

Postpartum mental health visits 30% higher during COVID-19 pandemic

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Mental health visits for new mothers were 30% higher during the COVID-19 pandemic than before the pandemic, particularly in the first 3 months after giving birth, found new research in *CMAJ* (*Canadian*

Medical Association Journal).

"Increased visit rates began in March 2020, although the state of emergency was declared only midway through the month, suggesting that distress related to the pandemic translated into an increased need for care very quickly," writes Dr. Simone Vigod, chief of psychiatry, senior scientist and interim vice president of academics at Women's College Hospital (WCH), and senior adjunct scientist at ICES in Toronto, Ontario, with coauthors.

Postpartum mental illness affects as many as 1 in 5 mothers and can have long-term effects on children and families if it becomes chronic.

Researchers looked at mental health visits by 137,609 people in Ontario during the [postpartum period](#) (from date of birth to 365 days after) from March through November 2020 and collected data on age, number of children, neighbourhood income based on postal codes, neighbourhood ethnic diversity and region of residence based on the province's 34 public health units. They also divided the province into northern and southern public health units.

During the study period, mental health visits to both family physicians and psychiatrists were higher than before the pandemic, especially among parents with anxiety, depression, and alcohol and substance use disorders. People living in northern public health units had relatively low increases after July 2020, perhaps because of fewer COVID-19 restrictions in those areas during the latter period.

The way care was delivered during the pandemic period differed from the period before: 84.8% of postpartum mental health visits were conducted virtually in April 2020 compared with only 3.1% of visits in the prepandemic period.

The authors suggest that increased use of virtual care may have removed barriers to postpartum mental health support, such as the need to travel, find childcare for older children, or manage erratic schedules, enabling more people to seek care.

Patients in the lowest income neighbourhoods had the smallest increase in mental health visits compared with people in other neighbourhoods, which the authors noted with surprise.

"This raises some concern about the potential for unmet need because low-income patients may have greater barriers to accessing care, including difficulty affording the required technology or finding [private space](#) to attend virtual appointments (e.g., crowded homes), or less opportunity to attend "live" appointments because of employment in front-line jobs," write the authors.

They recommend targeted approaches to providing mental [health](#) supports.

"Health systems should focus proactively on patients from high-risk groups, monitor waiting lists for care, and explore creative solutions to expand system capacity, with special attention to postpartum patients who may be experiencing barriers to care," they advise.

More information: *Canadian Medical Association Journal* (2021). www.cmaj.ca/lookup/doi/10.1503/cmaj.210151

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