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# Exploring Midwives' Roles on Managing Perinatal Mental Health: Insights into Scientific Perspective on Care Practices and Psychosocial Support

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**Abstract:** Perinatal Mental Health is prominent for the well-being of the mother and child, so consideration provides effective support and care for women in the perinatal period given by Midwives can be helped. The study aimed to synthesize primary research on midwives' experiences of caring for women who experience perinatal mental health and well-being. Using mixed methods systematically combined with quantitative and qualitative studies. This study analys was searched on three databases, ProQuest, Pubmed, and ScienceDirect, from 2021 to 2024. The population in this study were midwives who experienced PMH in the care of pregnant. Critical Appraisal Skills Programs (CASP) were used to determine the study's methodological quality. By contrast, the synthesis method uses the modified PEOS method. Data extraction, quality assessment, and thematic analysis were conducted using PRISMA-P guidelines. 2926 records were returned, with 10 articles meeting inclusion criteria. Participants included midwives. The findings indicate that there is a need for a sustainable development program for midwives to increase knowledge, attitudes, communication, collaboration, and assessment skills for pregnant women who experience PMH by a scientific perspective. All maternity services must provide specific services to assess and identify Perinatal Mental Health problems. Indeed, the emotional well-being of pregnant women is the goal of debriefing midwives.

**Keywords:** Midwives; Perinatal mental health; Women; Well-being

## Introduction

A scientific prospective mother generally experiences feelings of happiness, as she may feel fulfilled and gets various privileges from her surroundings. This happiness typically continues as she brings her baby into the world, an event eagerly anticipated by many women. While pregnancy, childbirth, and parenting are exciting and fulfilling experiences, they can also bring challenges and stress. This mix of emotions arises from various positive and negative psychological changes that occur during these stages (Fletcher, Murphy, and Leahy-Warren 2021; Kelly et al. 2021).

Women may experience changes in negative emotions during pregnancy and after childbirth, including feelings of sadness, anxiety, and confusion. These feelings often manifest through changes in behavior, such as shifts in appetite, sleep disturbances, and increased fatigue. For some, these emotions may

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quickly pass as they view this period as a normal part of development. However, for others, these symptoms can persist or even intensify. When such negative feelings continue to worsen, leading to major or minor depressive episodes that occur during pregnancy or within 12 months postpartum, they are classified under perinatal mental health issues (Savory, Sanders, and Hannigan 2022).

Perinatal mental health encompasses various mood disorders that can impact women during pregnancy and after childbirth. These include conditions like prenatal depression, the baby blues, postpartum depression, and postpartum psychosis. In Indonesia, the term perinatal mental health is not widely recognized. Most research in this area tends to focus on specific stages, such as depression during pregnancy or postpartum depression(Solehati et al. 2020; Tabb et al. 2024; Yanti et al. 2015).

Numerous studies on perinatal mental health have been conducted worldwide. It is estimated that 21.9% of pregnant women and 13.2% of postpartum women experience depression. Research in the United States indicates that about 13% of pregnant women and 10-15% of postpartum women suffer from depression. In Indonesia, a study in Surabaya found that 22.35% of postpartum mothers experienced depression. Beyond documenting the prevalence of perinatal mental health issues in pregnant and postpartum women, several studies have also highlighted the negative impacts of depression during these periods (Noonan et al. 2017; Wang et al. 2022).

The negative impacts of perinatal mental health issues include an increased fetal heart rate in babies of depressed mothers and a higher likelihood of premature birth. Babies born to mothers with depression often cry more, are fussier, sleep less, and show signs of stress. These infants are also at risk of low birth weight, elevated cortisol levels, reduced dopamine and serotonin levels, and experience greater difficulty with adjustment, orientation, and slower motor and balance development. Furthermore, the bond between a depressed mother and her child may suffer, as poor maternal communication skills can strain their relationship(Biggs et al. 2019; Noonan, Jomeen, et al. 2018).

Given the negative impacts of perinatal mental health, early and comprehensive care is essential. Early screening and treatment can improve both maternal and child health. Alongside establishing systems for diagnosing and treating major depression, it's also important to implement and assess preventive measures. Healthcare providers should recognize depression symptoms and offer social support during pregnancy, helping mothers build support networks and manage daily stress. Perinatal mental health (PMH) is crucial for the health of both mother and child, making it necessary to focus on practical support for women during this period. Internationally, midwives are recognized for their role in providing psychological support. This study aims to synthesize research on midwives' experiences in supporting women with perinatal mental health and well-being(Everitt et al. 2022; Temane, Magagula, and Nolte 2024).

## Method

This research uses mixed methods systematically that combine quantitative and qualitative studies. Literature was searched on ProQuest, Pubmed, and ScienceDirect databases from 2021 to 2022. The population in this study were midwives; the expected result of this study was the experience felt in the care of pregnant women who experienced PMH. CASP (Critical Appraisal Skills Programs) was used to determine the study's methodological quality. Besides, the synthesis method uses the modified PEOS method. Data extraction, quality assessment, and thematic analysis were conducted using PRISMA-P guidelines (Basenach et al. 2023; Mokkink et al. 2009).

This table PEOS gives an overview of the key elements in examining midwives' experiences, providing a focused structure for understanding their role in perinatal mental health care.

**Table 1.** Framework PEOS

| PEOS Component | Description |
|---|---|
| Population | Midwives who care for women during the perinatal period. |
| Exposure | Experiences in managing and supporting women with perinatal mental health challenges, such as anxiety, depression, and other mental health conditions. |
| Outcome | Insights into midwives' coping strategies, care approaches, and their impact on the quality of care and midwives' well-being. |
| Study Design | Mixed methods approach: combines qualitative methods (e.g., interviews, focus groups) to gather in-depth perspectives, and quantitative methods (e.g., surveys, structured questionnaires) to quantify experiences and challenges. |

*Data collection*

We screened 2926 studies by title and abstract (studies were screened by hand) and 10 articles were selected for full-text review, 12 were not retrieved (Fig. 2). A table of excluded studies is included in the supplementary material. Ten studies were included: 6 qualitative, 1 quantitative, 3 mixed methods.

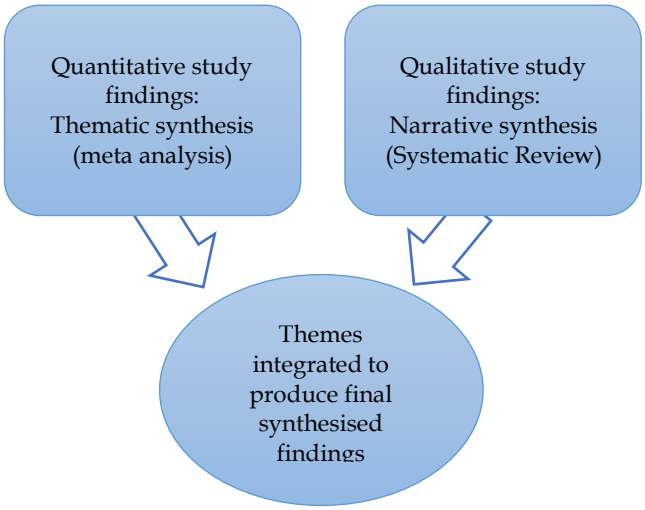


**Figure 1**. Qualitative and Quantitative

The study characteristics are detailed in Table 1 with PEOS Framework. Studies were conducted between 2021 and 2024 in Australia (n = 2), the United Kingdom (n = 2), Ireland (n = 4), China (n = 1), and South Africa (n = 1). Most papers were assessed as being of high or medium quality (Table 2), but some were rated as low quality due to methodological and reporting concerns. Study participants included both women and clinicians (predominantly midwives). Studies investigated midwives's knowledge and confidence to identify and manage perinatal mental health problems, (b) attitudes towards women who experience severe mental illness, and (c) perceived learning needs and the impact of the PMH on midwives and midwifery practice. The qualitative and quantitative findings are presented together in four main synthesized themes.

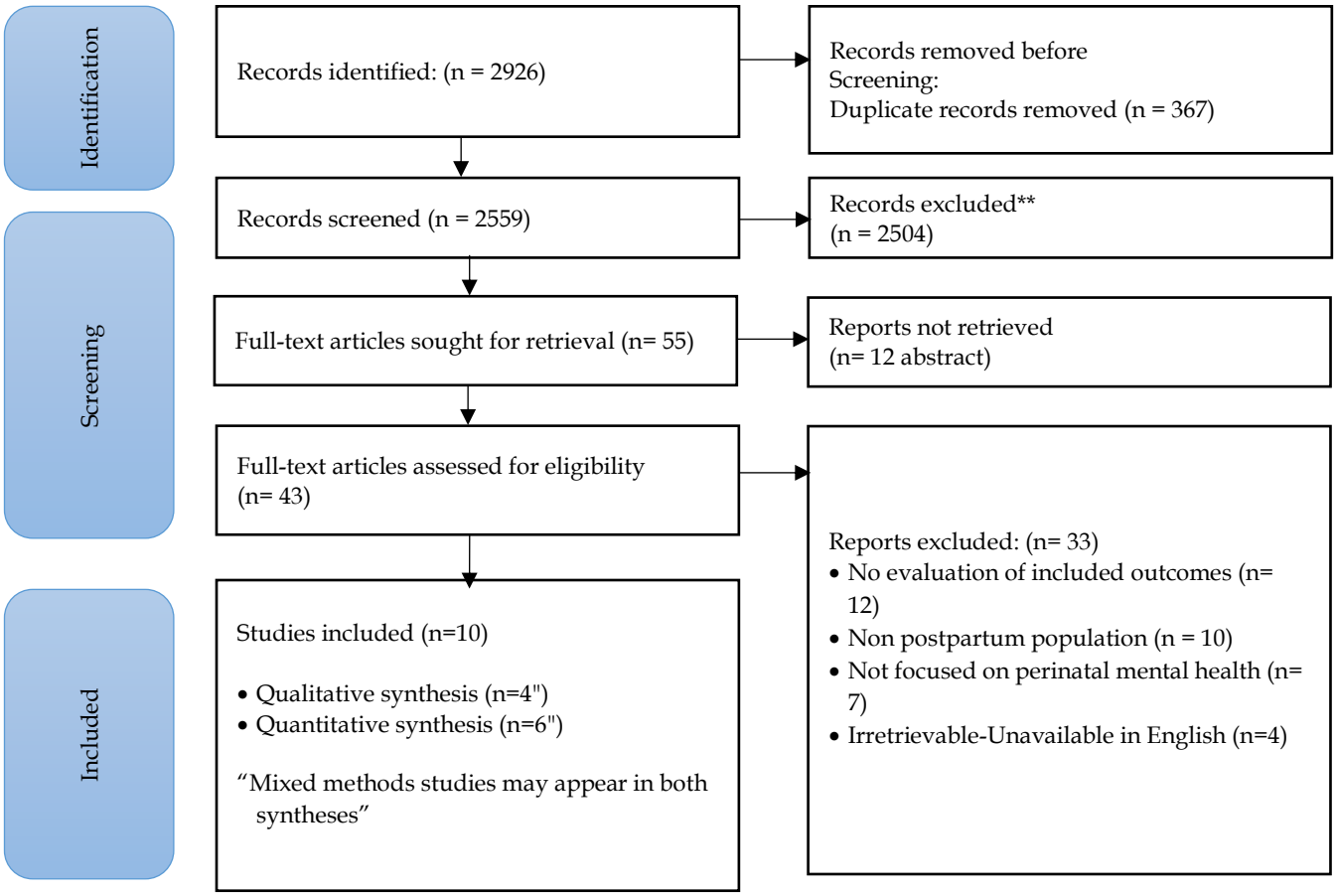


**Figure. 2.** PRISMA Flow Diagram

*Data extraction*

In this stage, data were organized into a table to summarize the findings presented in the narrative results, as shown in Table 3 of the Results section. The first author (RAF) extracted information on the study population and setting, the details of the intervention and control groups, and the results concerning Midwives' Experiences of Caring for Women Who Experience Perinatal Mental Health and Well-Being.

*Quality appraisal*

The manuscript should describe strategies used to ensure the credibility and rigor of the qualitative data, such as credibility, transferability, dependability, and confirmability with Critical Appraisal Skills Programs

(CASP) that used to determine the study's methodological quality. Researchers (RAF, NBA and ALM) independently assessed the quality of each articles included study using the Joanna Briggs checklist for randomized controlled trials (JBI, 2017). The quality appraisal is presented in Table 2.

**Table 2**. Extraction of the elements, level of evidence and quality of articles

| Author (Year) | Method | Population | Level of evidence | Summary of appraisal |
|---|---|---|---|---|
| (Kelly et al. 2021) | QS | Postnatal Mother | 6 | Good |
| (Qian et al. 2021) | QS | Perinatal Mother | 5 | Good |
| (Evi Vlassak, et al., 2022) | QS | Chilldbearing women | 8 | Excellent |
| (Oosthuizen et al. 2022) | MM | PostPartum Depression | 4 | Fair |
| (Everitt et al. 2022) | QS | Perinatal Mother | 4 | Fair |
| (Savory et al. 2022) | MM | PostPartum Depression | 8 | Excellent |
| (Jeanette et al., 2023) | QS | Perinatal Women | 5 | Good |
| (Noonan et al. 2017) | QS | PostPartum Depression | 4 | Fair |
| (Fletcher et al. 2021) | QS | Perinatal Women | 6 | Good |
| (Silje Espejord et al., 2024) | QnS | Perinatal Women | 7 | Good |

*Note:* QS: Qualitative Study; MM: Mix Methods; QnS: Quantitative Study

## Result and Discussion

**Table 1.** Result by Data Extraction and Characteristics Data

| Author (Year) | Aim of Study | Design and Methods | Sample and Setting/Country | Quality Asesment |
|---|---|---|---|---|
| (Kelly et al. 2021) | The study explores the views of pregnant and postpartum women living with LTCs, and healthcare professionals to better understand the potential value of using standardised health and wellbeing measures within this patient population. | Qualitative semi-structured telephone interviews | Sample : n = 11 Women with pre-existing LTSs N = 11 Healthcare professionals Setting : NCT (National Childbirth Trust), UK | High |
| (Qian et al. 2021) | To provide a comprehensive cross-sectional overview of published studies on perinatal bereavement care education programmes developed and tested with nurses and midwives. | Qualitative: Interviews | Sample: n = 17 women Setting: Community recruitment, China | High |
| (Evi Vlassak, et al., 2022) | All midwives provided psychosocial care for vulnerable pregnant women, expected positive consequences for those women resulting from that care, considered it their task to identify and refer vulnerable women, and intended to improve the situation for mother and child | A Qualitative Cross-Sectional Study | Sample: n = 53 Setting: Vulnerable pregnant women in the Netherlands | High |
| (Oosthuizen et al. 2022) | to identify maternity healthcare providers' self-perceptions of changes in their feelings of mental well-being | Mixed methods: Survey and focus groups | Sample: n = 14 CLEVER facilities Setting: Tshwane Health District, South Africa | Medium-High |
| (Everitt et al. 2022) | to review educational innovations and teaching strategies used to build skills and knowledge in health professionals and students to address psychosocial concerns including perinatal mental health, domestic violence and drug and alcohol misuse. | Qualitative: exploratory descriptive, using focus groups. | Sample: n = 18 midwives Setting: Metropolitan hospital in Australia. | High |
| (Savory et | To explore midwives' skills, knowledge and | Mixed | Sample: | High |

| Author (Year) | Aim of Study | Design and Methods | Sample and Setting/Country | Quality Asessment |
|---|---|---|---|---|
| al. 2022) | experiences of supporting women's mental health | methods: Survey and focus groups. | n = 145 midwives Setting: Health Board in South Wales UK | |
| (Jeanette et al., 2023) | to explore the experiences of newly qualified midwives (NQMs) when caring for women in the maternity setting | An Integrative Review | Sample: 22 studies volunteers Setting: Malta, Europe | High |
| (Noonan et al. 2017) | to explore and describe midwives' experiences of caring for women with mobility disabilities during pregnancy, labour and puerperium in Eswatini. | Qualitative Study | Sample: n = 12 midwives Setting: Eswaitini, Southern Africa | Medium-High |
| (Fletcher et al. 2021) | To explore midwives' experiences of caring for women's emotional and mental well-being during pregnancy. | Qualitative: Semi-structured interviews | Sample: n = 10 midwives Setting: University Hospital, Ireland. | High |
| (Noonan, Jomeen, et al. 2018) | to investigates Norwegian community Midwives (CMV) experience of collaboration when caring for pregnant women with vulnerabilities. | A cross-sectional, descriptive study | Sample: n = 257 Setting: Norwegian Community Midwives | Medium-High |

*Theme 1 : Experience of caring for women with mental health problems*

A majority of midwives (69%) reported experience caring for women with severe mental health conditions, a concerning proportion (64%) expressed a lack of confidence in providing such care. This lack of confidence was evident across a range of conditions, including depression, puerperal psychosis, schizophrenia, and bipolar disorder. Furthermore, over half of the midwives (56%) felt uncertain about how to best care for women with severe mental health needs, and 51% felt ill-equipped to provide adequate support. These findings highlight a significant gap between experience and perceived preparedness among midwives in addressing severe mental health needs in their patients. Midwives were also asked to rate their confidence levels in managing a range of obstetric, medical, and mental health issues during pregnancy, including pre-eclampsia, HIV, depression, obstetric cholestasis, and symphysis pubis dysfunction (Jarrett 2015).

Midwives generally reported high levels of confidence when caring for common pregnancy complications like pre-eclampsia, nausea and vomiting, and gestational diabetes. However, this confidence significantly declined when it came to mental health conditions. A striking 89% felt unequipped to care for women with schizophrenia, and a notable 37% lacked confidence in supporting those experiencing depression. Furthermore, the experience of caring for women with severe mental health issues was clearly stressful for some midwives, with three explicitly expressing feeling "very stressed" rather than finding it a positive challenge (Jarrett 2015; Solehati et al. 2020).

hree midwives stated that caring for women with severe mental health issues did not make their work more interesting and was actually unappealing. When asked about anxieties related to such cases, 43% of midwives expressed concern for the safety of other mothers and babies under their care. A smaller proportion (12%) also feared for their own safety in these situations. Despite these concerns, and despite a pervasive lack of confidence and perceived training deficiencies, a surprising 86% of midwives in both groups felt adequately supported in providing care for women experiencing severe mental health challenges (Everitt et al. 2022; Jarrett 2015).

*Theme 2 : Midwives' knowledge of perinatal mental health*

This section explored midwives' knowledge of perinatal mental health. Most midwives, regardless of their group, felt comfortable defining various perinatal mental health conditions. For example, a significant majority could define postnatal depression (97%), obsessive-compulsive disorder (70%), and post-traumatic stress disorder (63%). While 87% accurately identified the general risk of perinatal mental health problems (10-30%), fewer than half could define

"puerperal psychosis" (44%) or "manic depression" (35%). However, the majority (60%) correctly understood the risk of developing puerperal psychosis as 1 in 500-1000. This suggests a good general understanding of perinatal mental health, but with some gaps in knowledge regarding specific conditions (Noonan, Jomeen, et al. 2018; Wang et al. 2022).

Despite a good understanding of general perinatal mental health risks, a significant portion of midwives (20%) underestimated the risk of puerperal psychosis, placing it at 1 in 10,000. One midwife admitted to not knowing the risk at all. Furthermore, only a minority (24%) correctly identified that a history of puerperal psychosis significantly increases the risk of recurrence (1 in 2-4 chance) in subsequent pregnancies (Jiang et al. 2021).

A significant finding of the study was the limited knowledge among midwives regarding puerperal psychosis. This knowledge gap was particularly evident concerning risk factors, with only a small minority (17%) aware of the significantly increased likelihood (1 in 2-4 chance) of developing this condition among women with a history of bipolar disorder. A significant number of midwives (15%) even avoided answering questions about their understanding of puerperal psychosis. Among those who did respond, many answers were incorrect. For example, 33% incorrectly believed in a gradual onset over the first six months, and 37% didn't recognize the need for medication and hospitalization, assuming support and counseling would be sufficient. Worryingly, 30% incorrectly believed that all women share the same risk level for developing puerperal psychosis, regardless of their medical history (Kelly et al. 2021; Qian et al. 2021).

*Theme 3 :Attitudes towards caring for women with mental health problems*

The study highlighted several positive aspects regarding midwives' attitudes and knowledge about mental health. Midwives widely acknowledged the importance of women's mental health as a core part of their role, considering it equally important to physical care. They felt confident addressing mental health with their patients and routinely incorporated it into their care plans. Furthermore, they demonstrated experience in both providing care for and referring women experiencing mental health challenges. Overall, the midwives' attitudes towards caring for women with mental health needs were found to be positive (Noonan, Jomeen, et al. 2018).

While midwives demonstrated positive attitudes towards mental health care, the study also revealed gaps in their knowledge and skills. Community Midwives reported collaborating with various professionals during standard antenatal care, particularly Public Health Nurses, who were considered crucial partners in caring for vulnerable pregnant women. However, the quality of communication and the presence of formal agreements with these partners varied significantly.

Communication with general practitioners and child, drug, and mental health services was particularly poor. Phone calls and electronic patient records were the primary methods of collaboration, while interprofessional care, regular meetings, and patient coordination meetings were underutilized. Interestingly, experience seemed to play a role, as CMs with over 10 years of experience, either as a CM or in Early Start Education, were more likely to participate in patient coordination meetings and counseling sessions (Budiman et al. 2020; Espejord et al. 2024).

*Theme 4 : Screening for mental health problems*

Despite understanding the significance of inquiring about women's mental health history, midwives seldom utilized validated screening tools during assessments. Furthermore, there was a lack of consistency in the questions asked, with most midwives not employing the recommended case-finding questions outlined by National Institute for Health and Care Excellence (NICE). The lack of standardized mental health assessments in midwifery highlights a need for more evidence-based practices, particularly the use of validated screening tools. These tools are crucial for identifying perinatal mental health issues, as many suicides result from undiagnosed psychiatric disorders. Without them, accurately assessing a mother's well-being becomes challenging, increasing the risk of overlooking mental health problems (Wang et al. 2022).

Community Midwives with specialized training through the Early Start program were more engaged in collaborative activities like patient coordination meetings, counseling, and debriefing sessions compared to their less experienced counterparts. This suggests that interdisciplinary training programs focusing on collaboration skills and knowledge are beneficial for professionals involved in both standard and specialized antenatal care. Ultimately, such training can lead to better outcomes for at-risk pregnant women, infants, and their families (Espejord et al. 2024).

## Conclusion

This study highlights the need for a sustained professional development program to enhance midwives' skills in addressing perinatal mental health by a scientific perspective. Such a program should focus on improving knowledge, attitudes, communication, collaboration, and assessment skills related to PMH. Furthermore, all maternity services should have dedicated resources for assessing and identifying PMH

issues. Ultimately, midwives should prioritize the emotional well-being of pregnant women in their care.

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**Author Contributions**
RAF conceptualized, designed, wrote the first draft and framework as well as evaluated the data. NBA conceptualized, interpreted the data and supervised. ALM conceptualized and interpreted the data. All authors give final approval of the version submitted in this journal.

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**Conflicts of Interest**
The authors declare no conflicts of interest.

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