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Feasibility of integrating maternal mental health services in the regular obstetrics and gynecological services: Experiences from a tertiary-level government hospital in India

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Abstract

Background

Maternal mental health is neglected globally. No adequate maternal mental health services are available in India as well. Integration of mental health services into the regular antenatal and postnatal maternal care is important. The Obstetrics and Gynecology Department at the Government Medical College, Kozhikode, Kerala, South India, runs a perinatal mental health clinic.

Methods

To understand the frequency of services, mental health concerns, psychosocial issues and interventions, the records of the mothers were manually analysed.

Results

The available records state that a total of 43745 screenings were conducted from September 2022 to March 2026. It was found that 30–40 new pregnant women/mothers were screened daily, and that 5–10 mothers were consulted in person for further psychosocial assessment and interventions in both IP and OP. It is found that 5–6% of the mothers reported suicidal ideas, and 10%-12% of mothers come to OP, and 10%-15% of IP mothers need consultation with a mental health professional and require medications and or psychosocial therapies. Various psychosocial issues were addressed, and interventions were provided.

Conclusions

Integration of maternal mental health services in the obstetrics and gynecology department is feasible.

Introduction

Mothers may develop mental health problems such as anxiety, mood and psychotic disorders during the perinatal period (Kumar, 1994; O'Hara & Wisner, 2014). Globally, about 10% of pregnant women and 13% of postpartum mothers experience a mental disorder, mainly depression and in developing countries, it is 15.6% during pregnancy and 19.8% postpartum (WHO, 2018). Almost 50% of the cases are undiagnosed and untreated (Singh, 2018). The illness affects mothers, infants, spouses, and other family members (Kumar, 1994; O'Hara & Wisner, 2014; Ragesh, Sajitha, & Hamza, 2017).

Perinatal mental health services provided by mental health professionals are limited in Indian settings (Chandra, Desai, Reddy, Thippeswamy, & Saraf, 2015; Shanbhag, Murugesan, Nagendrappa, & Chandra, 2022). No maternal mental health services are included in the regular antenatal and postnatal care seen in Indian settings, adequately. While the burden of perinatal mental illnesses grows, India lacks exclusive policies to address it. Integration of maternal mental health services into RMNCH + A and the National Mental Health Program may address this problem to a great extent. (Priyadarshini, Rao, & Dash, 2023). Kerala is one of the states with more health care facilities and trained professionals, and its maternal mortality rate (MMR) and infant mortality rate (IMR) are lower than those in other states in India (Kerala, 2026). Recent observations show that deaths among mothers are high due to suicide (Rahul, 2025). This alarms the situation to address maternal mental health seriously.

This paper describes the feasibility and experience of integrating maternal mental health services into a tertiary-level obstetrics and gynecology department.

Integration of maternal mental health services

Department of Obstetrics and Gynaecology (OBG) at the Government The Medical College, Kozhikode district, Kerala, south India, had the distinction of housing the largest number of institutionalised labour (20000–25000 deliveries per year till 2007, and now 15000–16000 deliveries per year) within a single institution in Asia (Principal, 2018). Given the significant psychosocial and mental health risks during the perinatal period, a perinatal mental health clinic, “Manasam,” was established on 10/10/2018 with support from the Institute of Mental Health and Neurosciences (IMHANS), Kozhikode, to integrate maternal mental health services into routine Obstetrics and Gynaecology services. Till the outbreak of COVID-19, it functioned once a week. Due to the COVID-19 outbreak, the clinic was closed for a period and has since reopened. A perinatal social worker (PnSW) with a master's degree in social work, specialised in medical and psychiatric social work, was appointed in 2022.

Almost all faculty members in OBG, postgraduate trainees, and nurses were periodically given a brief orientation to maternal mental health services. After the clinic was established, some OBG faculty members began receiving specialized training in perinatal mental health. Case discussions were held once a month and attended/guided by mental health professionals and faculty members.

The clinic ensured the services of a consultant Psychiatric Social Worker, trained and experienced in perinatal mental health interventions/Mother-Baby Psychiatric Unit (MBU) consultant, available once a week and on call. Psychiatrists were available by telephone and in person on the hospital premises. The team used the Malayalam version of the Perinatal Psychosocial Risk Screening Checklist (PePRiSC) to evaluate psychosocial risks and the Malayalam version of the Edinburgh Postnatal Depression Scale (EPDS) to screen for depression (Cox, Holden, & Sagovsky, 1987). All pregnant women and postpartum mothers attending outpatient (OP) and inpatient (IP) care were informed about the service. All were screened for psychosocial risks and depression, those who sought IP and OP services. The medical and nursing team referred mothers in the IP care in need of mental health support. The PnSW counselled all

women with psychosocial risks and depression. Women who fell above the cutoff score and had suicidal/homicidal thoughts were referred to mental health professionals, especially psychiatrists, immediately. Telephonic helpline services were provided. Daily, 4–7 calls were attended. Mothers may contact the PnSW from 9 am to 5 pm for support. After this time, they were encouraged to contact the tele-manas mental health helpline in an emergency or any nearby mental health facility (GoI, 2025). Follow-up services were provided. The PnSW used to collect all the screening proformas and write the psychosocial issues and interventions separately as and when the sessions are over.

Methods

The objectives of the study were to determine mental health concerns, psychosocial issues in general, as well as the types of perinatal social work interventions provided by the PnSW. it also aimed to ascertain the number of screenings conducted, the frequency of daily screenings, and the rates of individual consultations for mothers and referrals to mental health professionals for higher-level interventions. To understand all the details, the authors analysed the available records. Three authors (from perinatal social work, obstetric nursing, and mental health social work) independently evaluated the data and reached a consensus. The authors specifically looked for the words “new case”, “consultation”, “suicide ideation”, and “referral.” Contents from the records available from September 2022 to March 2026 were manually coded and analyzed from April 2026 to July 2026. Ethical approval was obtained (IMHANS/IEC/S/2019/054) for the study.

Result

The available records state that a total of 43745 screenings were conducted from September 2022 to March 2026. It was found that the PnSW screened 30–40 new pregnant women/mothers daily and consulted 5–10 mothers in person for further psychosocial assessment and PnSW interventions from both IP and OP. It is found that 5–6% of the mothers reported suicidal ideas, and 10%-12% of mothers come to OP, and 10%-15% of IP mothers need consultation with a mental health professional and require medications and or psychosocial therapies.

Mental health and Psychosocial risk factors

Mental health concerns	• **Anxiety symptoms (predominantly)** • **Depressive symptoms** • **Suicide ideation**
Psychosocial risk factors in pregnant women and mothers	• Difficulty to take choice of sterilisation due to interpersonal-social-religious-cultural reasons, • History of interpersonal trauma, • Unplanned pregnancy, • Concerns related to the current children’s care when the mother is pregnant or initial months after child birth, • Family planning concerns, concerns related to early / late pregnancy, • Financial concerns as majority were not working during pregnancy and after child birth, • Inadequate support from family especially spouses, • Unwanted pregnancy and related concerns, • Grief related to death of offspring or spouses or close relatives • Traumatic experience from health care providers during the treatment/childbirth (obstetric violence), • Concerns related to gender of babies • Perinatal loss and anxiety related to potential perinatal loss, • Bonding difficulty in mothers, • Concerns regarding complicated pregnancy / own health and health of the foetus and babies • Intimate partner violence from spouse and domestic violence from in-laws • Difficulty to go through legal formalities related to sexual abuse • Concerns related to substance abuse of spouses It also found that the mothers whose babies are in NICU, mothers who experienced intrauterine fetal demise, neonatal death, abortion/medical termination of pregnancy, and those who have experienced domestic violence and sexually abused girls/women require special attention.
Issues among the spouses	• Financial concerns • Marital disharmony • Concerns related to complicated pregnancy and the health of the fetus/babies It also found that the spouses are also with substance abuse, anxiety related to pregnancy of their partners and inadequate emotional and practical support from spouses.

Perinatal Social Work interventions

With the mothers	**• Brief supportive psychotherapy** **• Relaxation training** **• Grief counseling,** **• Contraception counselling** **• Breaking bad news** **• Psychoeducation** **• Health education** **• Telephonic helpline services** **• Referrals & follow-up**
Mother-baby dyad	• Bonding interventions (predominantly educative)
Group (of pregnant women and mothers)	• Health education • Relaxation training
For spouses alone	• Psychoeducation • Contraception counselling • Interventions to enhance emotional and practical support for their partners • Referral for treatment for their substance abuse
Couple level	• Contraception counselling • Brief marital counselling
For babies	• Referral for development assessment
Family of origin and in-laws	• Psychoeducation • Interventions to enhance emotional and practical support for their partners
With other health professionals	• Referrals • Follow-up • Liasioning
With outside agencies	• To enhance financial and other practical support • Legal aid services

From the follow-up, it is observed that the mothers and their families had a great acceptance of all perinatal mental health services.

Discussion

Psychosocial risks, mental health issues, including suicide, are common during the perinatal period but are given less attention globally and in India, especially(Ganjekar, Thekkethayyil, & Chandra, 2020). Although the Integration of mental health services into antenatal and postnatal care is recommended in policies, in practice it is rare in the Indian context (Ganjekar et al., 2020; Priyadarshini et al., 2023). The “Manasam” clinic has stood out, delivering integrated mental health services for the last seven to eight years. The high number of mothers being screened and needing personal attention and referral shows the real mental health needs of mothers. Mental health care is generally neglected during the perinatal period. This demands more integrated work in the OBG department and through the district mental health programs.

The current study found more anxiety symptoms, and the findings go along with the recent studies that have found that anxiety symptoms are more common among pregnant mothers(Badiya et al., 2020; Dere, Varotariya, Ghildiyal, Sharma, & Kaur, 2020). Suicide among mothers is as high as per recent studies conducted in India, and the current study aligns with the same. (Babu, Subbakrishna, & Chandra, 2008; Rathod, Honikman, Hanlon, & Shidhaye, 2018; Rathore, Sharma, Yadav, & Jha, 2025; Supraja et al., 2016).

India, being a country with a varied socioeconomic-cultural-religious-political atmosphere, contributes significant psychosocial stressors to mothers. The current study found significant psychosocial factors as predisposing, triggering, maintaining, and impacting the mental health of mothers and their families. Only few studies have identified psychosocial risk factors among perinatal mothers in India (Badiya et al., 2020; Ragesh et al., 2017; Shriyan, 2024). Psychosocial interventions are as important as pharmacological interventions for mothers, infants, and other family members (Cauli et al., 2019; Sockol, Epperson, & Barber, 2011; Vaiphei & Lobo, 2023).

The current study also revealed that the integration of maternal mental health into the regular antenatal and postnatal services are essential and the delivery of maternal mental health through a PnSW is feasible and acceptable for pregnant and postpartum mothers. PnSW can provide a range of services for their

mothers, mother-baby dyad, spouses and other family members. Various studies conducted in foreign countries have reported that social workers can provide various kinds of maternal mental health services (Keefe, Brownstein-Evans, & Rouland Polmanteer, 2016; Lever Taylor, Mosse, & Stanley, 2019; Petruzzi et al., 2026).

Conclusion

Maternal mental health services are very important in developing countries like India, considering the magnitude of psychosocial risks and mental health needs of women during the perinatal period. Obstetricians, paediatricians, and nurses working in these departments have a major role in identifying and referring mothers for appropriate mental health interventions, and mental health professionals can support them in this through referral and periodic training. The authors believe that this “Manasam” clinic provides various kinds of bio-psycho-social models of mental health services for mothers, pregnant women, and their family members. The experience shows that it is possible to run perinatal mental health services in all OBG departments across India, including government settings, by appointing trained professionals. The experience also shows that it is possible to integrate maternal mental health training for postgraduate doctors and nurses during their postgraduate training. Integration of maternal mental health into the regular antenatal and postnatal services is important to reduce the burden of perinatal mental illnesses.

Declarations

Ethical Approval:

This study was approved by the Institutional Ethics Committee, Institute of Mental Health and Neurosciences (IMHANS), Government Medical College, Kozhikode (Approval No.: IMHANS/IEC/S/2019/054).

Informed Consent:

Informed consent was not required as the study involved retrospective review of anonymized hospital records without direct participant contact, as approved by the Institutional Ethics Committee.

Consent for publication:

Not applicable

Conflict of Interest:

The authors declare that they have no conflict of interest.

Author Contribution

Dr. Jyothi Ramesh Chandran conceptualized the study, supervised its implementation, and critically reviewed the manuscript. Dr. G. Ragesh contributed to the study design, data analysis, interpretation of findings, and preparation of the manuscript. Sisira K. participated in data collection, data management, literature review, and manuscript preparation. Chithrangatha V.C., Adithya P.P., and Dhanya George contributed to data collection and manuscript revision. Dr. Sreekumar C. contributed to clinical guidance, interpretation of findings, and critical review of the manuscript. Dr. Anish K.R. provided methodological guidance, supervised the research process, critically revised the manuscript for important intellectual content, and approved the final version. All authors read and approved the final manuscript and agree to be accountable for all aspects of the work.

Data Availability:

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to institutional ethical guidelines and approvals.

No conflict of interest

Artificial Intelligence was used for language and grammar corrections

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