



Perinatal Mental Health: One of the Biggest Challenges in Coronavirus Disease-19 Crisis

Goce Kalcev^{1*}, Antonio Preti¹, Germano Orrù², Mauro Giovanni Carta¹

¹Department of Public Health, Clinical and Molecular Medicine, University of Cagliari, Cagliari, Italy; ²Department of Surgical Sciences, University of Cagliari, Italy

Abstract

Coronavirus disease (COVID)-19 epidemic is currently conceived as one of the major factors for stress and anxiety for pregnant women around the world. Stress, especially in early pregnancy, is a risk factor for preterm birth. The negative impact of quarantine on mental health in pregnant women should also be taken into account. A large number of benefits of breastfeeding for the mental and physical well-being of both mother and newborn outweigh the potential risks of COVID-19-related transmission and disease. Prenatal and postnatal mental health should be prioritized in facing the current ongoing pandemic.

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***Correspondence:** Goce Kalcev, Department of Public Health, Clinical and Molecular Medicine, University of Cagliari, Italy. E-mail: gocekalcev@yahoo.com

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With the spread of the coronavirus disease (COVID)-19, there has been widespread concern about the possibility of its intrauterine transmission from the mother to the fetus during the pregnancy [1]. As a result, dilemmas for the morbidity and mortality rate in mothers and newborns have arisen together with the complications that would occur during pregnancy or after that. The lack of evidence-based information on these issues among their enormous importance is a source of stress for pregnant women and future mothers [2], [3]. Nowadays, the severe acute respiratory syndrome-CoV-2 epidemic is conceived as one of the major factors for stress and anxiety for pregnant women around the world [4].

One of the biggest problems we want to focus on is the practice of routinely separating the mother from her newborn after birth as a measure against the transmission of the COVID-19 virus. According to research conducted in China, this strategy, apart from stopping breastfeeding, also has huge consequences for the mother's mental health in the form of feelings of shame, self-blame, and the onset of depression [5]. The practice of stopping breastfeeding should be actively avoided. Consequently, proper care and support measures should be taken to reduce or at least mitigate the negative effects. In every

socioeconomic position, breastfeeding raises survival and delivers lifelong health and progress advantages to newborns and infants. The transmission of COVID-19 across breast milk and breastfeeding has not been observed. In the group of few cases of confirmed COVID-19 infection in children from other origins, most have confronted only mild or asymptomatic form. During breastfeeding, a mother should carry out proper hygiene measures, involving wearing a medical mask if available, to decrease the possibility of droplets with COVID-19 being expanded to her infant. No active COVID-19 virus has been confirmed in the breast milk of any mother confirmed/suspected to have COVID-19. It is unexpected that the virus can be transferred by a mother with confirmed/suspected COVID-19 virus through breast milk [6]. The message of the authors on this issue is that a large number of benefits of breastfeeding for the mental and physical well-being of both mother and newborn outweigh the potential risks of COVID-19-related transmission and disease.

Within this framework, how to protect the mental health of a pregnant woman from the short- and long-term consequences of this actual pandemic? A lot of pregnant women live in poor households together with other people in a limited space, caring for their

other children or for elderly people at the same time. In the current pandemic, this may impact on the mental health of pregnant women. According to two of the Millennium Development Goals (four and five), overall health cannot be ensured without mental health [7]. Stress, especially in early pregnancy, is a risk factor for preterm birth [8]. The development and implementation of dedicated mental health services are urgent for this special category of the population. Anxiety and stress in pregnant women are responsible for consequences such as preeclampsia, depression, increased nausea and vomiting during pregnancy, preterm labor, low birth weight, and low appearance, pulse, grimace, activity, and respiration score [9].

Moreover, many pregnant women currently are not visiting a doctor for fear of contagion with COVID-19. Travel bans and the thought of not having a doctor available every time are especially frightening for a pregnant woman. Both situations pose a huge threat to a pregnant woman's mental health. Providing advice and support through telecommunications is of particular importance. In addition, depression is frequent during pregnancy, affecting up to 28% during late pregnancy [10].

The impact of the quarantine lockdown on the mental health of pregnant women should be not overlooked. In general, quarantine, self-isolation, and loneliness have a negative impact on mental health, resulting in increased levels of stress, anxiety, depression, and self-harm, but not only for pregnant women but also for the entire population [11], [12]. The fear that comes with it may represent an additional source of stress that could negatively affect a mother's pregnancy. The quarantine will be probably responsible for the worsening of pre-existing mental disorders and may also worsen mental stress in future mothers with non-psychiatric disabilities due to the reduced medical care and support during the pregnancy. According to the data received from one Canadian study, pregnant women described significant levels of psychological distress in form of pregnancy-specific anxiety symptoms (68%), general anxiety (57%), and as depression (37%). In comparison with the findings from the previous community pregnancy cohorts, these symptoms are considerably higher [13]. Another study among Turkish pregnant women showed increased scores on screening instruments for depression and anxiety during this pandemic [14]. As stated by an Italian survey, the psychological impact of the COVID-19 is classified as serious by 53% of pregnant women. In addition, two-thirds of the respondents experienced higher levels of anxiety than normal [15]. Clinical care of pregnant women with COVID-19 depends on the severity of the disease. Most (86%) of the pregnant with known or suspected COVID-19 have mild symptoms (no shortness of breath) that now require hospital-level care, while there are no obstetric problems. However, they should be followed and monitored for eventually progression [16].

It is necessary for health professionals to create and disseminate guidelines for mental health for vulnerable categories. What's more significant, measures should be taken by the government, community, and relevant departments to provide timely-specific psychiatric services for pregnant women. Already in February 2020, some reports published in *The Lancet* indicated that the care of the mental care of mothers is vital [17]. The authors considered that it is crucial for pregnant women and mothers to be in constant contact with reliable and confidential information about the course of the COVID-19-disease, prevention, and its impact on the perinatal and postnatal period [6]. By contrast, receiving inappropriate and unverified information can increase stress and fears [18]. Communication with pregnant women and mothers should be shown empathy, understanding of their needs, feelings, and support for expressing their emotions. Moreover, support from loved ones to identify positive strategies for dealing with their emotions and stress plays an essential role [6]. On the other hand, fathers play an important role in pregnancy. Supporting from the fathers during this crisis is an essential step in preserving the mental health and well-being of pregnant women and mothers. Maintaining contact with the environment through telecommunications and social networks is one of the principal ways to meet the needs that provide welfare. Understanding the needs of mothers and fathers will lead to a faster and better response to future unexpected events. To sum up, prenatal and postnatal mental health should be prioritized in facing the current ongoing pandemic [19].

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