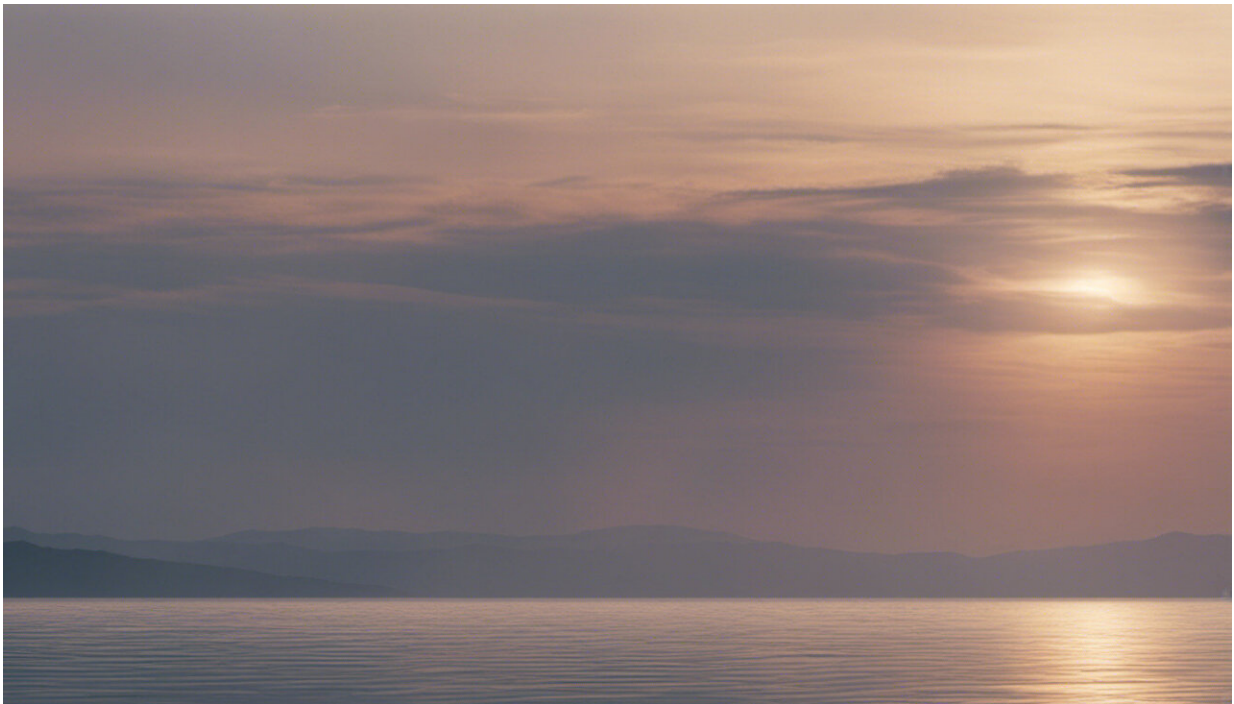


# Better services needed for postnatal depression and anxiety, says study

July 20 2017, by George Wigmore

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Credit: AI-generated image ([disclaimer](#))

Depression and anxiety affect nearly one in five of all women in the perinatal period, with potentially very serious consequences for mothers, babies and families.

A review from researchers at City, University London, Brighton and

Sussex Medical School, and the Royal College of General Practitioners shows that GP and others working in [primary care](#), including midwives and [health](#) visitors, are likely to be the first point of contact for women with these problems, but there is a serious shortage of community-based services to which women can be referred for treatment. The paper is published in the *British Journal of General Practice*.

Recognition, assessment and treatment of [mental health problems](#) in the [perinatal period](#) can be challenging, and the shortage of specialised community perinatal mental health teams leaves GPs feeling isolated. Although many women with perinatal mental health problems would benefit most from talking therapies, in the absence of these services they may be treated with antidepressants, which they may be reluctant to take.

Solutions suggested by the authors include identifying a GP lead within practices to liaise with midwives, health visitors and [mental health services](#), and to ensure that funding for perinatal mental health finds its way into primary care.

The review, which is a meta-synthesis of the available published qualitative evidence on GPs' recognition and management of perinatal anxiety and depression, established five themes from five eligible papers. The themes were: diagnosing depression; clinical judgement versus guidelines; care and management; use of medication; and isolation: the role of other professionals.

The results show that GPs considered perinatal depression to be a psychosocial phenomenon, and were reluctant to label disorders and medicalise distress. As a result, GPs relied on their own [clinical judgement](#) more than guidelines. They also reported helping patients make informed choices about treatment, and inviting them back regularly for GP visits. It was also found that GPs sometimes felt isolated when dealing with perinatal [mental health issues](#).

Following these findings, the authors conclude that GPs often do not have timely access to appropriate psychological therapies and use several strategies to mitigate this shortfall. As a result, the authors suggest that training must focus on these issues and must be evaluated to consider whether this makes a difference to outcomes for patients.

Professor Susan Ayers, Professor of Maternal and Child Health at City, University of London and co-author of the paper, said:

"What our study found is that, while in the UK management of perinatal mental health falls under the remit of GPs, we saw that often they do not have timely access to appropriate therapies to help address this issue, as a result we need to see more training and also a response to the serious shortage of community-based services as it is vital that maternal health issues are properly addressed."

**More information:** Elizabeth Ford et al. Diagnosis and management of perinatal depression and anxiety in general practice: a meta-synthesis of qualitative studies, *British Journal of General Practice* (2017). [DOI: 10.3399/bjgp17X691889](https://doi.org/10.3399/bjgp17X691889)

Provided by City University London

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