Article Review

Midwives' Role in Managing Pregnant Women with Mental Health Issues and Disorders in Developing Countries: A Rapid Review

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ABSTRACT

The mental health issues of pregnant women must be detected early and addressed quickly to prevent negative impacts on the mother, fetus, and newborn. This review aims to identify current evidence on the role of midwives in managing pregnant women with mental health problems and disorders in developing countries. The review method employed is a rapid review, utilizing the PRISMA-ScR checklist, the PCC framework, and a critical appraisal tool adapted from the Joanna Briggs Institute (JBI) for assessment. A literature search was conducted across three databases (PubMed, Wiley, Science Direct), Google Scholar, and Research Rabbit, with inclusion criteria consisting of all original articles in English or Indonesian from 2018 to 2023, discussing management, midwives' roles, inhibiting factors, supporting factors, and full-text availability. From the search, 300 articles were retrieved, of which 7 were duplicates. Screening based on inclusion criteria yielded 7 articles published in 2020 (2 articles), and 2021 (2 articles),. and 2023 (3 articles), with qualitative design (n=4, 57.2%) and cross-sectional design (n=3, 42.8%). Two articles were from Ghana, while the remaining five were from Uganda, Sri Lanka, Ethiopia, China, and India. Three themes emerged regarding the midwives' role in managing pregnant women with mental health problems and disorders: screening, referral, barriers, and supportive factors. Further research is needed to test the effectiveness of midwives' screening for maternal mental health and to develop and evaluate integrated perinatal mental health service models.

Keywords: Midwives, Pregnant women, Depression, Anxiety, Developing countries.

INTRODUCTION

In Ethiopia Comorbid anxiety and depression were common, with a prevalence of 10.04%. the need to combine psychosocial and psychological counseling as part of general antenatal care, early detection and treatment of pregnancy illnesses and medical illnesses, as well as marriage counseling is essential to reduce the number of mental disorders that arise during pregnancy[1]. In Indonesia, 20% of pregnant women in the second and third trimesters experience pregnancy depression. This increases by 16% in the third trimester and persists up to four weeks and three months after delivery[2]. Based on the results of research at the

Bojong Menteng Community Health Center, Rawalumbu, Bekasi City, it was found that pregnant women experienced depression (22.3%), anxiety (43.2%), sleep disorders (70.4%), and psychosomatic disorders[3].

Mental health problems of pregnant women must be detected as early as possible and addressed immediately to prevent negative impacts on the mother, fetus and newborn. The negative impacts on pregnant women's mental health that occur in babies include premature babies, low birth weight babies, respiratory tract infections, low APGAR scores, and disorders of fetal neurological development[4]. While the negative impact that occurs on the mother is that it can trigger miscarriage, anxiety about childbirth, preeclampsia and indications for caesarean section delivery. Risk factors that influence mental health include lack of family support, pregnancy planning, health, education, having children with congenital abnormalities, suffering from chronic diseases, smoking, experiencing domestic violence and family economics[5].

To overcome the mental stress experienced by pregnant women, the government has a program. Perinatal Mental Health Project (PMHP) with services consisting of: screening, counselors and psychiatry. One of the aims of the Maternal Mental Health Program (PMHP) is to ensure that all mothers have access to high-quality mental health services and to include them in routine midwifery programs.

Collaborative mental health care for pregnant women between mental health professionals and adequate health service program policy support are needed. The main problems of this collaboration include general doctors' and nurses' lack of knowledge about mental health symptoms experienced by pregnant women, inadequate surveillance systems, lack of information about clinical technology, and lack of surveillance systems[6]. Midwives play an important role in public health services, so it is very important for them to have complete knowledge and skills to provide optimal services[7].Midwives are interested in providing mental health support, but they lack confidence, don't know how to do it, and lack training. Midwife-led counseling interventions are effective, and these deficiencies can be overcome with appropriate training and organizational support[8].

Identify where the majority of research

currently exists focusing on the prevalence and risk factors of postpartum depression and gaps in health research to provide actionable and relevant evidence in a timely and cost-effective manner using rapid reviews[9]. This approach is effectively directed and supervised by stakeholders, enabling accelerated knowledge synthesis in response to current needs for the role of midwives in the management of pregnant women with mental health problems and disorders in developing countries, to provide high-quality summary data to assist in the implementation of midwifery competencies[9]. The purpose of this review is toto identify current evidence midwives' role in managing pregnant women with mental health issues and disorders in developing countries

METHOD

Design

The protocol has been reviewed by two experts and is not published. The review method used is a rapid review. The main reason for choosing this method is to narrow the scope of the research question and reduce the level of data abstraction. This approach is useful for providing actionable and relevant evidence in a timely and cost-effective manner. This is in response to the current need for the role of midwives in the management of pregnant women with mental health problems and disorders in developing countries, to provide high-quality summary data to assist in implementation. midwife competency[9].

Search

The stages start from setting review questions The formulation of this research question uses the PCC model framework which is explained in the following table:

Table 1. PCC Framework

P(Population)	C(Concept)	C (Context)
Midwife	The role of midwives in the management of pregnant women with mental health problems and disorders	During pregnancy, in developing countries

After identifying the review question, the next step is to identify relevant articles. In

the literature search using three databases (Pubmed, Wiley, Science Direct) and manual searches (Google Scholar and research rabbit) published from 2018-2023 in developing countries based on world bank criteria, namely low income, lower middle income, and upper middle income .

Inclusion and exclusion criteria

The inclusion criteria in this study were all articles resulting from original research, published from 2018 to 2023, articles discussing the management of pregnant women with mental health problems and disorders in developing countries, articles discussing the role of midwives in the management of pregnant women with problems and mental health disorders in developing countries, articles discussing inhibiting and supporting factors in the readiness of midwives in the management of pregnant women with mental health problems and disorders in developing countries and full text of the article. Exclusion criteria were rapid reviews, opinion articles and review/comment articles.

Main search term

Databases used in the search were PubMed, Wiley, Science Direct, and use of Research Rabbit and Google Scholar. Articles are searched using keywords. Keywords used include: Midwife* OR midwives AND Management OR treatment AND Mental health disorder OR psychological disorder OR anxiety disorder OR depression OR mental health problem AND pregnancy* OR maternal AND Developing Countr*.

Selection of sources of evidence

In the three data-based searches, 300 articles were obtained. After identification, 7 articles were found to be duplicates. Then a screening was carried out based on the inclusion criteria and found 7 articles that met the criteria and objectives of the review. Example of complete search results. Figure 1 shows the article selection process. The initial search obtained 300 articles from three databases (Pubmed 173 articles, Wiley 68 articles, Science Direct 26 articles, and two manual searches (research rabbit 19 articles and Google Scholar 14 articles). After removing duplicate articles, followed by filtering the title and abstract, the results were obtained. 21 articles. Of the 21 articles, 9 articles were found not full text. Then the remaining 12 articles were reviewed based on the related review objectivesLatest on the role of midwives in the management of pregnant women with mental health problems and disorders in developing countries. Based on the 7 articles used, two articles came from Ghana and five other articles came from Uganda, Sri Lanka, Ethiopia, China and India. The research population for studying the role of midwives in managing mental health problems and disorders of pregnant women in developing countries consists of mostly midwives, nurses, health workers in delivery rooms, community-based health educators and pregnant women.
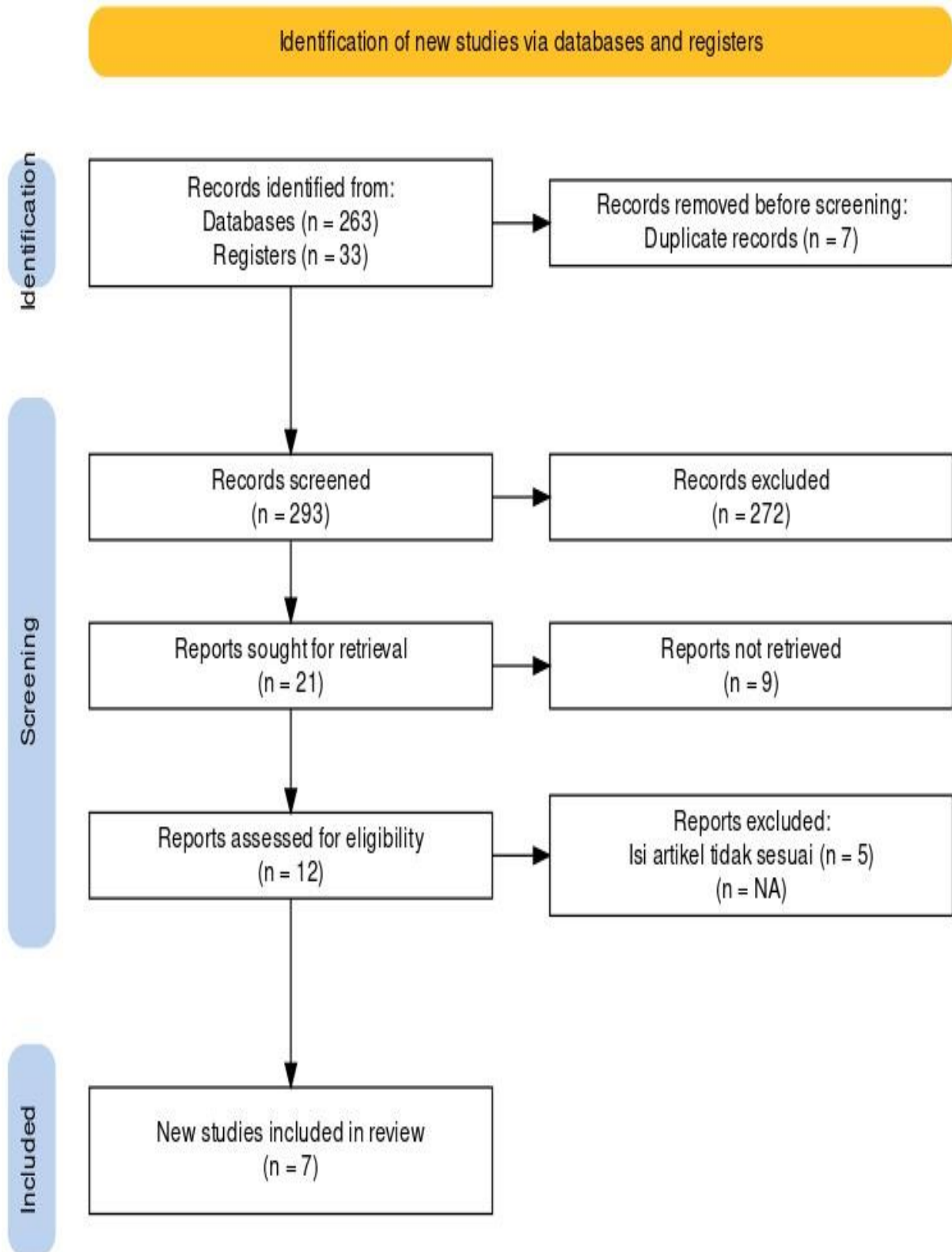
Figure 1. Article Selection Flowchart

Data Charting

In preparing the charting data, discussions with experts were carried out.Synthesis of research article data was carried out using charting data adopted from the Joanna Briggs Institute including data on article author, article title, year, country, research objectives, type of research, data collection methods, number of participants/sample, and review results[10].Based on the critical appraisal that has been carried out on the 7 articles that have been obtained, all of them are of grade A quality

Table 1. Charting Data

No	Title, Author	Country	Objective	Design	Results	Screening Management	Reference	Barriers and Supporting Factors
A1	Barriers to addressing mental health issues in childbearing women in Ghana/ Adjorlolo, S., & Aziato, L. (2020)[18].	Ghana	The aim of this study was to investigate factors that hinder the provision of mental health services by nurses and midwives for women of childbearing age to assist in the prioritization and distribution of limited mental health resources.	Cross-sectional	Barriers reported by participants included mental health services not being available (77%), lack of knowledge about mental health among women from different ethnicities (75.7%), lack of clear mental health service pathways (75.1%), heavy workload (74.1%), and lack of knowledge about mental health problems (74.1%).	-	-	Barriers from nurses and midwives are lack of knowledge about mental health, unclear referral pathways, heavy workload
A2	Seeking and receiving help for mental health services among pregnant women in Ghana./Adjorlolo, S, (2023)[19].	Ethiopia	The aim of this study was to investigate mental health help seeking of pregnant women in Ghana and the factors that influence it	Cross-sectional	The results showed that only 18.9 percent of pregnant women in Ghana independently requested mental health services. However, 64.8% of patients reported that they consulted their doctor about their mental well-being, and 67.7% of patients sought support from their doctor.	-	-	Barriers from the perspective of pregnant women are 1. medical conditions during pregnancy, 2. violence from partners, 3. low social support, 4. difficulty sleeping, and 5. suicidal ideation 6. fear of vaginal delivery
A3	Maternal mental health screening and management by	Uganda	this study aimed to investigate the knowledge, practices	Qualitative	No special training is given to medical staff, especially midwives, to screen and	Midwives carry out screening using a general form	Midwives refer pregnant	Midwives never receive mental health training, lack of

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	health workers in southwestern Uganda: a qualitative analysis of knowledge, practices, and challenges/Nakidde, G., Kumakech, E., & Mugisha, J.F. (2023)[13].		and barriers faced by health workers when screening and treating mothers with maternal mental health disorders in health facilities in southwest Uganda.		help mothers with mental health problems. They treat MMH problems based solely on history and physical examination, and they refer almost all mothers who show symptoms because they feel unprepared to treat them. On the other hand, medical staff specially trained in mental health, especially those working in mental health units, are more likely to use mental health screening tools in addition to the history and physical examination, and they treat any mother who displays symptoms of mental disorders.	(antenatal card). Specialized health workers carry out screening using conventional neuropsychological tests such as the MMSE (Mini mental state examination), DSM-V (Statistical Manual of Mental Disorders V), and PHQ-9 (Patient Health Questionnaires-9)	women with mental health illnesses to mental health specialists (local referral) or to a different higher level facility (external referral)	knowledge to identify mental health, lack of specialist mental health care for pregnant women.
A4	Antenatal depression in Sri Lanka: a qualitative study of public health midwives' views and practices/Wyatt, S., Ostbye, T., Silva, V. De, & Long, Q. (2022)[14].	Sri Lanka	The aim of this study was to investigate current clinical guidelines and experience of how midwives diagnose and treat antenatal depression	Qualitative	There was no standardized diagnosis pattern for the midwives (n = 12) and they varied in their level of knowledge about antenatal depression. However, they follow referral and case management follow-up guidelines and build strong and very consistent relationships in their clinical practice. Practice shows that the stigma of mental illness and lack of human resources are still challenges for midwives.	Does not have a standard diagnostic pattern. Screening is carried out based on the midwife's observations	Midwives refer pregnant women to clinic doctors and district psychiatrists. The midwife made a home visit after initiation of treatment.	Supporting factors where the family receives the diagnosis, the family discusses health services, The obstacles encountered were difficulties during the treatment and referral process. Midwives lack time for quality care due to high workload

A5	Stakeholder perspectives on antenatal depression and the potential for psychological intervention in rural Ethiopia: a qualitative study/Bitew, T., Keynejad, R., Honikman, S., Sorsdahl, K., Myers, B., Fekadu, A., & Hanlon, C. (2020)[21].	Ethiopia	This study aimed to understand women's and healthcare workers' perspectives on antenatal depression, their treatment preferences and potential acceptability and feasibility of psychological interventions in a rural Ethiopian context.	Qualitative	The motivation of health workers to provide help, the availability of integrated primary mental health services, and the culture among women in seeking advice are potential facilitators of receiving psychological interventions.	Detecting depression depends on the confidence of the pregnant woman	Referral to a psychiatric nurse at the nearest hospital	Acceptance of psychological interventions
A6	The perceptions and attitudes of obstetric staff and midwives towards perinatal mental health disorders screening: a qualitative exploratory study in Shenzhen, China/Xiao Xiao, Haixia Ma, Shening Zhu1, QL and YC (2023)[17].	China	The aim of this study was to explore the perceptions and attitudes of midwifery staff and midwives towards screening for perinatal mental disorders in pregnant women, and identify their needs and motivations in carrying out this task	Qualitative	This research found that medical staff did not have sufficient knowledge and skills about the mental health of pregnant women and were not well prepared to screen pregnant women who may be experiencing mental health disorders. In addition, this research emphasizes how important it is to address the mental health of pregnant women through a multidisciplinary team approach—namely, nurses, midwives, doctors, psychologists, and psychiatrists. In addition, this research found challenges to conducting screening, such as public stigma against mental	Mental health screening can be identified from the mental health status of pregnant women at an early stage. Screening can improve competency as a health professional. Screening by observing their behavior and facial expressions. Screening based on the experience of health workers.	Refer to a professional psychiatrist or psychologist	Barriers to medical staff are inadequate knowledge, excessive workload, fragmented nursing model and societal stigma about mental health disorders. Supporting factors are Medical staff have good listening and communication skills.

					health disorders and a lack of medical personnel. The results suggest that to improve mental health services for pregnant women, medical staff must be trained, society must be more aware of perinatal mental health disorders, and multidisciplinary collaboration is needed.			
A7	Maternal Mental Health: A Baseline Survey of Knowledge, Attitudes and Current Practice among Auxiliary Nurse Midwives./ Poreddi, V., Gandhi, S., Ramachandra, Ganjekar, S., Desai, G., & Chandra, PS (2021)[20].	India	The aim of this study was to assess the knowledge, attitudes and practices of nurse midwives (ANMs) related to maternal mental health in Karnataka, India. This study aims to identify gaps in knowledge and positive attitudes towards women with mental disorders during pregnancy and after giving birth. Additionally, this study also aims to highlight the need for training programs to improve ANMs' knowledge and skills in identifying mental health problems in women and referring them for early intervention.	Cross-sectional	The majority of midwives were positive and demonstrated better practice in finding and referring mothers with mental health problems. However, they also do not understand the various mental disorders that arise during pregnancy.	All pregnant women need to be routinely screened for anxiety and depression	Referral pathways are needed to provide timely intervention	The obstacle encountered was the midwife's lack of knowledge.

Selection of sources of evidence

For articles included in this review, data were extracted using a standard template that included study title, first author, year of publication, type of literature, study design, population, and conductor of the study. Carrying out a critical appraisal to assess the quality of selected articles using the Joanna Briggs Institute checklist. The choice of checklist from the Joanna Briggs Institute was because JBI provides a complete critical appraisal checklist for all research study designs. In addition, research topics were identified through thematic analysis and organized into themes. In this case, researchers read all the included papers and identify patterns in the findings across the papers to derive themes.

RESULTS

Search Results from Evidence

Of the 7 articles used, there were 6 articles indexed by Quartile 1 and 1 international article not yet indexed by Quartile. There were 2 articles published in 2020, 2 articles in 2021 and 3 articles in 2023. Table 1 shows the research design used. Most of the articles used were qualitative designs (n= 4, 57.2%) and quantitative designs with a cross-sectional approach (n= 3, 42.8%). Based on the 7 selected articles grouped by country of origin, 2 articles were found from Ghana and the other five articles each came from Uganda, Sri Lanka, Ethiopia, China and India. There are 2 articles from low income, 4 large articles from lower middle income and 1 large article from upper middle income.Based on the critical appraisal that has been carried out on the 7 articles that have been obtained, all of them are of grade A quality.Based on the 7 articles used, there are two articles from Ghana and five articles from mental specialists (local referrals) or to different high-level facilities (external referrals), clinic doctors and district psychiatrists, psychiatric nurses at nearby hospitals, professional psychiatrists or other psychologists. originating from Uganda, Sri Lanka, Ethiopia, China and India.

Research Theme

Based on the 7 articles used, three themes emergedThe latest role of midwives in the management of pregnant women with mental health problems and disorders in developing countries is mental health screening management (4 articles, namely A3, A4, A5, A6), Referral (5 articles, namely A3, A4, A5, A6, A7) and Barriers and supporting factors (7 articles, namely A1, A2, A3, A4, A5, A6, A7).

1. Management of Mental Health Screening for Pregnant Women

Management of screening for mental health disorders and problems is obtained. Midwives carry out screening using a general form (antenatal card). Meanwhile, specialized health workers carry out screening using conventional neuropsychological tests such as the MMSE (Mini mental state examination), DSM-V (Statistical Manual of Mental Disorders V), and PHQ-9 (Patient Health Questionnaires-9). Midwives do not have a standard diagnosis pattern, where screening is carried out based on the midwife's observations of the behavior, facial expressions of pregnant women and screening based on the experience of health workers. Mental health screening can be identified from the mental health status of pregnant women in the early stages which can increase competence as a health professional (A3, A4, A5, A6).

2. Reference

Midwives need referral pathways to provide timely intervention (A7). Referrals made by midwives to pregnant women with mental health illnesses to mental specialists (local referral) or to different higher level facilities (external referral), clinic doctors and district psychiatrists (A3, A5, A6), professional psychiatrists or psychologists Midwives can also make home visits after initiation of treatment (A4).

3. Barriers and Supporting Factors

Barriers in the management of pregnant women with mental health disorders and problems from the perspective of pregnant women include mental health services not being available (77%), lack of knowledge about mental health in women from different ethnic groups (75.7%), lack of pathways clear mental health services (A1). From the midwife's point of view, these are lack of knowledge about mental health, unclear referral pathways, heavy workload, midwives never receiving mental

health training, lack of specialist mental health care for pregnant women, difficulties during the treatment and referral process as well as a fragmented nursing model and stigma. community about mental health disorders (A2, A3, A4, A5, A6, A7). Supporting factors for the role of midwives in the management of pregnant women with mental health disorders and problems are the family receiving a diagnosis, the family discussing health services, receiving psychological intervention, medical staff having good listening and communication skills (A4, A6).

DISCUSSION

Pregnant women in developing countries experience untreated mental disorders during pregnancy. Mental health should be included in maternal care programs to meet the needs of pregnant women and reduce gaps in diagnosis and treatment. One aspect of improving women's mental health is screening for common perinatal mental disorders. Now more than ever, it is critical to increase access to mental health services for women in low- and middle-income countries[11]. In some countries, screening for mental health has been integrated into routine maternal health care. The World Psychiatric Association and the Marce International Society have also outlined recommendations for conducting mental health screening in the perinatal period[12].

The results of the Rapid review found that the majority of midwives said that they did not have specific tools to assess and manage maternal mental health illnesses apart from standard clinical assessment methods and physical examinations which only used antenatal forms or questionnaires that assessed the mother's health and mental health history in her family.[13]. All the midwives said that talking to and seeing the mothers they were caring for could help identify depression[14]. Meanwhile, mental health officers who specialize in screening and managing maternal mental health conditions are more likely to use conventional neuropsychological tests such as MMSE, DSM-V, and PHQ-9.[13]. The PHQ-9 is a reliable screening tool for identifying depressive symptoms in pregnant women[15].All professionals stated that they faced no problems in using PHQ for screening after training[16]. Screening for mental health disorders can

identify pregnant women's mental health conditions at an early stage and offer support to those who may be experiencing difficulties, thereby reducing the possibility of negative effects for mother and baby[17].

One of the main management strategies used by midwives is to refer women with mental health disorders and problems to mental health doctors working in the same hospital (local referral) or in a different high-level care facility with specialized mental health care (external referral). .[13]Interventions for common perinatal mental disorders should be guided by commonly agreed best practices: seeking opportunities to integrate mental health screening and treatment into existing maternal health services[11].

Several internal inhibiting factorsThe role of midwives in the management of pregnant women with mental health problems and disorders in developing countries from the perspective of pregnant women includes mental health services not being available (77%), lack of knowledge about mental health in women from different ethnic groups (75.7%) , lack of clear mental health service pathways (75.1%)[18]. Additionally, mothers do not want to talk about their own mental health problems when they are not asked to do so by a mental health professional[12]. From the midwife's perspective, where the workload is heavy (74.1%), and there is a lack of knowledge about mental health problems (74.1%), midwives are not confident in screening for perinatal mental health disorders due to a lack of knowledge and skills in managing health disorders. mentally[17,1819]. Currently, midwives only know through their own observations, as there are no screening tools used for women in the antenatal period. Some midwives use screening methods to gather information about their patients' family mental health history. However, the initial diagnosis of depression is most often determined subjectively through mothers' direct observations of how they behave or talk during antenatal visits[14]. Midwives do not have special training to screen and treat mothers with mental health problems. They screen and treat maternal mental health problems based solely on history and physical examination, and they refer almost all mothers who show symptoms of mental disorders as feeling unprepared to treat them[13].

In mental health services for pregnant women, supporting factors were found where the majority of midwives had a positive attitude

and demonstrated better practice in finding and referring mothers with mental health problems[20]. Factors that may drive acceptance of psychological interventions include the willingness of health workers to offer help, the availability of integrated primary mental health services, and the culture in which women seek advice. Midwives, for example, are considered the most suitable providers of antenatal care to help because they are in close contact with pregnant women[21].

In the author's opinion, the role of health service leaders plays an important role in formulating policies regarding the role of midwives in the management of pregnant women with mental health problems and disorders in developing standard operational procedures, screening instruments, workload and support for training in mental health services for pregnant women.

Limitations and Weaknesses

Preparation of Rapid review reports it uses the worldwide accepted PRISMA-ScR checklist. Limited resources mean that only articles that can be included in this review are open access articles. The role of midwives in the management of pregnant women with mental health problems and disorders is only limited to screening and referral and no information was found regarding midwife guidelines for health management of pregnant women.

CONCLUSIONS

Based on the 7 articles used, it was obtained 3 themes related to the role of midwives in the management of pregnant women with health problems and disorders in developing countries, namely management of mental health screening of pregnant women, referrals, barriers and supporting factors. Need further research to test the effectiveness of midwives' mental health screening of pregnant women, and to develop and evaluate an integrated perinatal mental health service model.

CONFLICT OF INTEREST

At the time of this rapid review there was no conflict of interest.

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