Addressing Anxiety & Depression During Pregnancy: Primary Antenatal Care Provider Perspectives

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Objectives
To garner a deeper understanding of how Primary Antenatal Care Providers (PACPs) identify and support pregnant people (PP) experiencing anxiety and depression, as well as explore ways to better support PACPs in doing so.

Significance

Anxiety & depression during pregnancy

Primary antenatal care providers (PACPs)

Have been associated with:

- Post-partum depression
- Maternal suicide and infanticide
- Preterm labour, low birth weight, and developmental challenges

Are:

- On front-lines of care
- PP’s most frequent point of contact with the healthcare system
- Experts in their knowledge needs and implementation contexts

Methods
From design to reporting:

- Purposive sample of Family Physicians, Obstetrician-Gynecologists, and Registered Midwives
- One-on-one semi-structured interviews
- Inductive thematic analysis of verbatim transcripts
- Interpretive description of themes

Results
From identification through management, results demonstrate the complexity of PACPs’ experiences as individuals, a collective, partners with their clients, and agents within a system.

Identification

"I’m always thinking about it. It’s not just a postpartum thing. Um, for so many people I see it’s an antenatal issue [...]” [2, FP]

"All of our patients were supposed to be filling it [EPDS] out, but it didn’t seem to be identifying things particularly well for us.” [10, ObGyn]

"[…] it’s far less stigmatized to sort of [ask]: how are things going at home?” [2, FP]

Management

"I would prefer to see something that’s more like: ‘here are some tools you can use’ rather than: ‘this is the one thing you should do with everybody.’” [8, RM]

"[…] Repro Mental Health is it.” [11, ObGyn]

"[…] I do feel like there’s not many options [and] if there are I don’t know about them” [4, FP]

"I think healthcare providers take on a lot of responsibility and a lot of worry” [1, FP]

"[…] there’s a lot of demand on us […]” [6, RM]

"Like, I’m not a counsellor […] when I’m trying to support someone through something I do kind of feel like: this person needs more support than I am able to offer.” [8, RM]

"[…] the biggest thing is time. […] we have so many patients in a day […] adding in more just take up more time and that probably the biggest resour – uh, barrier […] it’s hard.” [5, FP]

Conclusions
“It’s complicated. This is all complicated.”
[10, ObGyn]

Participants described multilevel and complex phenomena that require intervention at the PP (and family), provider (not exclusively PACPs), organization, system, and social levels.

Recommendations
“build a government that supports mental health care”
[1, FP]

The participants of this study insisted that funding translates to care priority. As such, this study recommends:

1. funding mental health care;
2. making mental health care resources available and accessible (i.e. affordable, appropriate, and relevant);
3. integrating mental health in perinatal care research, training, service, and policy settings.

References


BC Reproductive Mental Health Program, & Perinatal Services BC. (2014). Best Practice Guidelines for Mental Health Disorders in the Perinatal Period.

