

Preexisting Mental Illness and Pregnancy

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Severe and Persistent Mental Illnesses (SPMI's) affect twenty percent of all pregnancies, and can lead to unfavorably outcomes of maternal and fetal health if proper care is not delivered over the span of the entire perinatal period. Physiological changes, such as hormonal adjustments and alterations of medicinal regimens, along with psychological changes, can exacerbate mental illnesses during pregnancy. Women with preexisting diagnoses of SPMI's are at an even greater risk. A crucial aspect of maintaining mental wellness during pregnancy for this population is the continuation of care for not only obstetrics, but for psychiatric services as well. However, it has been noted that SPMI management for this population has often been implemented with "minimal collaboration" among these various professionals.

The problem that is identified in this study is: What are the specific barriers to care women with preexisting mental illnesses are facing during their pregnancy, and what can be implemented in order to limit these barriers?

After an extensive literature review, the most common perinatal barriers were identified and categorized into patient- and provider-levels. From the patient-level, there was a theme of lack of knowledge regarding mental health, fear of stigma, limited access to care, and lack of referral or professional support. From the provider-level, the barriers were identified as lack of mental health training, limited scope of practice, and limited time and resources.

Now that the barriers have been identified, the next step is: What do we do about it?

The following question was proposed for future research: Would the co-management of obstetric providers and mental health providers in all perinatal appointments for women with preexisting mental illness decrease the amount of previously identified barriers?

The collaboration between providers allows for increased critical thinking, thus the creation of new ideas for solving identified conflicts. Requiring interprofessional care be present at each visit may prevent miscommunication between providers and to the patient, while also improving time allocated for each patient, patient engagement, and educational and referral support.

The continuity of care through the collaboration of the multidisciplinary team could potentially benefit the patient during the perinatal period, through the identification and decline of previously known barriers experienced by the patients and providers.

References:

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