

OPINION



A recent crop of studies indicates that pandemic-related stress and mandated isolation measures have contributed to unprecedented levels of postpartum distress, some of the highest levels ever recorded. **OSCAR WONG/GETTY**

New motherhood in ‘new normal’ world

By Ellen Stang

When it comes to pregnancy amid a pandemic, there is no manual. Where once expecting moms could find answers to most of their questions within a copy of “What to Expect When You’re Expecting,” the book contains no chapter on how to navigate pregnancy and new motherhood during a pandemic.

For many women, questions regarding their health — and the safety of their child — cast a shadow on what should be a joyful experience.

While the pandemic has increased feelings of loneliness, anxiety and depression among the general population, new mothers are especially vulnerable. In the wake of a significant life change, facing heightened safety concerns, delivery recovery, ever-fluctuating hormones and a greater sense of isolation, women experiencing postpartum in the pandemic have a lot to contend with.

A recent crop of studies indicates that pandemic-related stress and mandated isolation measures have contributed to unprecedented levels of postpartum distress, some of the highest levels ever recorded. All this stress is building toward myriad adverse and negative impacts on mental health.

A narrative review of studies found that among all women, pregnant and postpartum women were at the highest risk for developing other mental health conditions through the pandemic, including depression, low mood and irritability.

With evidence of the pandemic’s adverse impact on maternal mental health mounting, interventions are sorely needed. Unless we prioritize investment in the mental health of our expecting and newly delivered mothers, the long-term effects on both mom and baby will likely be felt for decades.

One major area of focus should be in providing funding and increasing access to therapists, counselors and doulas for perinatal and postpartum mental health support. Standardizing access to maternal support resources from prenatal through to a year postpartum can make a significant impact.

Continuous support through pregnancy has been shown to help during delivery — by improving rates of spontaneous vaginal birth and lessening birth complications — and to ease the transition into new motherhood. One review revealed that the presence of a midwife or doula promoted higher levels of self-esteem, breastfeeding, self-reliance and lower rates of depression among new mothers six weeks post-delivery.

Reimagining the postpartum visit could have major implications for new mothers’ mental and physical health. Today, up to 40% of new mothers skip their recommended postpartum visit — with even lower attendance rates reported among low-income populations. Efforts to boost attendance, from education to subsidized transportation, mandated employer-granted time off, telehealth appointments and text reminders, can help combat health disparities and support lifelong healthy habits for mother and baby.

States like Wyoming and North Carolina are experimenting with new forms of postpartum support, including coverage for postpartum home visits by licensed nurses or social workers. These visits have been shown to positively benefit new mothers’ mental states, minimize emergency services utilization and increase breastfeeding rates.

While current postpartum protocol “clears” women at a six-week checkup appointment, experts note that physical and hormonal changes can last for much longer, typically six months at a minimum. In fact, symptoms of postpartum depression may only begin to manifest around the six-week mark, meaning critical and life-changing symptoms can be completely missed by providers.

Current studies estimate that 50% of women who are depressed remain undiagnosed after pregnancy. Realigning provider standardized check-ins with a longer postpartum period can help individuals adjust to new parenthood, explore lasting changes and impacts and build long-standing healthy habits.

Being pregnant in the time of the coronavirus means facing an enormous conflation of socioeconomic, medical, racial, cultural, mental and physical challenges that place an unreasonable burden of stress on any expecting mother. As pregnant people face deadly risks with the delta variant, experience heightened levels of stress and are less able to lean on child care and community resources than ever before, health inequities will invariably rise — and further feed the burden of stress placed on new moms.

It is up to us to act now, to allocate resources and treatment without stigma or consequence, so that we can limit future disparities in maternal mortality and postpartum mental health before they threaten a new generation of our mothers and their children.

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