



**RISEUP-PPD**  
Research Network  
in PeriPartum  
Depression Disorder



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## **The Research Innovation and Sustainable Pan-European Network in Peripartum Depression Disorder**

### **Riseup-PPD COST ACTION (CA18138)**

**World Maternal Mental Health Day 2022**

**#maternalmhmatters #StrongerTogether**

Russia's invasion in Ukraine on 24 February 2022 has triggered one of the fastest mass migration to Europe in at least three decades and the largest refugee crisis since World War II.<sup>1</sup> It is estimated that since the beginning of the invasion, more than a quarter of the Ukrainian population was displaced, with over 5 million people fleeing to neighbouring countries, most of which were women with children.<sup>2</sup> In addition, more than half of the country's estimated 7.5 million child population have been displaced after one month of war.<sup>3</sup>

According to the World Health Organisation (WHO), around 15% of all pregnant women will develop a potentially life-threatening complication that requires skilled care.<sup>4</sup> Unfortunately, the invasion substantially debilitated the health care system in Ukraine. WHO (2022) recently recorded the 100<sup>th</sup> attack on Ukrainian health care, which poses a concern for peripartum health during the war crisis.<sup>5</sup>

Approximately 80,000 women will give birth in the next three months in Ukraine with severely compromised health conditions, meaning that for some women, childbirth will be a life-threatening, rather than a life-changing experience.<sup>6</sup> In addition, a considerable number of surrogate mothers - given that Ukraine has one of the largest networks of surrogacy in the world, with an estimated 2,000 children born to surrogate mothers every year - are facing significant legal challenges and uncertainty.<sup>7</sup>

Therefore, **protecting and monitoring perinatal mental health** during a war crisis in Ukraine is imperative to reduce the costs related to poor perinatal health and prevent the intergenerational transmission of adversity and trauma.<sup>8</sup>

### **The known effects of war and conflict on maternal mental health**

Exposure to war and military violence can be profoundly traumatic for women, causing serious, albeit "invisible" wounds of war – including depression, anxiety, and PTSD. Studies among female survivors of terrorist attacks and women living in conditions of war and military

violence have reported concerning high rates of depression, posttraumatic stress disorder<sup>9,10</sup>, as well as high distress, somatization, and anxiety symptoms.<sup>11,12</sup>

The damaging effects of war and the associated trauma on mothers' mental health do not cease when immediate exposure ends.<sup>8</sup> The deleterious effects continue following war-enforced migration and resettlement. For war-trauma victims who are living in post-conflict zones or for those who have fled such areas, the process of giving birth may be re-traumatizing or a distressing experience. Immigrant and refugee women have been found to be 2–3 times at higher risk of postnatal depression than natives.<sup>13,14</sup>

The mental health toll of the current conflict on women is anticipated to exacerbate **already existing difficulties** amid the COVID-19 pandemic. Two years into the pandemic, studies show that women have been profoundly and disproportionately affected by the health crisis, due to a high burden of care, unpaid domestic labour responsibilities, significant job insecurity, and exposure to domestic and gender-based violence.<sup>15</sup> Pregnant and new mothers in particular have been significantly impacted by the pandemic: 1/3 of women in the perinatal period have reported clinically significant anxiety and depression symptoms.<sup>16</sup> The aforementioned evidence suggests that **women's mental health was already adversely affected when the war started**.

### **Impact on attachment and child health**

Maternal mental disorders not only are debilitating conditions for mothers, they have a profound impact on the next generation. These conditions are associated with suboptimal growth and development of children; adverse obstetrical outcomes (e.g., preterm birth, low birth weight); as well as increased prevalence of diarrhoea, malnutrition, childhood disease, and incomplete immunisation schedules in low- and middle-income countries and resource-poor areas.<sup>17, 18, 19</sup> Moreover, perinatal depression, anxiety, and PTSD are associated with negative effects on mother-infant bond and attachment, with known **negative ripple effects on child's health and optimal development**.<sup>20</sup>

### **Making maternal and infant mental health a priority**

Mothers and infants in war need tailored care to prevent maternal mental health problems and the negative outcomes associated with it, such as problems in dyadic interactions and bonding.

From a **clinical research** perspective, we need to strengthen research to provide an evidence-based foundation for promoting resilience and preventing and treating the psychological consequences of war conflict in women during the perinatal period. It is essential to support women's transition to motherhood in a positive and healthy way, enabling access to adequate, trauma- and migration-informed perinatal mental health services.

**Health care policies and social services** must be modified to make appropriate specialist services accessible to migrant pregnant women with psychological difficulties. Host countries should strive to establish a safe maternity care environment, train their maternity care staff

members to work with trauma and migration issues, and help mothers avoid re-traumatization by offering them accessible and individualised care that aims to empower women and promote their emotional well-being.<sup>7</sup>

While some countries may be better equipped to adopt and implement these recommendations rigorously, other countries may lack the resources or the infrastructure to do so. Indeed, our own experience from mapping the existing perinatal mental health policies, protocols, and available services across Europe has revealed **significant disparities across countries**. It is of highest priority that supra-national policies for maternal mental health are developed to ensure equal maternal mental health care.

The humanitarian crisis in Ukraine is an opportunity for **health care reforms** in Europe to respond to the increased mental health needs of expectant and new mothers. It is high time we set maternal mental health at the forefront of the public health agenda in Europe to reduce the immense financial burden of perinatal mental health disorders and break the cycle of intergenerational transmission of trauma and adversity.

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