

REVIEW ARTICLE

The Role of Maternal Mental Health in Shaping Pregnancy and Birth Outcomes: A Comprehensive Review

Naseema Shafqat¹, Chitrekhya Sippy², Sam Jose³, Malini Mondal⁴, Saman Naseema⁵

How to cite this article:

Naseema Shafqat, Chitrekhya Sippy, Sam Jose et al. The Role of Maternal Mental Health in Shaping Pregnancy and Birth Outcomes: A Comprehensive Review. J Nurse Midwifery Matern Health. 2025; 11(1): 29-39.

ABSTRACT

Maternal mental health plays a crucial role in determining both pregnancy and child development outcomes. Mental health disorders, including depression, anxiety, and stress, are common during pregnancy and can significantly affect maternal well-being, labour complications, and neonatal health. Untreated mental health conditions during pregnancy increase the risk of preterm birth, low birth weight, and developmental delays in infants. Additionally, maternal mental health issues can hinder bonding, affect postpartum recovery, and influence the long-term emotional and cognitive development of children. Effective screening and early intervention are essential for improving both immediate and long-term health outcomes for mothers and their children. Tools such as the Edinburgh Postnatal Depression Scale (EPDS) and Generalized Anxiety Disorder-7 (GAD-7) are commonly used to identify mental health concerns during pregnancy, yet challenges such as underreporting, stigma, and cultural barriers remain. Psychosocial interventions like cognitive-behavioural therapy (CBT), peer support, and pharmacological treatments can offer relief to mothers, but these must be carefully tailored to the needs of the pregnant population. Furthermore, integrated care approaches involving obstetricians, mental health professionals, and paediatricians are essential for providing comprehensive support. Policy reforms to improve healthcare access, reduce stigma, and offer workplace flexibility can also help mitigate maternal mental health challenges. Addressing maternal mental health not only improves the health of mothers but also promotes healthier, more resilient future generations.

AUTHOR'S AFFILIATION:

¹ Assistant Professor, Department of Obstetrical and Gynecological Nursing, AIIMS Bhopal, Madhya Pradesh, India.

² Nursing Tutor, Department of Mental Health Nursing, AIIMS Raipur, Chhatisgarh, India.

³ Nursing Tutor, Department of Mental Health Nursing, AIIMS Bhubaneswar, Odisha, India.

⁴ Senior Sister Tutor, IQ City Institute of Nursing Science, Durgapur, West Bengal, India.

⁵ Nursing Tutor, College of Nursing, Amrita Institute, Faridabad, Haryana, India.

CORRESPONDING AUTHOR:

Naseema Shafqat, Assistant Professor, Department of Obstetrical and Gynecological Nursing, AIIMS Bhopal, Madhya Pradesh, India.

E-mail: naseema.nursing@aiimsbhopal.edu.in.

➤ **Received:** 30-12-2024 ➤ **Revised:** 24-01-2025 ➤ **Accepted:** 03-02-2025



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution NonCommercial 4.0 License (<http://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the Red Flower Publication and Open Access pages (<https://rfppl.co.in>)

KEY MESSAGE

Maternal mental health significantly influences pregnancy and birth outcomes, impacting maternal well-being, labor complications, and neonatal health. Mental health disorders increase risks of preterm birth, low birth weight, and developmental delays. Early screening, psychosocial interventions, and integrated care are crucial for improving maternal and child health outcomes.

KEYWORDS

- Maternal mental health • Pregnancy • Child development • Depression
- Anxiety • Screening • Ongoing • Interventions

INTRODUCTION

Maternal mental health is crucial for a woman's ability to manage the challenges of pregnancy, childbirth, and early motherhood. It significantly affects both the mother's well-being and the health of her child.¹⁻³ Mental health issues like anxiety and depression are common during pregnancy, with studies showing 18.2% of pregnant women experience anxiety and 20.7% suffer from depression.⁴⁻⁷ These conditions can lead to adverse pregnancy outcomes, such as preterm birth and low birth weight.^{8,9}

Poor mental health during pregnancy can complicate delivery, affect postpartum recovery, and influence the emotional development of the child.¹⁰⁻¹⁶ The World Health Organization stresses the importance of addressing maternal mental health to improve both pregnancy and birth outcomes. Early recognition and intervention can significantly enhance maternal and child health.^{17,18}

This review explores the factors influencing maternal mental health and how they impact pregnancy and childbirth outcomes. Understanding this connection is vital to providing better care and support for expectant and new mothers.

Literature Search Strategy

A systematic literature search was conducted using databases such as PubMed, Google Scholar, and ScienceDirect to explore maternal mental health and its impact on childbirth outcomes. MeSH terms and keywords such as "maternal mental health," "pregnancy," "postpartum depression," "anxiety during pregnancy," "preterm birth," and "low birth weight" were used, with Boolean operators to combine terms. Studies published in the past 10-15 years were prioritized, focusing on clinical

and observational research that examines the effects of mental health conditions like anxiety, depression, and PTSD during pregnancy on maternal and fetal health. Reference chaining was also used to identify additional relevant studies, ensuring a comprehensive review of the topic.

REVIEW FINDINGS

I. Understanding the Dimensions of Maternal Mental Health

Pregnancy can bring emotional challenges, with anxiety and depression being the most common mental health conditions.^{19,20} While some stress is normal, persistent feelings that disrupt daily life may signal the need for professional support. Other conditions like bipolar disorder, PTSD, and eating disorders may also emerge or resurface.²¹⁻²³

Maternal mental health involves emotional resilience and the ability to cope with pregnancy's demands. Key disorders include depression, anxiety, PTSD, bipolar disorder, and psychosis.²⁴⁻²⁶ Prenatal and postpartum depression, characterized by sadness, sleep changes, and loss of interest, can lead to complications like preterm birth.^{27,28} Anxiety, marked by excessive worry, can increase the risk of premature birth and low birth weight. PTSD, resulting from traumatic experiences, can affect bonding and maternal care. Conditions like bipolar disorder, psychosis, and eating disorders may worsen during pregnancy, requiring medical attention. Early recognition and treatment of these conditions are crucial for both maternal and fetal health, ensuring better outcomes during pregnancy and beyond.^{29,30}

II. Mechanisms Linking Maternal Mental Health to Childbirth Outcomes

Maternal mental health significantly impacts pregnancy and childbirth outcomes through various interconnected mechanisms, including psychophysiological, biological, behavioral, social, and environmental factors. These mechanisms influence both the immediate pregnancy course and the child's long-term development.^{14,31-33}

Psychophysiological Mechanisms: Stress during pregnancy leads to the release of stress hormones like cortisol, which can cross the placenta and affect fetal development. Elevated cortisol levels can influence the development of the fetus's brain, particularly the limbic system (responsible for emotion regulation) and the prefrontal cortex (involved in decision-making and impulse control). Prolonged exposure to high levels of stress hormones during pregnancy may have lasting effects on the child's neurodevelopment, potentially leading to emotional and behavioural issues later in life.^{34,35}

Biological Mechanisms: Pregnancy triggers significant hormonal and physiological changes in the body, including alterations in the stress response system and the immune system making the mother more susceptible to infections and complicating pregnancy outcomes. It can lead to gestational hypertension, preterm birth and low birth weight. Stress can also affect placental functioning and blood flow, further impacting fetal health.³⁶⁻³⁸

Behavioral and Lifestyle Mechanisms: Maternal anxiety and depression often disrupt sleep, nutrition, physical activity, and adherence to prenatal care. Poor nutrition can lead to inadequate fetal growth, while lack of physical activity may contribute to gestational diabetes or hypertension. Disrupted sleep patterns can affect the body's ability to regulate stress hormones and immune function, leading to further pregnancy complications.^{39,40}

Social and Environmental Factors: Lack of social support and socioeconomic stress, such as financial instability, can exacerbate maternal mental health issues, increasing the risk of preterm birth and low birth weight. Furthermore, a history of trauma, such as abuse or loss, can predispose women to heightened psychological distress during pregnancy,

further increasing the risk of complications such as preterm birth or low birth weight.⁴¹⁻⁴³

Cognitive and Emotional Factors: Maternal mental health can shape the mother's approach to coping with pregnancy stress, which in turn affects her ability to manage other stressors and maintain a positive environment for fetal development.^{44,45} Negative perceptions of pregnancy or fear of childbirth can increase stress and hinder maternal bonding and attachment with the baby, affecting the child's emotional development and future relationships. It also influences her parenting behaviour after birth, leading to difficulties in forming a strong, nurturing attachment with the child which can affect future relationships and overall well-being.^{46,47}

III. Impact of Maternal Mental Health on Pregnancy and Childbirth Outcomes:

Maternal mental health profoundly affects pregnancy, childbirth, and postpartum outcomes. Mental health issues like anxiety, depression, and stress can lead to complications throughout pregnancy and beyond, impacting both mother and baby.

Antenatal Period: Mental health challenges during pregnancy, including chronic stress and depression, are linked to preterm labor, low birth weight (LBW), and pregnancy related hypertension. These conditions also contribute to unhealthy lifestyle behaviors such as poor nutrition and inadequate prenatal care, which can hinder fetal development. Additionally, maternal mental health issues increase the risk of substance use, including smoking and alcohol consumption, further jeopardizing maternal and fetal health.^{14,48} For instance, studies have shown that maternal depression increases the likelihood of preterm birth, LBW, and developmental delays in infants. Furthermore, babies born to mothers with mental health challenges may experience long-term developmental and cognitive difficulties.^{49,50}

Intranatal Period: During the intranatal period, maternal mental health can have a direct impact on labour and delivery outcomes. High levels of maternal stress and anxiety are associated with complications such as prolonged labour, the need for a caesarean section, and other obstetric interventions. Elevated cortisol levels from stress can affect the body's physiological response to labour,

making the process more difficult for both the mother and the fetus. Mental health challenges can also have significant implications for fetal development. Stress and anxiety during pregnancy can lead to increased fetal activity and may contribute to preterm birth. This, in turn, raises the likelihood of LBW, respiratory issues, and developmental delays, all of which can have long-term effects on the child's health.⁵¹⁻⁵³

Postnatal Period: After childbirth, postpartum depression can hinder the mother's ability to bond with her newborn, which is crucial for the child's emotional and physical development. Mothers with postpartum depression may face difficulties with breastfeeding, which can affect the infant's nutrition and overall well-being. This can also strain the emotional connection between mother and child, leading to potential long-term effects on both the mother's and the baby's emotional health. Timely intervention and support during the postnatal period are crucial to mitigate these risks and ensure a healthy mother-child relationship.^{54,55}

Mental health challenges can have far-reaching effects on both mother and child from complications during pregnancy to issues in labour and delivery, as well as difficulties in the postnatal period. Early recognition and intervention are essential in addressing these challenges and ensuring better health outcomes for both the mother and her baby.

IV. Assessment and Screening for Maternal Mental Health

Screening Tools: Effective screening tools are essential in identifying maternal mental health issues during pregnancy and the postnatal period. Instruments like the Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder-7 (GAD-7) are commonly used to assess symptoms of depression and anxiety. The EPDS, for example, is a widely used self-report questionnaire that helps identify women at risk of postnatal depression, while the GAD-7 is a simple tool for screening generalized anxiety disorder. These tools are valuable for detecting mental health issues early, ensuring that women receive the necessary support and care.^{56,57}

Importance of Early Detection: Early detection of maternal mental health problems is vital for improving outcomes for both the

mother and the baby. Mental health issues such as depression and anxiety, if left unaddressed, can lead to serious complications, including preterm birth, low birth weight, and difficulties in bonding with the baby. By identifying these issues early, healthcare providers can offer timely interventions, such as therapy, counselling, or medication, to help manage symptoms. Early support can also prevent the development of more severe mental health conditions in the future, promoting better long-term emotional and physical health for both the mother and child.^{58,59}

Challenges in Assessment: Despite the importance of screening, several challenges hinder accurate assessment and timely intervention for maternal mental health. One major barrier is underreporting, as many women may feel reluctant to discuss their mental health concerns due to stigma or fear of being judged. Cultural factors can also play a role, with some women from certain backgrounds or communities being less likely to seek help due to societal norms or beliefs. These challenges highlight the need for sensitive, non-judgemental care, and for healthcare professionals to create an open, supportive environment where women feel comfortable discussing their mental health. Overcoming these barriers is crucial for ensuring that women receive the care they need to protect both their own well-being and that of their child.⁶⁰

V. Interventions and Support Strategies

Psychosocial Interventions: Psychosocial interventions play a crucial role in supporting maternal mental health during pregnancy. Cognitive-behavioral therapy (CBT) is a highly effective therapeutic approach, helping women manage negative thoughts and behaviours associated with anxiety and depression. It equips them with coping strategies to handle stress and emotional challenges more effectively. Additionally, counselling provides a safe space for women to discuss their concerns and feelings, fostering emotional resilience and promoting mental well-being. Peer support programs, where women connect with others who have experienced similar challenges, also offer invaluable emotional support, reducing feelings of isolation and providing a sense of community. These interventions have been shown to significantly improve mental health outcomes, reducing symptoms of depression

and anxiety, and enhancing overall quality of life during pregnancy.^{61,62}

Pharmacological Treatments: In some cases, when mental health issues are severe, pharmacological treatments may be necessary. Antidepressants and anti-anxiety medications can provide relief for women experiencing significant distress, helping them manage symptoms and maintain their overall well-being. However, the use of medication during pregnancy requires careful consideration of both the potential benefits and risks. Certain medications may have effects on fetal development, so it is essential to work closely with healthcare providers to choose the safest treatment options. Women and their healthcare teams should discuss the possible side effects and work together to make an informed decision about whether medication is the right choice, balancing the need for symptom relief with the safety of the developing baby.^{63,64}

Integrated Care Approaches: An integrated care approach, where obstetricians, mental health professionals, and paediatricians work collaboratively, is crucial in providing comprehensive care for pregnant women. This holistic approach ensures that all aspects of maternal health physical, emotional, and mental are addressed simultaneously. Close coordination between healthcare providers allows for a more tailored treatment plan that addresses the specific needs of the woman, ensuring that she receives the most appropriate care for her mental health while also safeguarding the well-being of the baby. This team-based model fosters a supportive environment, helping women feel more confident and supported throughout their pregnancy journey. By integrating mental health care into routine prenatal care, the chances of early identification and intervention for maternal mental health issues increase, ultimately leading to better outcomes for both mother and child.^{65,66}

VI. Policy Implications and Public Health Considerations

Access to Care: Expanding access to mental health services for pregnant women is essential for improving maternal and child health outcomes. Many women face barriers to accessing mental health care, including financial constraints, lack of available services, and the stigma associated with seeking help.

Healthcare policy reforms aimed at integrating mental health services into routine prenatal care can help ensure that mental health issues are addressed alongside physical health concerns. By providing equitable access to screening, treatment, and support services, we can reduce the incidence of untreated maternal mental health conditions and improve overall health outcomes. This could involve making mental health services more accessible in primary care settings, enhancing training for healthcare providers to better identify and treat mental health concerns, and ensuring that women have the resources and support they need throughout their pregnancy and postpartum period.⁶⁷

Reducing Stigma: One of the major barriers to addressing maternal mental health is the stigma that surrounds it. Many women feel ashamed or embarrassed to seek help for mental health issues, fearing judgment or the perception that they are not coping well with pregnancy. To reduce this stigma, it is crucial to raise awareness about the prevalence and impact of maternal mental health conditions. Public health campaigns can educate both the general public and healthcare providers about the importance of mental health during pregnancy, encouraging open conversations and reducing the shame associated with seeking help. Early intervention can be promoted as a way to prevent more serious mental health issues, which in turn can encourage women to seek care when they need it most, ultimately improving maternal and infant well-being.⁶⁸

Workplace and Social Support: Policies that support pregnant women in the workplace and in their social environments can significantly alleviate some of the pressures that contribute to maternal mental health struggles. Providing paid maternity leave, workplace flexibility, and social support programs can help women manage the stress of pregnancy and the postpartum period. These policies not only improve mental health outcomes by reducing stress, but they also support women in balancing their work and family responsibilities. Additionally, access to social support networks, whether through community groups, family, or friends, plays an important role in emotional well-being. By fostering an environment where women are supported both professionally and socially, the negative impacts of stress on maternal

mental health can be mitigated, leading to better health outcomes for both mothers and their children.

Together, these policy considerations highlight the need for a holistic, supportive approach to maternal mental health, integrating access to care, stigma reduction, and social support to improve the quality of life for pregnant women and their families.⁶⁹

VII. The Long-Term Effects on Child Development:

Addressing maternal mental health is crucial for ensuring positive outcomes not only for the mother but also for the child's future emotional, cognitive, and social development. Early intervention and support can help mitigate the risks of long-term developmental challenges, promoting healthier generations.

Bonding and Attachment: Maternal mental health plays a critical role in the early bonding and attachment process between mother and child. Secure attachment is essential for a child's emotional and social development, as it forms the foundation for future relationships and the ability to manage emotions. However, when a mother experiences mental health difficulties, such as depression, anxiety, or stress, her ability to form a close, nurturing bond with her infant can be impaired. Poor maternal mental health may lead to challenges in responding to the baby's emotional needs, which can hinder the development of a secure attachment. This, in turn, can affect the infant's sense of security, potentially leading to difficulties in emotional regulation and social interactions later in life.^{31,34}

Cognitive, Emotional, and Behavioural Issues in Children: Children born to mothers with untreated mental health issues are at an increased risk of facing developmental challenges. Studies show that maternal mental health conditions, particularly depression, can contribute to a range of cognitive, emotional, and behavioural difficulties in children. For example, children may experience developmental delays, poor attention, and challenges with cognitive processing. Additionally, maternal mental health problems can influence a child's emotional regulation, leading to behavioural issues such as aggression, anxiety, or difficulties in social interactions. The lack of early emotional support due to maternal mental health

struggles can have long-term consequences, affecting the child's ability to cope with stress and navigate complex emotions as they grow.^{15,26}

Intergenerational Transmission of Mental Health Issues: The effects of maternal mental health are not limited to the immediate postpartum period; they can extend across generations. Maternal mental health issues can contribute to the intergenerational transmission of mental health problems, where children of affected mothers are more likely to experience mental health challenges themselves. This transmission can occur through a combination of genetic, environmental, and behavioural factors. A mother's emotional well-being influences the home environment, and children who grow up in homes where mental health struggles are present may be exposed to higher levels of stress, inconsistency, and emotional neglect, all of which can impact their own mental health. By addressing maternal mental health early, we can break the cycle and reduce the risk of mental health problems being passed down to future generations.⁷⁰

The long-term effects of maternal mental health on child development are profound and far-reaching. Ensuring that mothers receive the support they need to manage their mental health can foster healthier attachments, reduce the risk of cognitive and emotional challenges, and prevent the intergenerational transmission of mental health issues, ultimately promoting the well-being of both mother and child.

CONCLUSION

In conclusion, maternal mental health is undeniably a pivotal factor influencing both childbirth outcomes and the long-term development of children. As we have seen, untreated mental health conditions during pregnancy can lead to a range of physical, behavioural, and psychological challenges for both mothers and their children. Addressing these issues early is key to improving outcomes, not only by supporting the immediate well-being of the mother but also by ensuring healthier developmental trajectories for children.

However, there is a pressing need for further research to deepen our understanding of the long-term effects of maternal mental health

on child development, and to refine existing screening and treatment methods. Future studies should focus on identifying effective intervention strategies and on examining the intergenerational transmission of mental health challenges.

Now more than ever, it is vital that we raise awareness about the importance of maternal mental health and work to reduce stigma around seeking help. By improving healthcare access and offering comprehensive mental health support for pregnant women, we can create a foundation for healthier families and communities. The call to action is clear: it is time to prioritise maternal mental health for the benefit of future generations.

Acknowledgements: Nil

Conflict of Interest: The authors have no conflict of interest

Funding: Nil

REFERENCES

1. Fusar-Poli P., Salazar de Pablo G., De Micheli A, Nieman D.H., Correll C.U., Kessing L.V., Pfennig A., Bechdolf A., Borgwardt S., Arango C., van Amelsvoort T. What is good mental health? A scoping review. *Eur Neuropsychopharmacol.* 2020 Feb; 31: 33-46. doi: 10.1016/j.euroneuro.2019.12.105. Epub 2019 Dec 31. PMID: 31901337.
2. Mei F., Wang Z. Trends in Mental Health: A Review of the Most Influential Research on Depression in Children and Adolescents. *Ann Gen Psychiatry.* 2024 Oct 12; 23(1): 36. doi: 10.1186/s12991-024-00520-2. PMID: 39396011; PMCID: PMC11471034.
3. CDC. Mental Health. 2024 [cited 2024 Dec 27]. About Mental Health. Available from: <https://www.cdc.gov/mental-health/about/index.html>
4. Redshaw M., Wynter K. Maternal mental health: Women's voices and data from across the globe. *BMC Pregnancy and Childbirth.* 2022 Oct 28; 22(1): 796.
5. Fahey J.O., Shenassa E. Understanding and meeting the needs of women in the postpartum period: the Perinatal Maternal Health Promotion Model. *J Midwifery Womens Health.* 2013 Nov-Dec;58(6):613-21. doi: 10.1111/jmwh.12139. Epub 2013 Dec 9. PMID: 24320095.
6. Refaeli L.B., Rodrigues M., Neaman A, Bertele N., Ziv Y., Talmon A., et al. Supporting the transition to parenthood: a systematic review of empirical studies on emotional and psychological interventions for first-time parents. *Patient Education and Counseling.* 2024; 120: 108090.
7. McLeish J., Redshaw M. Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy and Childbirth.* 2017 Jan 13; 17(1): 28.
8. Guardino C.M., Schetter C.D. Coping during pregnancy: a systematic review and recommendations. *Health Psychol Rev.* 2014; 8(1): 70-94. doi: 10.1080/17437199.2012.752659. Epub 2014 Jan 8. PMID: 24489596; PMCID: PMC3904449.
9. Alderdice F., Lynn F., Lobel M. A review and psychometric evaluation of pregnancy-specific stress measures. *J Psychosom Obstet Gynaecol.* 2012 Jun; 33(2): 62-77. doi: 10.3109/0167482X.2012.673040. PMID: 22554138.
10. Schetter C., Tanner L. Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice. *Current opinion in psychiatry.* 2012 Mar 1;25:141-8.
11. Fawcett E.J., Fairbrother N., Cox M.L., White I.R., Fawcett J.M. The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis. *J Clin Psychiatry.* 2019 Jul 23; 80(4):18r12527. doi: 10.4088/JCP.18r12527. PMID: 31347796; PMCID: PMC6839961.
12. Ross L.E., McLean L.M. Anxiety disorders during pregnancy and the postpartum period: A systematic review. *J Clin Psychiatry.* 2006 Aug; 67(8): 1285-98. doi: 10.4088/jcp.v67n0818. PMID: 16965210.
13. Maternal Mental Health Leadership Alliance: MMHLA [Internet]. [cited 2024 Dec 24]. Maternal Mental Health Conditions and Statistics: An Overview. Available from: <https://www.mmhla.org/articles/maternal-mental-health-conditions-and-statistics>
14. Satyanarayana V.A., Lukose A., Srinivasan K. Maternal mental health in pregnancy and child behavior. *Indian J Psychiatry.* 2011 Oct; 53(4): 351-61. doi: 10.4103/0019-5545.91911. PMID: 22303046; PMCID: PMC3267349.
15. Tripathy P.A. public health approach to perinatal mental health: Improving health

- and wellbeing of mothers and babies. *Journal of Gynecology Obstetrics and Human Reproduction*. 2020; 49(6): 101747.
16. Chauhan A., Potdar J. Maternal Mental Health During Pregnancy: A Critical Review. *Cureus*. 2022 Oct 25;14(10):e30656. doi: 10.7759/cureus.30656. PMID: 36426343; PMCID: PMC9681705.
 17. Maternal health [Internet]. [cited 2024 Dec 27]. Available from: <https://www.who.int/health-topics/maternal-health>
 18. WHO Data [Internet]. [cited 2024 Dec 27]. Maternal, newborn, child and adolescent health and ageing - Data portal. Available from: <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/static-visualizations>
 19. Am I Pregnant? Full List of 9 Early Pregnancy Symptoms | StandUpGirl.com [Internet]. [cited 2024 Dec 28]. Available from: <https://standupgirl.com/preg-symptoms/?msclkid=4c166d5f5f57187ff4440a3081a588c4>
 20. Navigating Emotional Changes During Pregnancy: Expert Guide [Internet]. [cited 2024 Dec 28]. Available from: <https://neurolaunch.com/emotional-during-pregnancy/>
 21. Hyman S., Parikh R., Collins P.Y., Patel V. Adult Mental Disorders. In: Patel V., Chisholm D., Dua T., Laxminarayan R., Medina-Mora M.E., editors. *Mental, Neurological, and Substance Use Disorders: Disease Control Priorities, Third Edition (Volume 4)* [Internet]. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2016 [cited 2024 Dec 28]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK361952/>
 22. National Academies of Sciences E., Division H and M, Services B on HC, Treatment C on IDMCL to I with. *Mental Health Disorders*. In: *Selected Health Conditions and Likelihood of Improvement with Treatment* [Internet]. National Academies Press (US); 2020 [cited 2024 Dec 28]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559510/>
 23. Health (UK) NCC for M. *Common Mental Health Disorders*. In: *Common Mental Health Disorders: Identification and Pathways to Care* [Internet]. British Psychological Society (UK); 2011 [cited 2024 Dec 28]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK92254/>
 24. About maternal mental health | Maternal Mental Health Alliance [Internet]. [cited 2024 Dec 28]. Available from: <https://maternalmentalhealthalliance.org/about-maternal-mental-health/>
 25. Maternal Mental Health Leadership Alliance: MMHLA [Internet]. [cited 2024 Dec 28]. *Maternal Mental Health Conditions and Statistics: An Overview*. Available from: <https://www.mmhla.org/articles/maternal-mental-health-conditions-and-statistics>
 26. Coles D.C., Cage J. Mothers and Their Children: An Exploration of the Relationship Between Maternal Mental Health and Child Well-Being. *Matern Child Health J*. 2022 May; 26(5): 1015-1021. doi: 10.1007/s10995-022-03400-x. Epub 2022 Mar 18. PMID: 35303222.
 27. Sheeba B., Nath A., Metgud C.S., Krishna M., Venkatesh S., Vindhya J., Murthy G.V.S. Prenatal Depression and Its Associated Risk Factors Among Pregnant Women in Bangalore: A Hospital Based Prevalence Study. *Front Public Health*. 2019 May 3; 7: 108. doi: 10.3389/fpubh.2019.00108. PMID: 31131270; PMCID: PMC6509237.
 28. Ryan D., Milis L., Misri N. Depression during pregnancy. *Can Fam Physician*. 2005 Aug; 51(8): 1087-93. PMID: 16121830; PMCID: PMC1479513.
 29. Health M.C. for W.M. *Post Traumatic Stress Disorder and Pregnancy - MGH Center for Women's Mental Health* [Internet]. 2011 [cited 2024 Dec 28]. Available from: <https://womensmentalhealth.org/posts/post-traumatic-stress-disorder-pregnancy/>
 30. Ayers S., Horsch A., Garthus-Niegel S., Nieuwenhuijze M., Bogaerts A., Hartmann K., et al. Traumatic birth and childbirth-related post-traumatic stress disorder: International expert consensus recommendations for practice, policy, and research. *Women and Birth*. 2024 Mar 1; 37(2): 362-7.
 31. Hinke S von, Rice N., Tominey E. Mental health around pregnancy and child development from early childhood to adolescence. *Labour Economics*. 2022; 78: 102245.
 32. van Bussel J.C., Spitz B., Demyttenaere K. Women's mental health before, during, and after pregnancy: a population-based controlled cohort study. *Birth*. 2006 Dec; 33(4): 297-302. doi: 10.1111/j.1523-536X.2006.00122.x. PMID: 17150068.
 33. Montagnoli C., Zanconato G., Cinelli G., Tozzi A.E., Bovo C., Bortolus R., Ruggeri S. Maternal mental health and reproductive outcomes: a scoping review of the current literature. *Arch*

- Gynecol Obstet. 2020 Oct; 302(4): 801-819. doi: 10.1007/s00404-020-05685-1. Epub 2020 Jul 15. PMID: 32671543.
34. Chauhan A., Potdar J. (October 25, 2022) Maternal Mental Health During Pregnancy: A Critical Review. *Cureus* 14(10): e30656. DOI10.7759/cureus.30656
 35. Graham A.M., Doyle O., Tilden E.L., Sullivan E.L., Gustafsson H.C., Marr M., Allen M., Mackiewicz Seghete KL. Effects of Maternal Psychological Stress During Pregnancy on Offspring Brain Development: Considering the Role of Inflammation and Potential for Preventive Intervention. *Biol Psychiatry Cogn Neurosci Neuroimaging*. 2022 May; 7(5): 461-470. doi: 10.1016/j.bpsc.2021.10.012. Epub 2021 Oct 27. PMID: 34718150; PMCID: PMC9043032
 36. Kopley J.M., Bates K., Mohiuddin S.S. Physiology, Maternal Changes. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 [cited 2024 Dec 28]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK539766/>
 37. Jee S.B., Sawal A., Jee S.B., Sawal A. Physiological Changes in Pregnant Women Due to Hormonal Changes. *Cureus* [Internet]. 2024 Mar 5 [cited 2024 Dec 28]; 16(3). Available from: <https://www.cureus.com/articles/176783-physiological-changes-in-pregnant-women-due-to-hormonal-changes>
 38. Pascual Z.N., Langaker M.D. Physiology, Pregnancy. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 [cited 2024 Dec 28]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK559304/>
 39. Staneva A., Bogossian F., Pritchard M., Wittkowski A. The effects of maternal depression, anxiety, and perceived stress during pregnancy on preterm birth: A systematic review. *Women and Birth*. 2015; 28(3): 179-93.
 40. Ibanez G., Charles M.A., Forhan A., Magnin G., Thiebaugeorges O., Kaminski M., et al. Depression and anxiety in women during pregnancy and neonatal outcome: Data from the EDEN mother-child cohort. *Early Human Development*. 2012; 88(8): 643-9.
 41. Traylor C.S., Johnson J.D., Kimmel M.C., Manuck T.A. Effects of psychological stress on adverse pregnancy outcomes and nonpharmacologic approaches for reduction: an expert review. *Am J Obstet Gynecol MFM*. 2020 Nov; 2(4): 100229. doi: 10.1016/j.ajogmf.2020.100229. Epub 2020 Sep 24. PMID: 32995736; PMCID: PMC7513755.
 42. Guardino C.M., Schetter C.D. Coping during pregnancy: a systematic review and recommendations. *Health Psychol Rev*. 2014; 8(1): 70-94. doi: 10.1080/17437199.2012.752659. Epub 2014 Jan 8. PMID: 24489596; PMCID: PMC3904449.
 43. Pardo C., Watson B., Pinkhasov O., Afafe A. Social determinants of perinatal mental health. *Seminars in Perinatology*. 2024; 48(6): 151946.
 44. Hinke S. von, Rice N., Tominey E. Mental health around pregnancy and child development from early childhood to adolescence. *Labour Economics*. 2022; 78: 102245.
 45. Gitau R., Cameron A., Fisk N.M., Glover V. Fetal exposure to maternal cortisol. *The Lancet*. 1998; 352(9129): 707-8.
 46. From the Womb into the World: Protecting the Fetal Brain from Maternal Stress During Pregnancy - Marion I. van den Heuvel, 2022 [Internet]. [cited 2024 Dec 28]. Available from: <https://journals.sagepub.com/doi/full/10.1177/23727322211068024>
 47. Kinsella M.T., Monk C. Impact of maternal stress, depression and anxiety on fetal neurobehavioral development. *Clin Obstet Gynecol*. 2009 Sep; 52(3): 425-40. doi: 10.1097/GRF.0b013e3181b52df1. PMID: 19661759; PMCID: PMC3710585.
 48. Jagtap A., Jagtap B., Jagtap R., Lamture Y., Gomase K.. Effects of Prenatal Stress on Behavior, Cognition, and Psychopathology: A Comprehensive Review. *Cureus*. 2023 Oct 14; 15(10): e47044. doi: 10.7759/cureus.47044. PMID: 38022302; PMCID: PMC10643752.
 49. Dunkel Schetter C., Tanner L. Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice. *Curr Opin Psychiatry*. 2012 Mar; 25(2): 141-8. doi: 10.1097/YCO.0b013e3283503680. PMID: 22262028; PMCID: PMC4447112.
 50. Schetter C., Tanner L. Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice. *Current opinion in psychiatry*. 2012 Mar 1; 25: 141-8.
 51. Bodunde E.O., Buckley D., O'Neill E., Al Khalaf S., Maher G.M., O'Connor K., et al. Pregnancy and birth complications and long-term maternal mental health outcomes: A systematic review and meta-analysis. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2025; 132(2): 131-42.

52. Research Gate [Internet]. [cited 2024 Dec 28]. (PDF) Influence of maternal stress during pregnancy and child outcomes: Maternal stress during pregnancy and child outcomes. Available from: https://www.researchgate.net/publication/364409889_Influence_of_maternal_stress_during_pregnancy_and_child_outcomes_Maternal_stress_during_pregnancy_and_child_outcomes
53. Antoniou E., Stamoulou P., Tzanoulinou M.D., Orovou E. Perinatal Mental Health; The Role and the Effect of the Partner: A Systematic Review. *Healthcare (Basel)*. 2021 Nov 18; 9(11): 1572. doi: 10.3390/healthcare9111572. PMID: 34828618; PMCID: PMC8624285.
54. Saharoy R., Potdukhe A., Wanjari M., Taksande A.B. Postpartum Depression and Maternal Care: Exploring the Complex Effects on Mothers and Infants. *Cureus*. 2023 Jul 4; 15(7): e41381. doi: 10.7759/cureus.41381. PMID: 37546054; PMCID: PMC10400812.
55. Saharoy R., Potdukhe A., Wanjari M., Taksande A.B. Postpartum Depression and Maternal Care: Exploring the Complex Effects on Mothers and Infants. *Cureus*. 2023 Jul 4; 15(7): e41381. doi: 10.7759/cureus.41381. PMID: 37546054; PMCID: PMC10400812.
56. Fellmeth G., Harrison S., Opondo C., Nair M., Kurinczuk J.J., Alderdice F. Validated screening tools to identify common mental disorders in perinatal and postpartum women in India: A systematic review and meta-analysis. *BMC Psychiatry*. 2021 Apr 20; 21(1):200. doi: 10.1186/s12888-021-03190-6. PMID: 33879130; PMCID: PMC8056564.
57. Fellmeth G., Harrison S., Opondo C., Nair M., Kurinczuk J.J., Alderdice F. Validated screening tools to identify common mental disorders in perinatal and postpartum women in India: a systematic review and meta-analysis. *BMC Psychiatry*. 2021 Apr 20; 21(1): 200. doi: 10.1186/s12888-021-03190-6. PMID: 33879130; PMCID: PMC8056564.
58. Lenze S.N. Early Childhood Mental Health: Starting Early with the Pregnant Mother. *Child Adolesc Psychiatr Clin N Am*. 2017 Jul; 26(3): 411-426. doi: 10.1016/j.chc.2017.02.001. Epub 2017 Apr 7. PMID: 28577600.
59. ResearchGate [Internet]. 2018 [cited 2024 Dec 28]. (PDF) Early detection and treatment of perinatal mental health disorders: A perinatal mental health care protocol. Available from: https://www.researchgate.net/publication/333544790_Early_detection_and_treatment_of_perinatal_mental_health_disorders_A_perinatal_mental_health_care_protocol
60. Grand-Guillaume-Perrenoud J.A., Origlia P., Cignacco E. Barriers and facilitators of maternal healthcare utilisation in the perinatal period among women with social disadvantage: A theory-guided systematic review. *Midwifery*. 2022; 105: 103237.
61. Vaiphei K., Manukrishnan, Lobo R. Psychosocial Interventions in Perinatal Mental Illness. *Indian Journal of Social Psychiatry*. 2023 Sep 29; 39: 204-9.
62. Laurenzi C.A., Gordon S., Abrahams N., du Toit S., Bradshaw M., Brand A., et al. Psychosocial interventions targeting mental health in pregnant adolescents and adolescent parents: a systematic review. *Reproductive Health*. 2020 May 14; 17(1):65.
63. Mental Health Medications - National Institute of Mental Health (NIMH) [Internet]. [cited 2024 Dec 28]. Available from: <https://www.nimh.nih.gov/health/topics/mental-health-medications>
64. Gabriel F.C., de Melo D.O., Fráguas R., Leite-Santos N.C., Mantovani da Silva R.A., Ribeiro E. Pharmacological treatment of depression: A systematic review comparing clinical practice guideline recommendations. *PLoS One*. 2020 Apr 21; 15(4):e0231700. doi: 10.1371/journal.pone.0231700. PMID: 32315333; PMCID: PMC7173786.
65. Cordeiro Gabriel F., Melo D., Fraguas R., Santos N., Mantovani R., Ribeiro E. Pharmacological treatment of depression: A systematic review comparing clinical practice guideline recommendations. *PLOS ONE*. 2020 Apr 21; 15:e0231700.
66. Gabriel F.C., De Melo D.O., Fráguas R., Leite-Santos N.C., Mantovani Da Silva R.A., Ribeiro E. Pharmacological treatment of depression: A systematic review comparing clinical practice guideline recommendations. Fischer G, editor. *PLoS ONE*. 2020 Apr 21; 15(4):e0231700.
67. Jack H., Stein A., Newton C.R., Hofman K.J. Expanding access to mental health care: a missing ingredient. *Lancet Glob Health*. 2014 Apr; 2(4): e183-4. doi: 10.1016/S2214-109X(14)70029-4. Epub 2014 Mar 27. PMID: 25103046; PMCID: PMC6858862.
68. Rothery L. Maternal mental health: Recognising risks and pathways to support [Internet]. Open Access Government. 2024 [cited 2024 Dec 28]. Available from: <https://www.>

- openaccessgovernment.org/maternal-mental-health-recognising-risks-and-pathways-to-support/186251/
69. Navigating Emotional Changes During Pregnancy: Expert Guide [Internet]. [cited 2024 Dec 28]. Available from: <https://neurolaunch.com/emotional-during-pregnancy/>
70. Mizunuma N., Yamada K., Kimura T., Ueda Y., Takeda T., Tabuchi T., *et al.* Mental health risks in pregnancy and early parenthood among male and female parents following unintended pregnancy or fertility treatment: a cross-sectional observational study. *BMC Pregnancy and Childbirth*. 2024 Dec 26; 24(1): 860.
-
-