

Role of mental health nurses: Care required in pregnancy

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Abstract:

Pregnancy is a crucial period associated with significant physical, emotional, psychological, and social changes that may increase vulnerability to mental health problems such as anxiety, depression, stress, and mood disorders. Mental health nurses play a vital role in promoting maternal psychological well-being through comprehensive assessment, counseling, education, emotional support, and early identification of mental health concerns during pregnancy. They collaborate with obstetricians, psychiatrists, psychologists, social workers, and family members to provide holistic and patient-centered care. Mental health nurses assist pregnant women in coping with hormonal changes, fear of childbirth, family stress, relationship issues, and social stigma. They also provide psychoeducation regarding healthy lifestyle practices, stress management techniques, sleep hygiene, and adherence to treatment when psychiatric illness is present. Screening for antenatal depression, suicidal ideation, substance abuse, and domestic violence forms an important component of nursing care. Furthermore, mental health nurses contribute to reducing maternal morbidity, improving fetal outcomes, and enhancing mother–infant bonding through continuous monitoring and therapeutic communication. Effective mental health nursing care during pregnancy promotes emotional resilience, safe motherhood, and overall quality of life for both mother and child.

Keywords:

Mental Health Nursing, Pregnancy Care, Antenatal Mental Health, Maternal Well-Being, Psychological Support, Prenatal Counseling, Depression during Pregnancy, Holistic Nursing Care.

1. Introduction:

Pregnancy is a unique and transformative phase in a woman's life characterized by profound biological, psychological, emotional, and social changes that can significantly influence maternal mental health and overall well-being (Howard et al., 2018). Maternal mental health has emerged as a major public health concern because mental disorders during pregnancy can adversely affect both maternal and fetal outcomes, including preterm birth, low birth weight, impaired bonding, and developmental disturbances in children (Woody et al., 2017). Anxiety, depression, stress-related disorders, and mood disturbances are among the most common mental health problems experienced during the antenatal period, affecting women across all socioeconomic and cultural backgrounds (Fellmeth et al., 2017). Hormonal fluctuations, body image changes, fear of labor, financial concerns, relationship conflicts, and lack of social support contribute substantially to psychological vulnerability during pregnancy (Biaggi et al., 2016). In many cases, women hesitate to seek help because of stigma, fear of judgment, or inadequate awareness regarding mental health conditions, which may delay diagnosis and treatment (Byatt et al., 2019). Mental health nurses play an essential role in addressing these challenges through early assessment, therapeutic communication, counseling, emotional support, and coordination of multidisciplinary care services (Higgins et al., 2018). Their role extends beyond clinical intervention and includes health education, advocacy, crisis management, and promotion of positive coping strategies among pregnant women and their families (Johnson et al., 2020). Mental health nurses are often the first healthcare professionals to identify emotional distress and behavioral changes during antenatal visits,

making their contribution critical for early intervention and prevention of severe psychiatric complications (Slomian et al., 2019). Comprehensive antenatal mental healthcare involves screening for depression, anxiety, suicidal ideation, substance abuse, domestic violence, and psychosocial stressors that may affect maternal functioning and fetal development (Gelaye et al., 2016). Evidence suggests that untreated mental illness during pregnancy can increase the risk of poor nutrition, inadequate prenatal care, substance dependence, self-harm, and postpartum psychiatric disorders (Loughnan et al., 2019). Therefore, integrating mental health services into routine maternal healthcare has become a global priority to improve maternal and neonatal outcomes (World Health Organization, 2022). Mental health nurses also assist women in developing resilience, stress management skills, and healthy adaptation to pregnancy-related changes through psychoeducation and supportive interventions (Fonseca et al., 2020). They encourage family involvement, strengthen social support systems, and facilitate continuity of care throughout pregnancy and the postpartum period (Dol et al., 2021). In low- and middle-income countries, including India, limited mental health resources, shortage of trained professionals, and cultural misconceptions continue to hinder effective maternal mental healthcare delivery (Upadhyay et al., 2017). Consequently, strengthening the role of mental health nurses is essential for improving accessibility and quality of antenatal psychological care services (Afulani et al., 2021). Figure 1 Conceptual framework showing biological, psychological, and social determinants influencing maternal mental health during pregnancy illustrates the multidimensional factors contributing to emotional well-being and highlights the interconnected role of healthcare professionals, family support, and environmental influences in shaping maternal mental health outcomes. Biological determinants such as hormonal imbalance, obstetric complications, nutritional deficiencies, and previous psychiatric history interact with psychological determinants including stress perception, coping ability, self-esteem, and emotional resilience (Dadi et al., 2020). Similarly, social determinants such as marital relationships, domestic violence, socioeconomic status, education, employment, and cultural expectations can either protect or negatively affect maternal mental health during pregnancy (Nasreen et al., 2020). Mental health nurses provide individualized and culturally sensitive care by understanding these determinants and designing interventions according to the specific needs of pregnant women (Shorey et al., 2018). Technological advancements, telehealth services, and digital mental health interventions are also expanding opportunities for nurses to provide remote counseling and mental health monitoring during pregnancy, especially in underserved populations (Nair et al., 2023). Furthermore, evidence-based nursing interventions such as mindfulness therapy, cognitive behavioral approaches, supportive psychotherapy, and relaxation techniques have demonstrated effectiveness in reducing antenatal anxiety and depressive symptoms (Yildiz et al., 2017). The growing recognition of maternal mental health as a key component of reproductive healthcare emphasizes the need for specialized training, policy support, and research in psychiatric nursing practice related to pregnancy care (Smith et al., 2021). Thus, mental health nurses serve as vital contributors in ensuring safe motherhood, emotional stability, healthy fetal development, and improved quality of life through holistic and compassionate care during pregnancy.

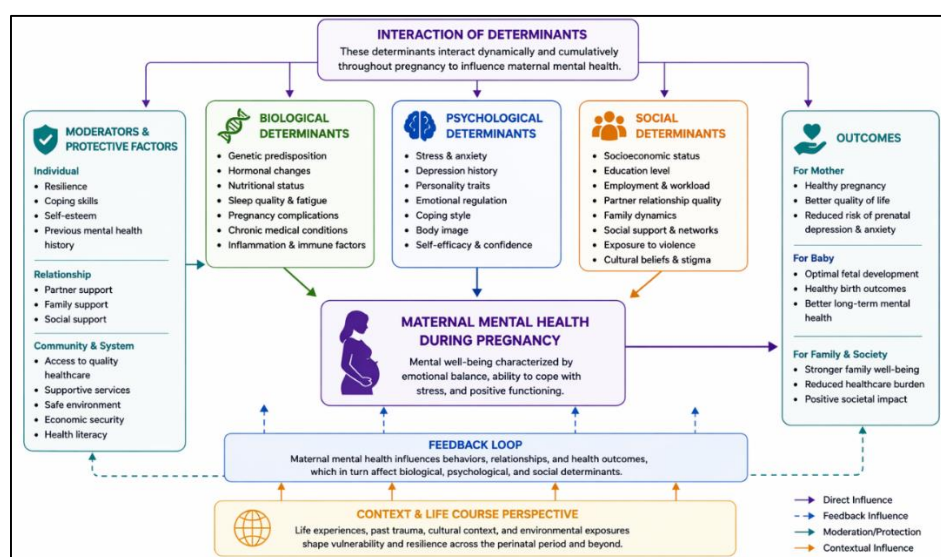


Figure. 1: Conceptual framework showing biological, psychological, and social determinants influencing maternal mental health during pregnancy

2. Common mental health disorders during pregnancy:

Depression, anxiety disorders, post-traumatic stress disorder (PTSD), and bipolar disorder represent some of the most significant mental health conditions affecting women during pregnancy, each contributing uniquely

to maternal psychological burden and clinical complexity (Woody et al., 2017). Mental health disorders during pregnancy are varied and frequently underdiagnosed, often due to stigma, lack of routine screening, and overlap of symptoms with normal pregnancy-related changes (Howard & Khalifeh, 2020). As illustrated in Figure 2, depression and anxiety are the most commonly reported conditions, affecting a substantial proportion of pregnant women globally and contributing significantly to maternal morbidity (Biaggi et al., 2016). Antenatal depression is characterized by persistent sadness, loss of interest in daily activities, fatigue, sleep disturbances, and feelings of hopelessness, all of which can interfere with a woman's ability to care for herself and her developing fetus (Gavin et al., 2015).

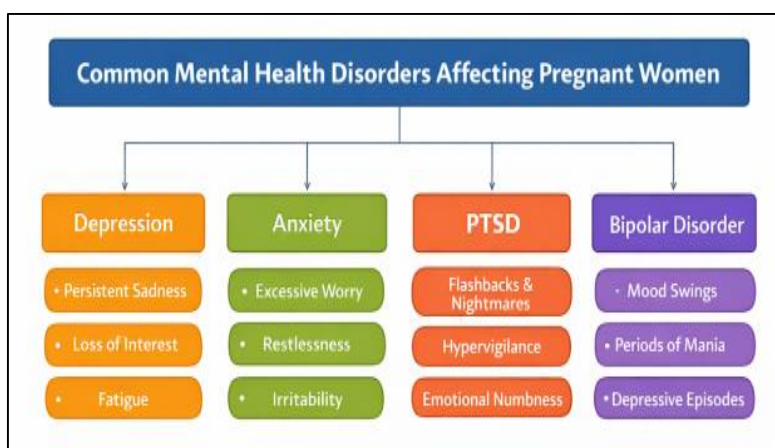


Figure. 2: Classification of common mental health disorders affecting pregnant women, including depression, anxiety, PTSD, and bipolar disorder

Anxiety disorders, including generalized anxiety disorder and panic disorder, are also highly prevalent and typically manifest as excessive and uncontrollable worry related to childbirth, fetal health, and parenting responsibilities (Dennis et al., 2017). These anxiety symptoms can lead to physiological stress responses that negatively impact pregnancy outcomes, including increased risk of preterm birth (Grigoriadis et al., 2018). PTSD during pregnancy may arise from prior traumatic experiences such as miscarriage, stillbirth, domestic violence, or childhood abuse, and is often associated with symptoms like flashbacks, hypervigilance, and emotional numbness (Yildiz et al., 2017). Women with PTSD may experience heightened fear related to childbirth, which can complicate antenatal care and delivery experiences (Ayers et al., 2016). Bipolar disorder, although less common, is a severe mental illness characterized by episodes of mania and depression, and it carries significant risks during pregnancy, including relapse and potential harm if not properly managed (Wesseloo et al., 2016). The management of bipolar disorder during pregnancy is particularly challenging due to the need to balance medication risks with the dangers of untreated illness (Viguera et al., 2017). Furthermore, comorbidity among these disorders is common, with many women experiencing overlapping symptoms that complicate diagnosis and treatment (Falah-Hassani et al., 2017).

Table. 1: Summary of common mental health disorders during pregnancy with their symptoms and impact on maternal and fetal outcomes

Disorder	Symptoms	Pregnancy Impact
Depression	Sadness, fatigue	Low birth weight
Anxiety	Fear, restlessness	Preterm birth
PTSD	Flashbacks	Poor bonding
Psychosis	Delusions	High maternal risk

The presence of untreated mental health disorders during pregnancy not only affects maternal well-being but also has long-term consequences for fetal development, including neurobehavioral and emotional outcomes in children (O'Donnell & Meaney, 2017). Early identification and appropriate intervention are therefore essential to mitigate these risks and improve outcomes (Stein et al., 2019). Despite the availability of effective treatments, many cases remain undetected due to inadequate screening practices and limited awareness among healthcare providers (Sidebottom et al., 2018). Social stigma surrounding mental illness further discourages women from seeking help, particularly in low-resource settings (Hanlon et al., 2019). Therefore, a comprehensive understanding of these disorders and their manifestations is critical for healthcare

professionals, especially nurses, who play a key role in early identification and support (Howard et al., 2018). The relationship between different disorders, their symptoms, and their effects on pregnancy outcomes is summarized in Table 1, which highlights how each condition can significantly influence both maternal and fetal health.

3. Risk factors for mental health challenges:

Biological factors, psychological stressors, and social determinants collectively contribute to the development of mental health challenges during pregnancy through a complex and dynamic interplay that affects both maternal well-being and pregnancy outcomes (Chauhan et al., 2022). Mental health challenges during pregnancy arise from a multifactorial interaction of risk factors, where biological processes such as hormonal fluctuations, neuroendocrine changes, and genetic predisposition significantly influence emotional regulation and stress responses (Zhou et al., 2024). As shown in Figure 3, biological factors including changes in estrogen, progesterone, and cortisol levels interact with psychological stressors such as prior trauma, low self-esteem, and maladaptive coping mechanisms, thereby increasing susceptibility to anxiety and depression during pregnancy (Wang et al., 2024). Psychological stressors play a critical role in shaping maternal mental health, as women with a history of adverse life events or chronic stress are more likely to experience emotional instability and depressive symptoms during pregnancy (Khan et al., 2023). Social determinants, including poverty, low socioeconomic status, lack of family support, and exposure to domestic violence, further exacerbate vulnerability by creating an environment of chronic stress and limited access to healthcare resources (Miao et al., 2024). Evidence indicates that socioeconomic disparities are strongly associated with higher rates of mental health disorders among pregnant women, particularly in marginalized populations where healthcare access is limited (Patel et al., 2018). Furthermore, unintended or unplanned pregnancies, lack of reproductive autonomy, and inadequate social support systems significantly increase the risk of antenatal depression and anxiety (Rahman et al., 2017). Women with a prior history of mental illness are particularly at risk of recurrence during pregnancy, especially if treatment is discontinued or adequate support is not provided, highlighting the importance of continuous mental health care (Biaggi et al., 2016). Psychological resilience, coping strategies, and access to supportive relationships can act as protective factors, reducing the negative impact of stressors on maternal mental health (AliSher et al., 2024). However, cultural stigma surrounding mental illness often prevents early reporting and timely intervention, particularly in low- and middle-income countries where mental health awareness remains limited (Hanlon et al., 2019). The cumulative effect of these biological, psychological, and social factors highlights the importance of adopting a holistic approach to maternal mental health that integrates clinical, social, and policy-level interventions (Runkle et al., 2023). Additionally, emerging evidence suggests that maternal mental health is closely linked to long-term child development outcomes, including cognitive function and emotional regulation, further emphasizing the need for early identification and management of risk factors during pregnancy (Qiu et al., 2024).

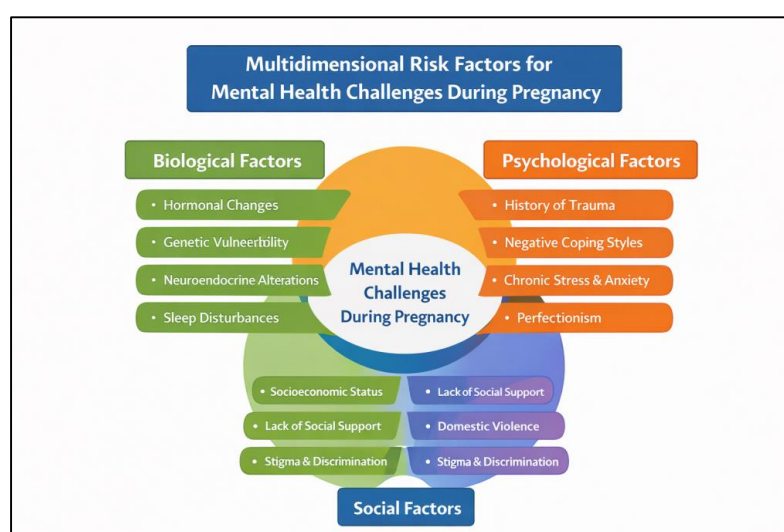


Figure. 3: Multidimensional risk factors contributing to mental health challenges during pregnancy, including biological, psychological, and social elements

4. Impact of mental health problems on mother and child:

Stress leading to hormonal imbalance, poor nutrition resulting in fetal growth restriction, and emotional distress causing impaired maternal–infant bonding represent critical pathways through which maternal mental

health influences pregnancy outcomes (Glover et al., 2018). The pathways through which maternal mental health affects pregnancy outcomes, as illustrated in Figure 4, demonstrate how psychological disturbances during pregnancy can trigger physiological and behavioral changes that adversely impact both the mother and the developing fetus (O'Donnell et al., 2017). Chronic maternal stress activates the hypothalamic–pituitary–adrenal (HPA) axis, leading to elevated cortisol levels that can cross the placenta and interfere with fetal brain development and stress regulation systems (Van den Bergh et al., 2020). Similarly, depression and anxiety during pregnancy are often associated with reduced motivation and energy, resulting in poor self-care practices such as inadequate nutrition, irregular antenatal visits, and neglect of medical advice (Liu et al., 2017). Poor maternal nutrition, in turn, contributes to fetal growth restriction and increases the risk of low birth weight and intrauterine developmental complications (Black et al., 2019). Emotional distress may also lead to maladaptive coping behaviors, including substance use such as smoking or alcohol consumption, which further compromises fetal health and increases the likelihood of adverse birth outcomes (Cook et al., 2017). In addition to physiological effects, maternal mental health significantly influences emotional bonding between the mother and fetus, which begins during pregnancy and continues postpartum (Alhusen et al., 2016). Impaired bonding due to maternal depression or anxiety can result in reduced maternal responsiveness, affecting early attachment and the child's emotional security (Stein et al., 2019). Studies have consistently demonstrated that maternal depression and anxiety are associated with increased risks of preterm birth, low birth weight, and delayed cognitive and emotional development in children (Grigoriadis et al., 2018). Furthermore, prolonged exposure to maternal stress hormones in utero has been linked to long-term neurodevelopmental issues, including behavioral problems and difficulties in emotional regulation (King et al., 2019). The impact of maternal mental health is therefore not limited to pregnancy but extends into infancy and childhood, influencing developmental trajectories and overall well-being (Madigan et al., 2018). Additionally, maternal psychological distress can affect breastfeeding practices and caregiving behaviors, further impacting infant health and development (Figueiredo et al., 2018). These interconnected pathways highlight the importance of early identification and intervention in maternal mental health to prevent both immediate and long-term adverse outcomes (Howard et al., 2018). Addressing maternal stress, promoting proper nutrition, and supporting emotional well-being are essential components of comprehensive antenatal care that can significantly improve both maternal and child health outcomes (WHO, 2022).

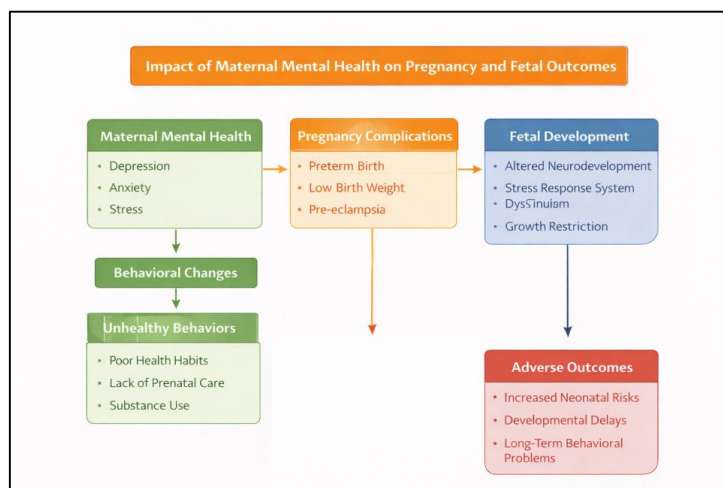


Figure 4: Pathways illustrating the impact of maternal mental health on pregnancy and fetal outcomes

5. Importance of early identification:

Routine screening, risk assessment, diagnosis, and referral constitute a structured and systematic pathway for the early identification of mental health disorders during pregnancy, enabling timely intervention and improved health outcomes (Howard et al., 2018). Early identification plays a critical role in preventing the escalation of mental health disorders, as many symptoms initially present in mild or subclinical forms but can progress into severe conditions if left unrecognized and untreated (Byatt et al., 2017). As outlined in Figure 5, the process begins with routine screening during antenatal visits, where healthcare providers particularly nurses use standardized tools to assess emotional well-being and detect early signs of distress (Cox et al., 2019). Routine screening ensures that all pregnant women are evaluated consistently, regardless of whether they voluntarily report symptoms, thereby reducing the risk of missed diagnoses (Sidebottom et al., 2018).

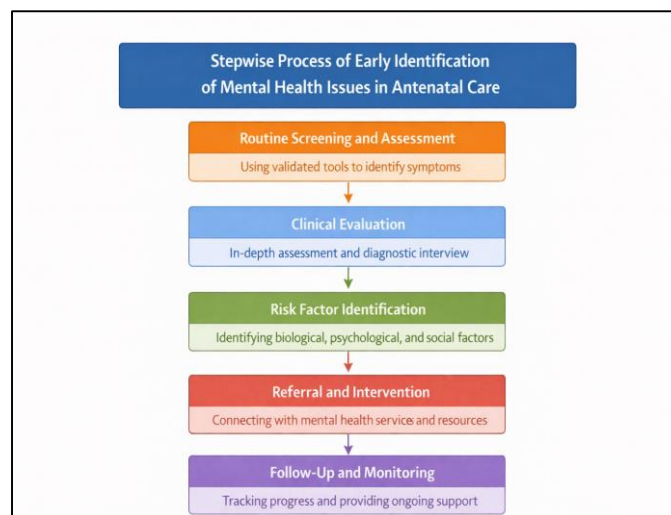


Figure. 5: Stepwise process of early identification of mental health issues in antenatal care settings

Following screening, risk assessment is conducted to identify individuals who may be at higher risk due to factors such as a history of mental illness, lack of social support, or exposure to stressful life events (Biaggi et al., 2016). This step allows healthcare providers to prioritize care and monitor vulnerable women more closely throughout pregnancy (Falah-Hassani et al., 2017). Diagnosis is the next critical stage, where positive screening results are further evaluated using clinical judgment and, when necessary, formal diagnostic criteria to confirm the presence and severity of a mental health disorder (American Psychiatric Association et al., 2022). Accurate diagnosis is essential for determining appropriate treatment strategies and ensuring that women receive targeted and effective care (Stein et al., 2019). Once a diagnosis is established, referral to specialized mental health services such as psychologists, psychiatrists, or counseling professionals is initiated for comprehensive management (WHO et al., 2022). This step is particularly important for moderate to severe cases that require multidisciplinary intervention and ongoing support (Howard & Khalifeh, 2020). Validated screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder Scale (GAD-7) are widely used in antenatal settings due to their reliability, ease of administration, and effectiveness in identifying symptoms of depression and anxiety (Cox et al., 2019). The use of these tools enhances the accuracy of early detection and provides a standardized method for monitoring changes in mental health status over time (Levis et al., 2020). Early detection through this structured approach enables timely intervention, including counseling, psychosocial support, and, when necessary, pharmacological treatment, thereby significantly improving maternal and neonatal outcomes (O'Connor et al., 2016). Furthermore, integrating mental health screening into routine antenatal care helps normalize discussions around mental health, reduces stigma, and encourages women to seek help without fear of judgment (Hanlon et al., 2019).

Table. 2: Commonly used screening tools for assessing mental health conditions in pregnant women and their clinical applications

Tool	Purpose	Application
EPDS	Depression screening	Antenatal clinics
PHQ-9	Severity measurement	Hospitals
GAD-7	Anxiety screening	Primary care

6. Role of nurses in early identification:

Assessment, screening, counseling, and referral constitute the core components of the nursing role in addressing mental health challenges during pregnancy, reflecting a holistic and patient-centered approach to maternal care (Howard et al., 2018). Nurses play a central role in maternal healthcare and are often the first point of contact for pregnant women, positioning them uniquely to identify early signs of psychological distress and initiate timely interventions (Byatt et al., 2017). As depicted in Figure 6, their responsibilities extend beyond physical care to include comprehensive mental health assessment, routine screening using validated tools, provision of basic counseling, and appropriate referral to specialized services when needed (Cox et al., 2019). Assessment involves careful observation of a woman's emotional state, behavior, and verbal expressions during antenatal visits, enabling nurses to detect subtle indicators such as mood changes, withdrawal, or excessive worry that may signal underlying mental health issues (Sidebottom et al., 2018). Screening further strengthens this process by utilizing standardized instruments like the Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder Scale (GAD-7), which allow for systematic evaluation and early detection of depression and anxiety symptoms (Levis et al., 2020). Counseling is another

critical aspect of nursing care, where nurses provide emotional support, active listening, reassurance, and basic psychoeducation to help women understand and manage their feelings during pregnancy (Rahman et al., 2017). Through continuous interaction, nurses can build strong therapeutic relationships based on trust and empathy, which encourages pregnant women to openly share their concerns, fears, and emotional struggles without hesitation (Fisher et al., 2018). This trust-building process is essential in overcoming stigma and cultural barriers that often prevent women from seeking help for mental health problems (Hanlon et al., 2019). In addition, nurses play an important role in educating women and their families about the importance of mental health, warning signs of disorders, and available support systems, thereby promoting awareness and reducing misconceptions (WHO et al., 2022). Referral is the final and equally important component, where nurses coordinate with mental health professionals such as psychologists, psychiatrists, and social workers to ensure comprehensive and specialized care for women with moderate to severe conditions (Howard & Khalifeh, 2020). Effective referral systems ensure continuity of care and prevent delays in treatment, which is crucial for improving both maternal and neonatal outcomes (Stein et al., 2019). Furthermore, nurses often act as advocates for their patients by ensuring that mental health concerns are taken seriously within the healthcare system and that appropriate resources are made accessible (O'Connor et al., 2016).

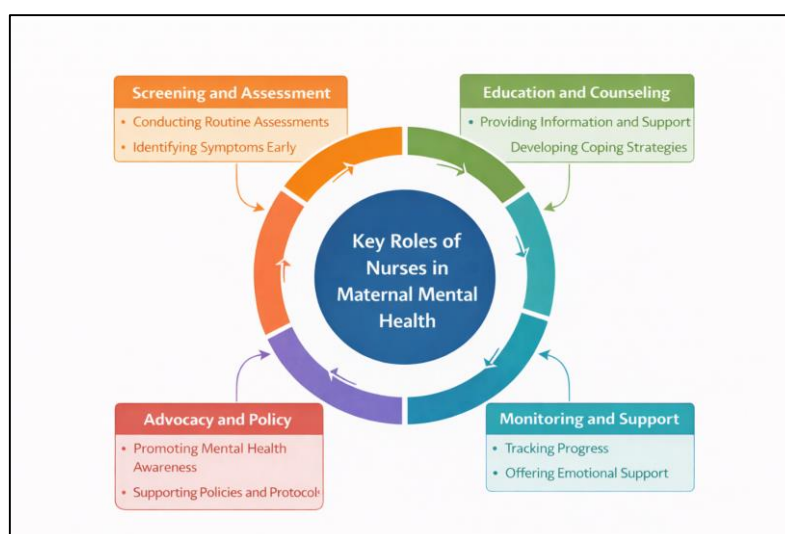


Figure. 6: key roles and responsibilities of nurses in early identification and management of maternal mental health problems

7. Barriers to early identification:

Social stigma, lack of training, limited healthcare resources, and time constraints represent significant barriers that hinder nurses in effectively identifying and managing mental health issues during pregnancy, ultimately affecting the quality of maternal care (Hanlon et al., 2019). Despite their critical role, nurses often face multiple challenges in recognizing early signs of psychological distress among pregnant women, particularly in settings where mental health is not prioritized within routine antenatal care (Howard et al., 2018). As illustrated in Figure 7, stigma surrounding mental illness remains one of the most prominent barriers, discouraging women from openly discussing their symptoms due to fear of judgment, discrimination, or social rejection (Fisher et al., 2018). This reluctance to disclose emotional concerns leads to underreporting and delays in diagnosis, thereby increasing the risk of untreated mental health conditions (Rahman et al., 2017). In addition to stigma, inadequate training in mental health assessment limits nurses' confidence and competence in identifying psychological symptoms, as many nursing programs focus primarily on physical health rather than mental health integration (Byatt et al., 2017). Without proper knowledge and skills, nurses may overlook subtle behavioral or emotional changes that indicate underlying disorders (Sidebottom et al., 2018). Limited healthcare resources, particularly in low- and middle-income settings, further compound the problem by restricting access to screening tools, mental health specialists, and referral services (Patel et al., 2018). Heavy workloads and staff shortages also contribute to time constraints, leaving nurses with insufficient time to conduct thorough assessments or engage in meaningful conversations with patients about their mental health (O'Connor et al., 2016). These constraints often result in a greater focus on physical examinations and routine procedures, with mental health receiving minimal attention (Stein et al., 2019). Additionally, cultural beliefs and misconceptions about mental illness may influence both patients and healthcare providers, creating further obstacles to open communication and effective care (AliSher et al., 2024). Addressing these barriers requires a multifaceted approach, including enhancing mental health training for nurses, integrating routine screening into antenatal care, increasing resource allocation, and promoting awareness to reduce stigma (WHO et al.,

2022). Strengthening healthcare systems and supporting nurses through education and policy interventions can significantly improve early identification and management of mental health challenges during pregnancy, ultimately leading to better maternal and neonatal outcomes (Howard & Khalifeh, 2020).

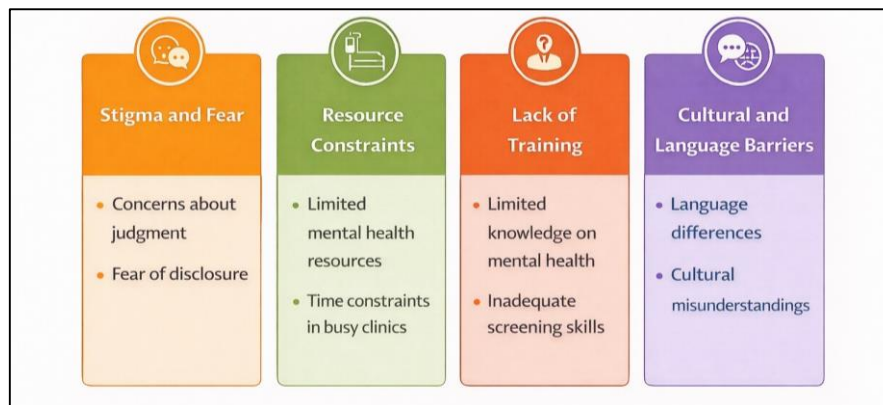


Figure. 7: Major barriers affecting effective screening and early identification of mental health issues during pregnancy

9. Conclusion:

Mental health during pregnancy is a vital component of maternal care that requires timely attention and intervention. Various biological, psychological, and social factors contribute to mental health challenges, which can adversely affect both the mother and the developing fetus. Early identification through systematic screening and assessment is essential to prevent complications. Nurses play a key role in recognizing symptoms, providing support, and ensuring appropriate referrals. However, barriers such as stigma, limited resources, and lack of training must be addressed. Strengthening nursing capacity and integrating mental health into routine antenatal care can significantly improve outcomes for mothers and their children.

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