

# An explorative study of common perinatal mental health conditions and gestational diabetes (GDM) in Cape Town

## Background

With growing global focus on early life under initiatives such as ‘The First 1000 Days’, pregnant bodies are increasingly subject to medical scrutiny (Richardson, 2014). Whilst the diagnosis and treatment of GDM have intensified, the psychological needs of these women and how these needs are currently attended to are poorly understood (Byrn and Penckofer, 2015).

## Objectives

1. To describe the symptoms of common perinatal mental health disorders (anxiety and depression) in a cross-section of pregnant women with GDM in the third trimester attending public antenatal care in Cape Town.
2. To investigate the psychological needs of women with GDM and how these needs are currently attended to within antenatal care services.

## Methods

- ❖ **Study populations** – Pregnant women diagnosed with GDM in third trimester and healthcare professionals.
- ❖ **Design** – mixed methods sequential
- ❖ **Quantitative** – Edinburg Postnatal Depression Scale (EPDS), Generalised Anxiety Disorder (GAD-7), GDM knowledge questionnaire, socio-demographics
- ❖ **Qualitative** – In-depth semi-structured interviews with GDM women and key stakeholders.
- ❖ **Qualitative analysis** – thematic analysis

## Output

- ❖ Peer-support group piloting and educational material
- ❖ Engagement with the Department of Health, Western Cape
- ❖ Group discussions and engagement with healthcare professionals
- ❖ Facilitation of larger study

## Acknowledgements

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## References:

1. Byrn, M. and Penckofer, S. (2015) ‘The Relationship Between Gestational Diabetes and Antenatal Depression’, *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 44(2),
2. Fisher, J., Cabral de Mello, M., Patel, V., Rahman, A., Tran, T., Holton, S., & Holmes, W. (2012). Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: a systematic review. *Bulletin of the World Health Organization*.
3. Richardson, Sarah S., Cynthia R. Daniels, Matthew W. Gillman, Janet Golden, Rebecca Kukla, Christopher Kuzawa, and Janet Rich-Edwards. “Don't Blame the Mothers.” *Nature* 512 (2014): 131-132. Copy at <http://j.mp/2ozaF9A>

## Quantitative results

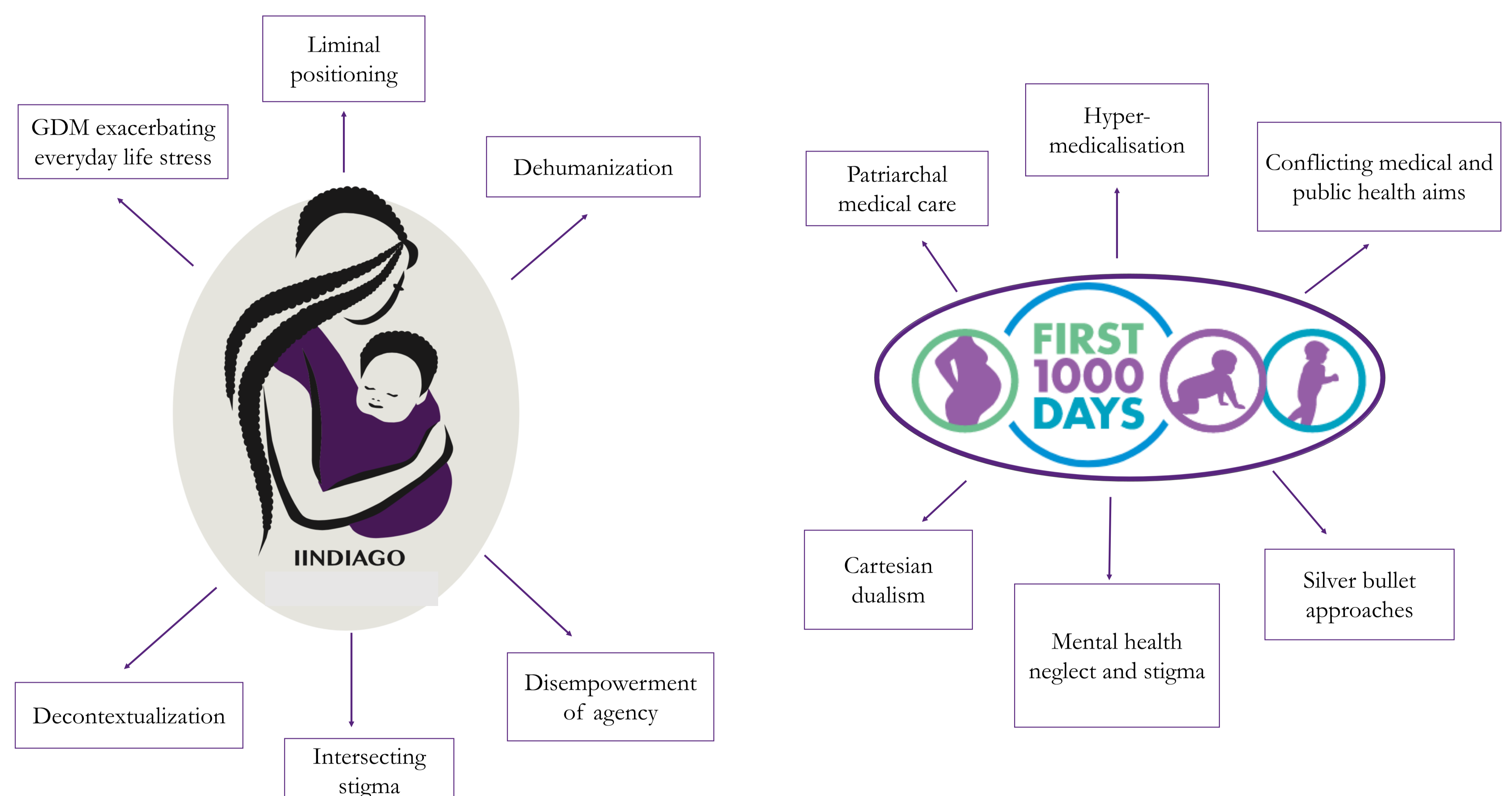
n (Women with GDM)	Mean age	Average Children	Completed grade 12	College/diploma
52	32.9 years	1.8	57.7%	25%

Psycho-social risk factors	
Unintended pregnancy	61.5%
HIV	9.6%
Comorbidities (e.g. asthma, HPT)	44.2%
Lone Parenting	32.7%
Unstable living situation	26.9%
Unemployment	57.7%
Perceived social pressure	52%
Perceived inadequate social support	57.7%
Food insecurity	30.8%

Prevalence of common perinatal mental health symptomatology

Above cut-off (13) EPDS	36.5%
Above cut-off (10) GAD-7	40.4%
Depression and anxiety	28.9%
Either depression or anxiety	51.9%

## Qualitative results



## Discussion

The prevalence of common perinatal mental health conditions globally in ‘healthy’ pregnant women ranges from 10% in high-income countries to 33% in countries like South Africa (Fisher et al., 2012). The existing study suggests that high levels of anxiety and depressive symptoms characterise GDM pregnancies. These psychological challenges as well as the women’s worries, fears and distress are not attended to at present which is linked to resource scarcity and a patriarchal and cartesian approach to treating ill-health. Whilst some of the women may require pharmacological interventions, the experiences of the women largely suggest that better information provision, social support groups and integration of emotional care may alleviate some of these women’s existing distress. The high prevalence is likely to be situational and syndemic rather than inherent to GDM.

## Limitations

- Sample size prevents association analyses
- Cross-sectional design complicates comparisons with ‘healthy’ pregnant women

## Challenges:

- Poor referral pathways for mental healthcare and resource scarcity
- Mental health stigma
- The poor support for, yet urgent need for structural changes to expand the field of intervention beyond the body of the pregnant woman

## Conclusions

The existing study suggests the existence of a large unmet need for psychological and social support amongst low-income women with GDM. Whilst causality cannot be established, the findings urge further research as well as interventions to support and empower women with GDM in Cape Town.