

Prevalence and risk factors of perinatal mental health disorders among migrant women: A scoping review of systematic reviews

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Background

Pregnancy and migration are risk factors for mental health illness. The global climate continues to drive migration and childbirth continues. Given that these factors may impact on mental health, it is important to identify the prevalence and risk factors of perinatal mental health disorders among migrant women. This will allow appropriate and timely prevention or intervention.



Objective

A scoping review of systematic reviews was designed to provide an overview of the documented evidence of the prevalence and risk factors of perinatal mental health disorders among migrant women.

Methods

A detailed search, sensitive for systematic reviews was applied for Embase, MEDLINE, Global Health, PsycINFO, Pubmed and the Cochrane library databases. All outcomes that assessed prevalence and associated risks were included. Systematic reviews of qualitative data that did not provide estimates of prevalence or associated factors and did not include the population of interest or assessment during the perinatal or postnatal period were excluded. Quality was assessed using the Assessment of Multiple Systematic Reviews (AMSTAR 2) tool.

Results

- Five systematic reviews met the inclusion criteria. Together, they reviewed 135 primary studies.
- One study used both qualitative studies as well as quantitative studies. The remaining reviews only used quantitative studies.
- Two studies looked at any perinatal mental health disorder, two studies only looked at postpartum depression and one study specified postpartum mental health problems as non-psychotic depressed mood or anxiety following childbirth.
- Apart from depression, the other two disorders mentioned were anxiety and PTSD.
- None of the studies included psychotic disorders.
- All the reviews assessed prevalence and risk factors.
- Prevalence of depression ranged between 5%- 31.4% but was most commonly around 20%.

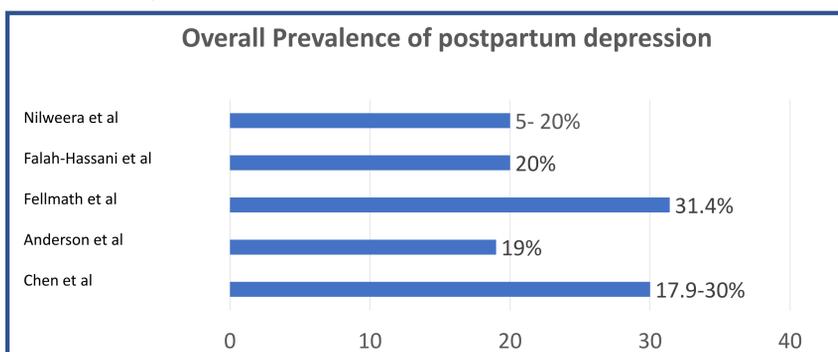


Figure 1. Overall prevalence of postpartum depression by reviews included

- Migrant women appeared to have an increased risk of developing postnatal depression than non-migrant women.

Risk Factors

Risk factors that were consistently reported include; low social support, poor partner support, socioeconomic difficulties and stressful life events experienced or witnessed.

Table 1. Risk factors for depression identified by included reviews

Review	Risk factors				
	Positive association	No association	Negative association		
Anderson et al	<ul style="list-style-type: none"> Lack of social support Marital strain/lack marital support Increased/decreased socioeconomic difficulty Stress/mental health More acculturation Not working or attending school in pregnancy 	<ul style="list-style-type: none"> Precarious legal Ethnicity/country of birth Refugee or asylum-seeker status Less proficient English Higher score life events Age: >30 years, <19 	<ul style="list-style-type: none"> Not 'doing-the-month' Low domestic decision-making power Physical ill health Marriage as reason for migration Abused Low birth weight infant Obstetric difficulty 		
Chen et al	<ul style="list-style-type: none"> Lower scores of social support Recent immigration 		<ul style="list-style-type: none"> Social support 	<ul style="list-style-type: none"> Social support Local language ability and social attitude Acculturation ("doing the month postpartum practices") 	
Fellmeth et al	<ul style="list-style-type: none"> Age>30 years Age<25 years Single (Pakistani women) 	<ul style="list-style-type: none"> High number of significant adverse life events experienced or witnessed Personal or family history of depression Anxious personality traits Psychiatric morbidity Low levels of social support 	<ul style="list-style-type: none"> Obstetric risk factors: Primiparity Operative delivery Formula feeding of infants Poor satisfaction with birth experience 	<ul style="list-style-type: none"> Co-habitation/marital status 	<ul style="list-style-type: none"> Closer relationship with partner Adherence to traditional postpartum practice
Falah-Hassani et al	<ul style="list-style-type: none"> High school education or less Perception that household income insufficient Unemployment Unmarried/no partner 	<ul style="list-style-type: none"> Migration for marriage Decreased length of residence (>10 years) Low local language ability Low domestic decision-making power History of violence and abuse Low social support No friends/relatives 	<ul style="list-style-type: none"> Poor partner support Marital adjustment problems Emotional distress Significant number of stressful life events Physical health problems Difficulties with infant feeding 		
Nilaweera et al	<ul style="list-style-type: none"> Single Proficiency in English "Partly attached to partner" "emotional relationship 	<ul style="list-style-type: none"> problems" Experiencing of "nerves" Social isolation Caesarean birth Physical changes after childbirth 		<ul style="list-style-type: none"> Employment status Educational level Parity Arranged marriage Prior depression Mode of delivery Infant gender Breast feeding 	

Conclusions

This scoping review summarises the secondary evidence for prevalence and risk factors of perinatal mental health disorders among migrant women. It provides a snapshot of the burden of illness and associated risk factors. Evidence suggests that this particular population is at increased risk of developing mental health illness and continues to be vulnerable. These findings will help address their needs and ensure that timely and appropriate support is available. More research is needed in this field of study to meet the increasingly complex demands.

References:
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