

COVID-19 and pandemic perinatal mental health in Australia

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THE PERINATAL PERIOD increases the vulnerability for the development of anxiety and depression, resulting in poorer maternal, neonatal and infant outcomes.¹ There is evidence of increased adverse perinatal mental health outcomes following natural disasters and stressful life events.² Similarly, the COVID-19 pandemic has been associated with negative mental health outcomes, with a demonstrated increase in anxiety and depressive symptoms among pregnant patients.³

One in five women in Australia is not screened antenatally and postnatally for depression and anxiety.⁴ Changes in perinatal healthcare services due to COVID-19 have resulted in an altered antenatal and postnatal schedule, often delivered by telephone appointments, which may further reduce screening, detection and treatment of mental illness.

The Australian COVID-19 response has been remarkably successful in containing its spread, partly owing to social confinement measures, strict quarantine and geographic isolation. These have caused a sense of isolation and loneliness.⁵ State and international border closures, reticence to enlist assistance of older family members due to fears of COVID-19 exposure and reduced perinatal health

attendance have increased the sense of unsatisfactory social support, a strong predictor for perinatal mental illness.⁶ Domestic violence, one of the strongest predictors of perinatal mental illness,⁷ increases in times of disaster, and this has been the case in Australia during the pandemic.⁸ Those with a history of mental health problems or drug and alcohol abuse are also at high risk, with restrictions reducing clinical support services.

Between March and October 2020, the number of new callers to the Perinatal Anxiety and Depression Australia (PANDA) helpline doubled, as did call times, suggesting increased frequency and intensity of illness. Most of these calls were from Victoria, which experienced a prolonged lockdown in 2020.

The Australian Government's response to increasing perinatal mental illness has been swift. An additional \$13.6 million has been granted as a part of the Perinatal Mental Health and Wellbeing Program to extend vital national perinatal mental health services provided by the PANDA, Red Nose and Sands helplines. Additional funding has also been allocated to curb risk factors correlated with poorer mental health, including domestic violence support. Federal funding of telehealth consults has helped reduce barriers to accessing services for parents during the perinatal period. Beyond this, additional COVID-19-specific perinatal mental

health initiatives directed at primary care are minimal.

The Australian pandemic experience to date has been different to that of other countries as there has been minimal infection in the community. However, recovery from the psychological stress of living through a pandemic may take years.⁹ Vigilance for perinatal mental health screening among healthcare providers should be promoted during and after the peak of the pandemic. Measures proven to increase screening include education on specific screening techniques and automated reminders to screen.¹⁰ State health authorities in Australia have made 'exploring COVID-related concerns' a part of their standard perinatal mental health screening algorithm, helping to identify COVID-19-related factors that may contribute to poorer mental health.¹¹

Independent of social restriction due to pandemic public health measures and their impact on face-to-face health services, the therapeutic connection with healthcare providers during the perinatal period should be maintained. Thanks to Medicare Benefits Schedule reforms and support from hospitals, the antenatal schedule, mental health counselling and maternal child health services have been delivered via telehealth, a proven format of healthcare for the perinatal population.¹² Many organisations have chosen to continue telehealth consults

‘post-lockdown’; however, this must not be merely a cost-saving exercise, and patient satisfaction must be prioritised.

In addition to standard clinical practice, general practitioners (GPs) are encouraged to provide COVID-19-specific psychological care to reduce the impacts of the pandemic on perinatal mental health. This includes providing accurate information about the COVID-19 pandemic, validating concerns related to the pandemic, promoting self-help and e-mental health resources and actively encouraging positive coping strategies such as daily routine.¹³ Results from current international research will aim to guide identifying risk and protective factors that predict perinatal mental health outcomes related to the pandemic.¹⁴

The longer-term psychological impacts of the pandemic on perinatal patients and their families are unknown. Pandemic perinatal stressors remain current while ‘circuit breaker’ lockdowns are still used, international borders remain closed and insufficient evidence to recommend routine COVID-19 vaccination during pregnancy exists.¹⁵ GPs, maternal child health nurses and midwives should remain vigilant to discuss and screen for COVID-19-related perinatal mental health difficulties.

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