



KOI TŪ:  
THE CENTRE FOR  
INFORMED FUTURES

# Perinatal mental health in Aotearoa

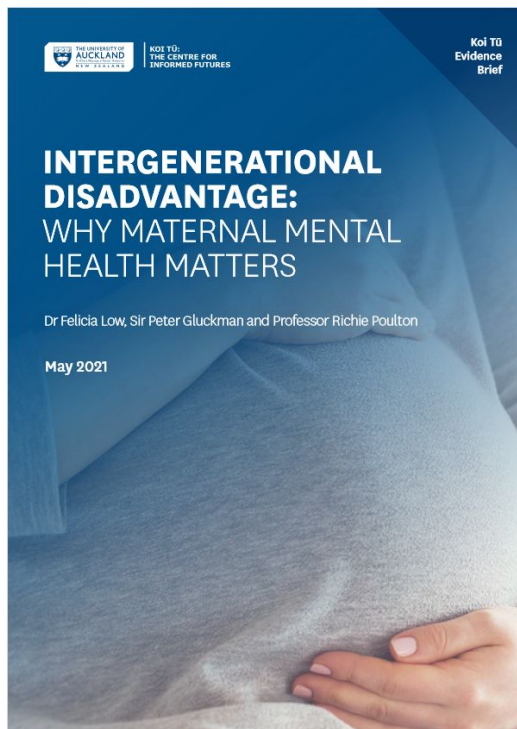
## An under-recognised concern

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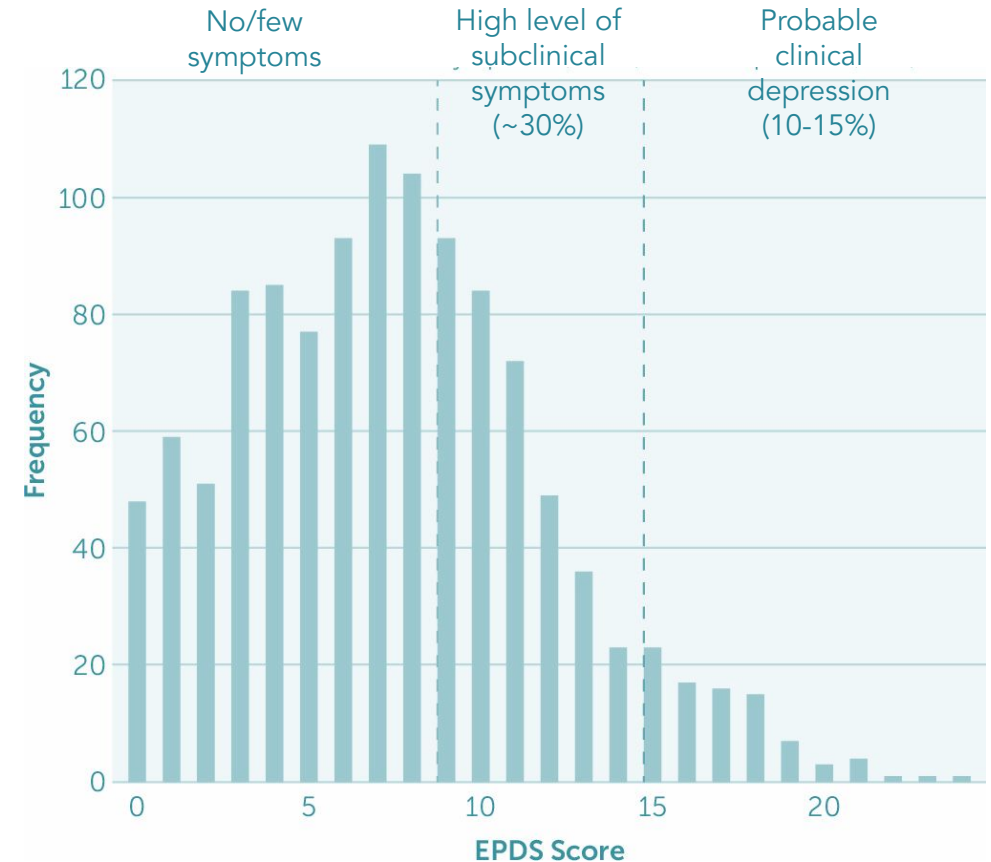


# Our work on maternal mental health



# Perinatal mental distress: prevalence in Aotearoa

- Up to 15% of women experience depression during/soon after pregnancy
  - Higher among Māori, Pacific & Asian women
- Prevalence of high subclinical symptoms is estimated at ~30%
- So could be up to nearly half of all women experiencing perinatal mental distress



Source: Meaney 2018, Am J Psychiatr

## Perinatal mental distress: causes

- Deeply linked to interrelated systemic inequities, e.g. poverty (housing, food security), racism, poor family dynamics, lack of education and social support
- Exacerbated by pregnancy-related factors
- Other genetic and hormonal factors
- Complex interplay of biology and society

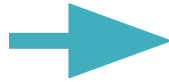


# Perinatal mental distress and the 'baby blues'

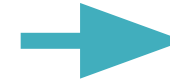
- Maternal mental distress is often a continuation of symptoms starting during or before pregnancy



Depression before  
pregnancy



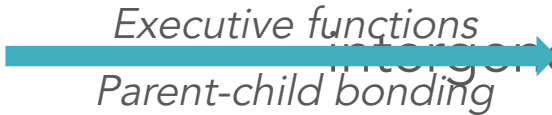
Depression during  
pregnancy




Depression after  
pregnancy

- Symptoms that show up only after birth cannot be dismissed as temporary 'baby blues'
- Need to reframe 'postnatal depression' to 'perinatal distress'

# Perinatal mental distress: the impacts

- Birthing parents – daily functioning affected; range of symptoms from depression and anxiety to suicidality
- Partners, whānau
- Tamariki  Intergenerational consequences

# Perinatal mental distress: the impacts

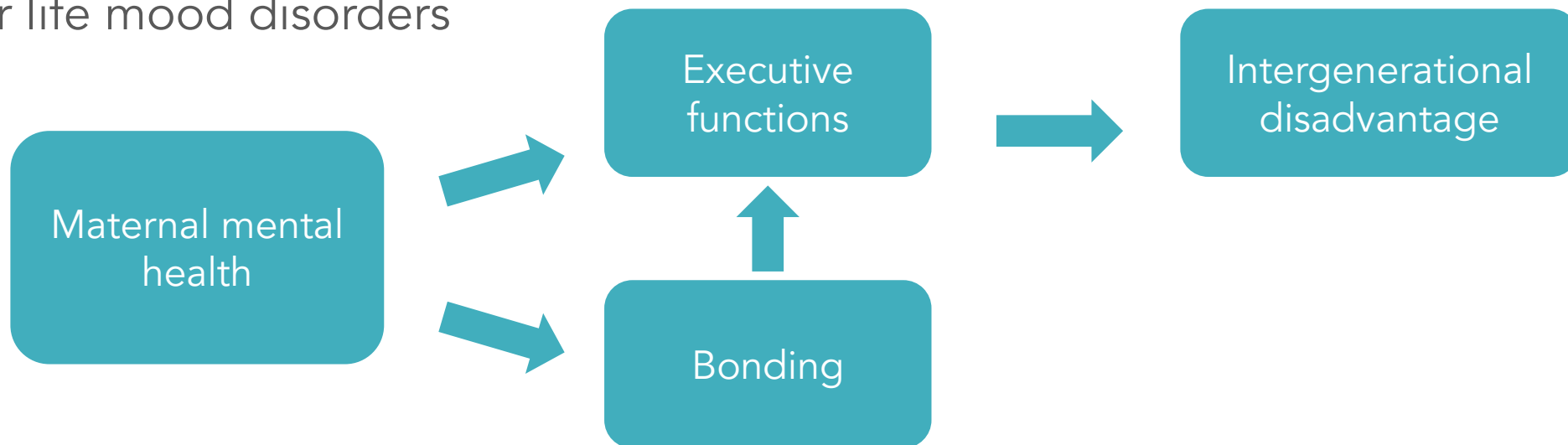
- Birthing parents – daily functioning affected; range of symptoms from depression and anxiety to suicidality
- Partners, whānau
- Tamariki  Intergenerational consequences

## Executive functions

- A set of cognitive skills that help us perform basic tasks, e.g. learning, paying attention, controlling impulses and emotions. Protects against stress by promoting psychological resilience
- Impaired executive functions can make it hard to function well academically, socially, emotionally and behaviourally

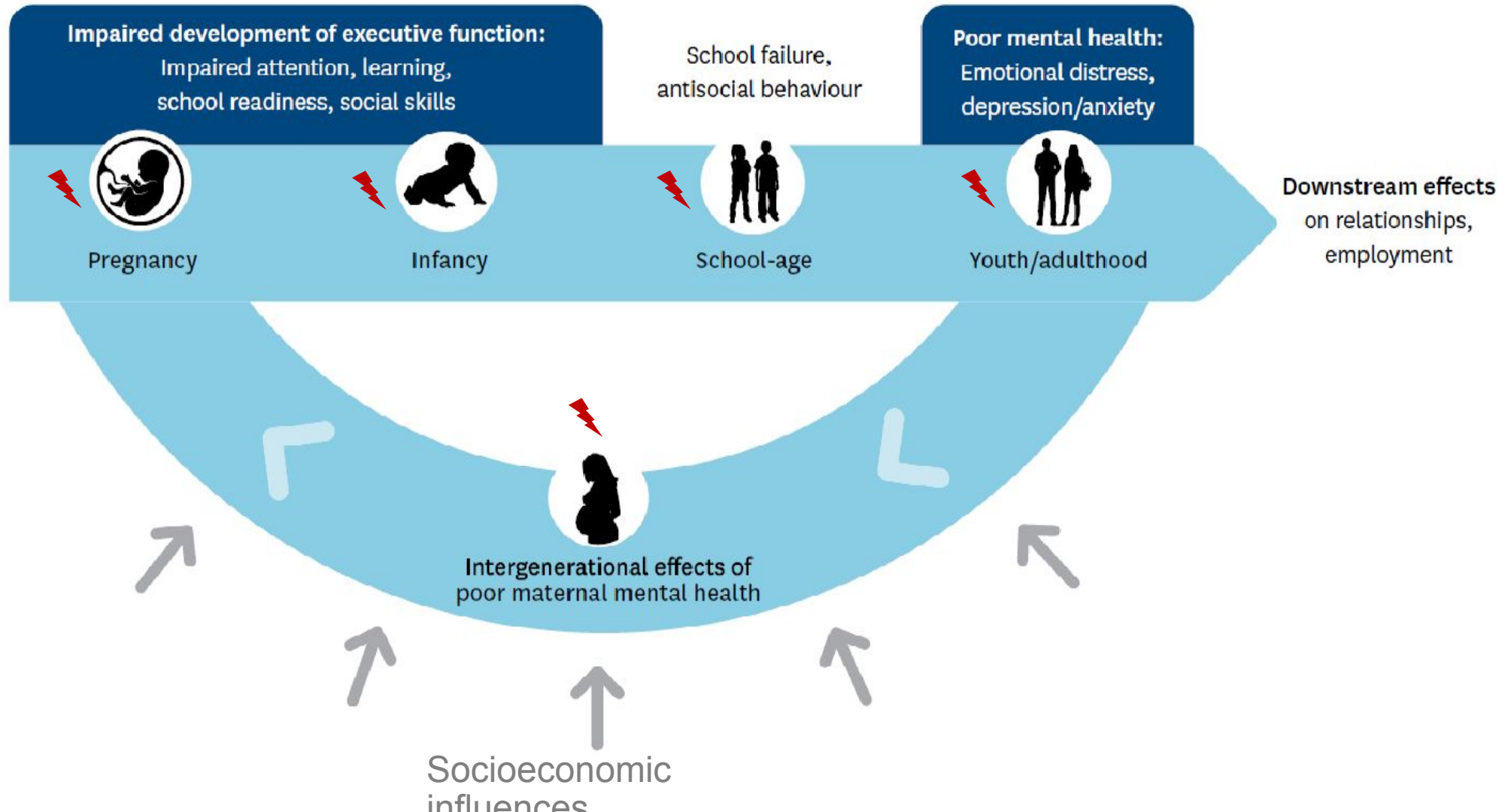
# Perinatal mental distress: the impacts

- Depression during pregnancy is associated with impaired executive functions in tamariki
- Tamariki had poorer executive functions even if their mother had mild to moderate symptoms
- Mental distress after birth may make it harder to develop a strong parent-child bond
- Lack of strong bond may also impair executive functions and increase risk of later life mood disorders





# The cycle of intergenerational disadvantage



## What we need to do

- Focus on women's mental wellbeing from before pregnancy through to after birth
- Focus on *positive* maternal mental attitudes, not just absence of mental distress



# How do we achieve it? - Prevention

- Screening
  - Early
  - Universal
  - Using a culturally appropriate tool developed for NZ parents. Māori and Asian women may experience different symptoms – is this adequately accounted for by the Edinburgh Postnatal Depression Scale?
- Support must be also provided to women with mild/moderate symptoms
- Preventing or alleviating perinatal distress will have positive flow-on effects for tamariki (executive functions and parent-child bonding)





# How do we achieve it? - Management

For māmā

- Psychological interventions
- Other culturally appropriate options, e.g. rongoā Māori
- Medication

For tamariki

- Assess bonding with caregiver – simple home-based activities can help
- Assess executive functions at B4 School Check for early intervention





# Final notes



- Promoting perinatal wellbeing should not be an individual effort

*"It takes a village"*

- Improving perinatal mental wellbeing will benefit māmā, their whānau, tamariki, successive generations and wider society





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# Ngā mihi

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