believing that the large global burden of common perinatal mental disorders, particularly perinatal depression, can be addressed in resource-constrained settings through appropriate interventions.

**“ The burden of common perinatal mental disorders can be reduced through mental health interventions delivered by supervised non-specialists ”**

[Rahman et al, 2013]

