

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

Julia Santana Parrilla, MSc(c)

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: <ul style="list-style-type: none"> • Post-partum depression • Maternal suicide and infanticide • Preterm labour, low birth weight, and developmental challenges 	Are: <ul style="list-style-type: none"> • 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

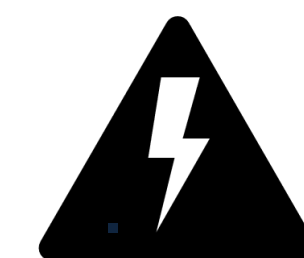
 Inductive thematic analysis of verbatim transcripts


 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

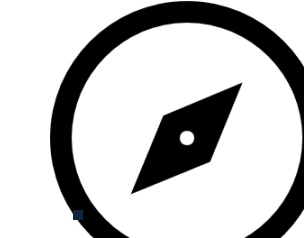
Identification

 "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]

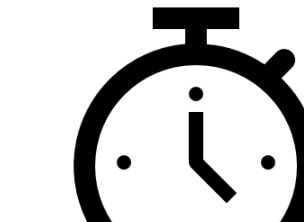
 "[...] Repro Mental Health is *it*." [11, ObGyn]

 "[...] 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]

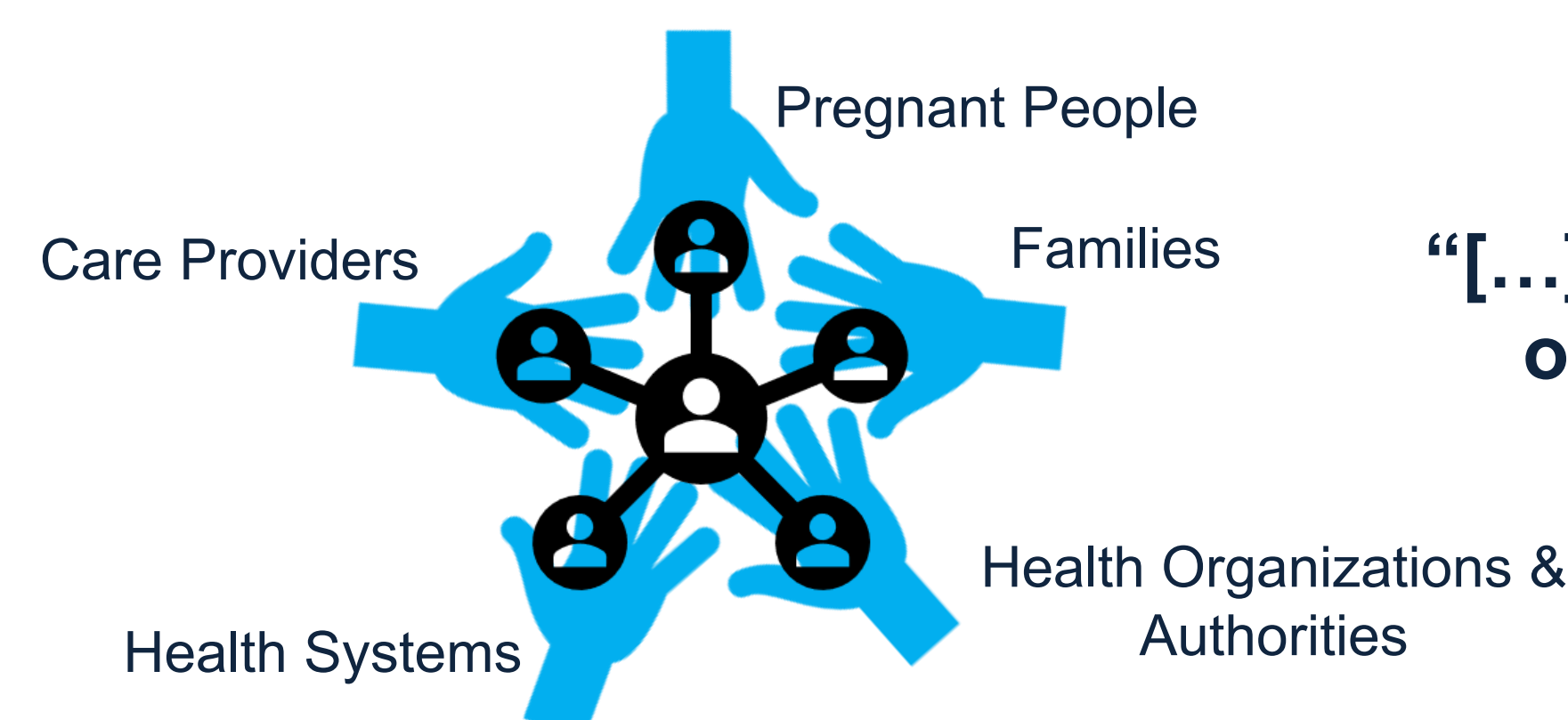
 "[...] there's a lot of demand on us [...]" [6, RM]

 "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's probably the biggest resour – uh, barrier [...] it's hard." [5, FP]

Knowledge-to-Action

"*make it easier!*" [8, RM]



"[...] be able to share the burden of more complex patients." [1, FP]

PACP Group	Total	Years of Practice
Family Physicians (FPs)	5	2 – 7 years
Registered Midwives (RMs)	4	2 – 12 years
Obstetrician-Gynecologists (ObGyns)	3	3 – 17 years

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

Avni-Barron, O., & Wiegartz, P. S. (2011). Issues in Treating Anxiety Disorders in Pregnancy. *Psychiatric Times*.

Bayrampour, H., McDonald, S., & Tough, S. (2015). Risk factors of transient and persistent anxiety during pregnancy. *Midwifery*, 31(6), 582–589.

Beijers, R., Jansen, J., Riksen-Walraven, M., & de Weerth, C. (2010). Maternal Prenatal Anxiety and Stress Predict Infant Illnesses and Health Complaints. *Pediatrics*, 126(2), E401-409.

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

Dunkel Schetter, C., & Tanner, L. (2012). Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice. *Current Opinion in Psychiatry*, 25(2), 141–148.

Hoffman, M. C., & Wisner, K. L. (2017). Psychiatry and Obstetrics: An Imperative for Collaboration. *The American Journal of Psychiatry*, 174(3), 205–207.

Skouteris, H., Wertheim, E. H., Rallis, S., Milgrom, J., & Paxton, S. J. (2009). Depression and anxiety through pregnancy and the early postpartum: An examination of prospective relationships. *Journal of Affective Disorders*, 113(3), 303–308.

Acknowledgments

Thank you to:

Dr. Hamideh Bayrampour, Dr. Susan Cox, and Dr. Paul Kershaw for their expertise and guidance regarding perinatal mental health, qualitative methods, and knowledge mobilization, respectively.