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## Psychiatric sequelae and mental health aftercare experiences of women who had a life threatening event during pregnancy and those with uncomplicated pregnancies: an explorative-descriptive study

**Nadira Khamker**

University of Pretoria, South Africa

**Statement of the Problem:** Maternal mortality is a major public health problem with 86% of deaths occurring in developing countries. Recognition of severe complications is important as these can have adverse consequences for women's health physically and mentally. Mental health is a neglected topic and that of women's mental health even more so. Limited attention is paid to these women in the South African public health sector. The purpose of the study was to describe experiences of women with a life-threatening event in pregnancy compared to women with uncomplicated pregnancies, to determine the risk of developing psychiatric complications and the impact of severe obstetric complications on the postpartum mental health.

**Methodology:** A mixed method study is conducted in a parallel convergent manner. Women were interviewed at four time intervals; after delivery, six weeks, three months and six months postpartum. The study consisted of a quantitative arm which entailed completion of self-rating questionnaires, relevant psychiatric scales and the WHO disability assessment schedule. The qualitative arm consisted of case studies of 16 purposefully sampled participants from both groups.

**Results:** 89 participants were enrolled. Psychiatric complications were self-limiting; those with life-threatening complications did not experience post-traumatic stress disorder and women presented with atypical symptoms including somatic, sleep and memory disturbances. Live experiences included, fear of impending death, guilt feelings, loss, fear of rejection and abandonment. A gradual acceptance of their situations, the will to survive and ability to cope in spite of adversity, a strong belief in god and an unwavering faith was prominent. Women displayed the ability to cope and adapt despite experiencing adversity, with religious practice and belief expressed by the participants contributing to resilience.

**Conclusion:** Maternal mental health is multifaceted and the presence of psychiatric pathology can not only be viewed from a biological perspective as psychosocial elements form an integral part of presentation. Women display various coping mechanisms to deal with adversity.

### Recent Publications

1. Ribeiro P S, Jacobson K H, Mathers C D and Garcia-Moreno C (2008) Priorities for women's health from the global burden of disease study. *International Journal of Gynecology and Obstetrics* 102:82-90.
2. Shen C and Williamson J B (1999) Maternal mortality, women's status and economic dependency in less developed countries: a cross-national analysis. *Social Science and Medicine* 49(2):197-214.
3. Miranda J J and Patel V (2005) Achieving the millennium development goals: Does mental health play a role? *PLOS*.
4. Filippi V, Goufodji S, Sismandis C, Kanhonou L, Fottrell E et al. (2010) Effects of severe obstetric complications on women's health and infant mortality in Benin. *Tropical Medicine and International Health* 15(6):733-42.

### Biography

Nadira Khamker is a Psychiatrist in Adult Mental Health at University of Pretoria, South Africa. She has a special interest in prevention, treatment and education of women's mental health. Currently, she is pursuing her PhD which included a mixed method study entitled: "Psychiatric sequelae and mental health aftercare experiences of women who had a life threatening event during pregnancy and those with uncomplicated pregnancies: an explorative-descriptive study."

nadirakhamker@hotmail.com