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Common Perinatal Mental Disorders in Rwanda: A challenge for nursing education and practice

By

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Outline of the presentation

- Introduction
- Occurrence of CPMDs
- Factors associated with CPMDs
- Discussion
- Implications for nursing research
- Implications for clinical practice
- Implications for nursing education
- References

INTRODUCTION

- CPMDs are the most prevalent mental disorders during perinatal period and these include depression and anxiety occurring in pregnancy and postnatal period.
 - Hanlon et al. 2008; Fisher et al. 2011 & Giardinelli et al. 2012

Introduction cont'd

- CPMDs are a significant public health concern, often undiagnosed and thus untreated
 - Rahaman, Fisher, Bower & et al. 2013
- Depression and anxiety contribute to the high burden of health risks faced by mothers and their offspring around birth in LMICs
 - Patel and Prince (2006)

Introduction cont'd

- CPMDs have serious consequences on the child:
 - child malnutrition and infant stunting,
 - less responsive parenting,
 - less infant stimulation
 - Increased infant exposure to negative life events,
 - **Patel et al. 2004; Rahman et al. 2004**
- CPMDs can be reduced through the simple provision of health promotion interventions
 - **Clarke, King and Prost (2013)**

Purpose

- Our presentation will be describing the occurrence and factors of CPMDs in Rwanda, the implications or challenges that may pose to nursing research, education and practice.

Methodology

- A descriptive quantitative cross-sectional survey
- 165 selected mothers systematically, in perinatal period (in the 2nd trimester of pregnancy up to first year postnatally).
- Screening tools:
 - Zungu Self-rating anxiety scale (SAS) and
 - Edinburgh Postnatal Depression Scale (EPDS).
 - The Cronbach alpha values were 0.87 and 0.89 for SAS and EPDS respectively.

Occurrence of CPMDs in Rwanda

- SAS: *Cutt-off* (<45: Clinical level of anxiety)
 - M=42.24; Std=12.306.
 - 63% (normal range of anxiety)
 - 37% (perinatal anxiety),
 - within perinatal period: postnatal anxiety (N=37: 48.1%) most common
- EPDS: *Cutt-off* (<10 scores: depression)
 - M=10.85; Std=8.127
 - 50.3% (perinatal depression); within perinatal period;
 - Postnatal depression (N= 49: 63.6%) most common

Factors of CPMDs in Rwanda

Perinatal anxiety

- Relationship with husband/partner:
 - (Odds Ratio=0.437 < 1, C.I. = 0.211-0.905)
 - Respondents reporting a strong relationship were less likely to have perinatal anxiety than those with a poor relationship

Perinatal depression

- Age strongest predictor ($p = 0.011$)
 - Odds Ratio: 131.97, C.I. = 4.60 - 3782.82
 - Respondents aged 15-19 years more likely to have perinatal depression than those aged 35 or more.

Factors of CPMDs in Rwanda cont'd

- **The level of education (p=0.011)**

- odds ratio: 4.003., C.I. = 373-42.983

- Respondents with no education were more likely to have perinatal depression

- **The relationship with husband**

- odds ratio: .089<1, C.I. = .030-.266

- Strong relationship less likely perinatal depression

- **Number of children**

- odds ratio= .028<1, C.I. = .003-.261

- Having more children more likely perinatal depression

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Discussion

- This study points to a number of challenges that need to be addressed in the areas of nursing research, education and practice.
- With the study, questions can be asked if CPMDs pose further challenges to nurses, and if so what are the challenges?
- Are nurses aware of this issue? Is there any attention put to the assessment of CPMD in the undergraduate curriculum? Are the nurses prepared to handle this problem in their practice?

Implications for further research

- Community-based study needed.
- Research determining the knowledge and attitudes of mental health nurses and midwives about CPMDs useful.
- Developing guidelines for management of CPMDs.
- Validating the screening tools (e.g. EPDS) most used in Rwandan context.

Implications for clinical practice

- Screening for CPMDs to be included in the pregnancy care programmes to foresee/plan for early detection & interventions.
- Public education & training about CPMDs for all providers of services for pregnant & postpartum women to increase awareness, early detection and to ease access to care.
- Early identification & treatment improve pregnancy outcomes & prevent complications (mothers' health, early-infant relationship & child's health and development)

Implications for clinical practice

- A constant emphasis on family planning in Rwanda and mothers who failed to abide by the family planning should be taken care of & reassured (unplanned pregnancy found to be associated with CPMDs).
- EPDS to be used as screening tool which have been proved in this study to reflect internal consistency (Cronbach alpha: 0.89).

Implications for clinical practice

- Mental health nurses and midwives should emphasize on the psychosocial assessment and male involvement in antenatal and postpartum care to increase opportunities of identifying mothers at risk of CPMDs & implementing interventions that target men.

Implications for clinical practice

- Obstetricians, paediatricians, psychologists, midwives and other clinicians caring for pregnant women/ mothers of infants should be conscious that certain women are at a greater risk of experiencing emotional distress & early parenting difficulties in the post partum period.
- Maternal mental wellbeing, quality of relationship with intimate partner, unplanned or teen pregnancy; size of the family should be taken into consideration during perinatal period.

Implications for health/education

- Integration of maternal mental health care into maternal health at primary health care.
- Mental health nurses and midwives & other health care providers concerned should receive continuous professional development & in-service training to ensure that they are skilled and competent in recognizing risk factors, detecting & intervening early CPMDs.

Implications for health/education

- Stakeholders in education should include or emphasize on revisiting the curriculum of mental health nurses and midwives considering the full integration of maternal mental health (MMH).
- Design policies & guidelines addressing maternal mental health needs, then facilitate the integration of MMH care into the antenatal and postnatal care.
- The Maternal Newborn & Child Health Projects in Rwanda should focus on facilitating the integration of MMH care into antenatal and postnatal care.

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