

MATERNAL MENTAL ILLNESS & CHILD OUTCOMES

‘The first 1000 days’ refers to the period of time from conception to the end of a child’s second year. This is a time of great potential for either harm or benefit for the developing brain.

In South Africa, **one in five women** experience a mental illness during pregnancy and in the first year after birth. Common mental disorders (depression and anxiety) during this time have been associated with negative physical and psychological outcomes for both mothers and their children.

This is particularly relevant in low-and-middle income countries, where there are challenges with access to health and social development services.

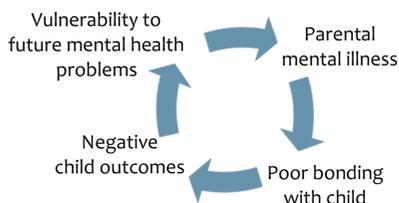
Impacts

Maternal mental disorders are associated with poor obstetric outcomes, such as preterm delivery and low birth weight. Hormonal changes during pregnancy effects how the foetus develops. Maternal mental illness and stress effects these hormones.

This can directly affect infant survival, early childhood development and have lasting consequences into adulthood.

The intergenerational cycle

Depression and anxiety, during and after pregnancy, are associated with serious negative, inter-generational consequences for the parents, infant and society.



Possible negative infant outcomes

- preterm birth
- low birth weight into infancy
- delayed initiation of breastfeeding
- malnutrition and stunting
- non-completion of immunisations
- increased ICU admissions
- crying and irritability
- fearfulness

Possible negative child outcomes

- impaired motor skills and language development
- weaker adaptation to stress
- delayed cognitive development
- behaviour problems, such as hyperactivity, aggression and attention deficit
- anxiety symptoms
- malnourishment
- low academic achievement
- childhood depression

Possible negative adolescent outcomes

- anxiety disorders and depression
- unsocial behaviour
- attention deficit disorder
- substance abuse
- suicidality
- increased risk of HIV infection, abuse and unintended pregnancy

Resilience in adversity

Poverty, HIV/AIDS, violence, abuse, lack of social support, displacement and unintended or unwanted pregnancy contribute towards the high prevalence of maternal mental illness. However, when mothers are properly treated for their illness and adequately supported, they may better be able to manage their adverse environments and draw on their resilience and capabilities. The negative impacts for children may be prevented or lessened.

Evidence based interventions for parents



- Cognitive behavioral therapy
- Interpersonal therapy
- Activating networks for social support
- Enhanced parent-infant interactions
- Home visits to increase parenting skills

Child outcomes (physical, cognitive and emotional) may be improved by working ‘upstream’ - by supporting mothers facing social and mental health challenges.

The Perinatal Mental Health Project (PMHP) has found that when mental health counsellors are located where mothers are using public services, access to care is optimised.

Women may be supported to improve their self-esteem, build social networks and resilience. Increased wellbeing improves the mother’s ability to manage her environment, care for her infant, interact with her children and increases her parenting skills.

Children are floating past us, drowning in the river of poverty and disadvantage. As people who care about kids, we’re good at hauling children out of the river – but if we really want make an impact, we need to stop children from falling into that river in the first place.

*Prof Louis Reynolds, Red Cross Hospital paediatrician
and founding member of the National Progressive
Primary Health Care Network*

To learn more about the PMHP model of intervention see our website

www.pmhp.za.org