

An Insight into Maternal Mental Health at the peak of the Covid-19 Pandemic.

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Dear Editor,

The puerperium is recognised as a time of particular vulnerability for women with respect to mental health. The 2022 MBRRACE Report describes mental ill health as one of the leading causes of maternal death in pregnancy and the first postnatal year. The Edinburgh Postnatal Depression Score (EPDS) is a validated screening tool for perinatal depression, and is the most commonly used tool for this purpose in Irish hospitals. A score greater than 12 is considered high risk for depression.

The Covid-19 pandemic was characterised by the imposition of measures to reduce transmission, including social distancing, lockdowns, and visitor restrictions in hospital. The corollary of these measures to reduce transmission was an increase in social isolation; a risk factor for adverse mental health outcomes. Of particular relevance to our patient cohort was the restriction of hospital visitors to just a “nominated support person” whilst in labour. Patients could not have visitors during antenatal or postnatal admissions.

We present the results of a retrospective study of patients attending Our Lady of Lourdes Hospital, Drogheda. The objective was to assess the impact of the visitor restrictions on maternal wellbeing in the postnatal period. This retrospective cohort study compared patients delivered in February 2020, before the imposition of visitor restrictions, and May 2020, afterwards.

A total of 476 cases were reviewed; 243 women who delivered in February 2020, and 233 who delivered in May 2020. Baseline maternal demographics were compared across the two groups, and no differences were observed. There were no differences observed in perceived risk factors for postpartum depression or adverse perinatal outcomes. An adverse perinatal outcome was a composite consisting of fetal loss, postpartum haemorrhage >1000ml, admission to SCBU, operative vaginal delivery, anal sphincter injury, or manual removal of placenta. Group comparison was undertaken by a t-test or Pearson Chi² analysis as appropriate, with a p-value of <0.05 deemed significant.

An EPDS was completed by 92.2% (n=224) of the February cohort. The median score was 4 [2-7]. An EPDS was completed by 91.4% (n=213) of the May cohort. The median score was 5 [3-8], (p = 0.02).

A high-risk EPDS was observed in 3.3% (n=8) of the February cohort and 5.2% (n=12) of the May cohort.

A statistically significant increase in the median recorded EPDS was noted ($p = 0.02$). We noted a trend of increased prevalence of high-risk EPDS between the two cohorts, but this did not achieve statistical significance.

In conclusion, the proportion of patients considered high-risk for perinatal depression was unchanged by the imposition of visitor restrictions in our hospital, when assessed using a validated screening tool. The overall EPDS score was noted to rise between the two groups. These findings are of importance when considering the place of mental health in maternity care, and in the development of services for the vindication of perinatal mental health.

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