Submission No 32

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Maternal anxiety: why is it increasing and what can be done about this?

Background

For many mothers and fathers in Australia, worries about pregnancy, birth and parenthood have become a source of considerable anxiety. Although apprehension and heightened concern are normal responses to change, raised expectations, contradictory information, the increased surveillance of mental health issues and a fragmented health system may be contributing to the higher prevalence of anxiety.

This submission has been prepared by a group of academics at Western Sydney University. Collectively as clinicians (midwives, child and family health and mental health nurses, psychiatrists, psychologists), educators and researchers we are concerned at the increasing anxiety reported or experienced by women in the perinatal period.

While the submission of inquiry has particular emphasis on families and children who are vulnerable to poor health and social outcomes, we would also like to bring to the attention of the committee, the high levels of anxiety amongst parents of young children and the impact this is having on them and the children.

To provide the context for our current concerns, we address point 3 first

Specific areas of disadvantage or challenge in relation to health outcomes for babies

Anxiety in the perinatal period (i.e. in pregnancy or up to one year following birth) is a major mental health issue affecting many mothers in Australia. This is distressing for individual women and families; and can impact the health and development of both unborn and young infants, producing poorer cognitive functioning in children, impairments in language, and physical, psychosocial, emotional and behavioural problems.[1] Around 300,000 women give birth in Australia each year, and one in five will experience some form of mental health morbidity (including depression, anxiety and poor parenting-role adjustment).[2] The prevalence of anxiety in pregnancy and following birth has doubled in the past decade.[3,4] Women with moderate or severe anxiety in pregnancy or after birth are also likely to experience depression.

To date, attention has been on diagnosis, treatment and raising community awareness of perinatal depression, yet anxiety is the most common mental health condition in Australia. One in three women in Australia experiences anxiety in their lifetime,[5] and around 20% of new mothers.[6] Internationally, studies report that rates of prenatal anxiety are between 3% and 39%.[7] It is critical that attention is turned to maternal anxiety in the perinatal period.

Anxiety during pregnancy or following birth can be a normal but transient reaction to a major life transition. Significant anxiety can have debilitating symptoms of irritability, restlessness, tense muscles, tight chest or heart palpitations. Women may express these symptoms as feelings of inner turmoil, anger or agitation; being 'wound up' or 'not sleeping'; worrying about their baby's development, safety and wellbeing; believing something catastrophic will happen; or, in some instances, experiencing panic attacks.[10] If women do not recognise these symptoms as anxiety, or worry about the associated stigma, they may not discuss them with maternity care or child health professionals.

Anxiety in pregnancy is associated with prematurity and low birth weight[11]; as well as deficits in neurological development resulting in physical and psychological, language-development and emotional and behavioural problems, possibly caused by epigenetic mechanisms in pregnancy.[1] Following birth, anxiety can disrupt the parental capacity to respond to the infant in an empathic way.[12]

Being a 'good mother'

Anxiety increases in a social landscape that emphasises the mother's multiple roles and the cultural norms associated with femininity. The 'good mother' ideology valorises the nuclear family and the absolute dedication of the mother. In this narrative of motherhood, the middle-class mother who professionalises homemaking, runs domestic life like a corporation and is highly sexualised has become the symbol of aspirational femininity[24,33]; and is contrasted with single, welfare-dependent mothers or women from culturally and linguistically CALD) backgrounds.

This ideology conflicts with the reality of women's lives. For many CALD women, the family is central to mothering activities, and when family are not accessible a woman may struggle to meet cultural expectations of motherhood.[17,34] Similarly, members of LGBTI communities struggle to have their mothering status legitimised.[35] Mothers in paid work find it difficult to live up to the image of the 'ideal worker'.[34] Further, social scientists highlight the impact of socio-economic conditions on mothers – such as low incomes, limited child care, workplace stress, lack of workplace gender equity/family policies,[24,25,33] and gender inequity in the division of domestic labour, with women continuing to do almost twice as much unpaid domestic labour as men.[36]

Information overload

Constant information from diverse sources can increase anxiety.[38-40] Overwhelmingly, pregnant women and new mothers value the internet as a tool that enables them to source information for themselves, so that they feel in control of their decisions[39]; and virtual communities are also important support networks for new parents. However, comparisons made with others online can have negative impacts on women's self-concepts as mothers.[40,41]

Stigma and judgments associated with women's situations and the decisions they make appear to intensify through exposure to a multitude of 'expert' knowledges, as provided by medical professionals, self-help books, reality TV, lifestyle blogs, celebrity mothers and social media.[42] Therefore, the challenge is to transform the dominant narrative of the ideal or 'good mother' to a

model that both promotes and enacts societal valuing of the diversity of mothering and parenting practices.

We argue that new forms of support are needed and ambitiously we argue that we need to transform the dominant narrative of the 'good mother'.

The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies

Significant biomedical, epidemiological and population health research has focused on the risk factors and predictors of anxiety with a view to developing screening tools, assessment processes and appropriate and acceptable treatments. The following factors are associated with increased risk of anxiety in pregnancy or after birth.

- Previous history of depression or anxiety is consistently found to be associated with perinatal anxiety.[18-20]
- Birth interventions are associated with post-traumatic stress disorder in the mother following birth.[18,19]
- Women in difficult socio-economic circumstances, who have a low level of social support, or are from culturally and linguistically diverse (CALD) backgrounds are more likely to be anxious.[19]
- Women who report perfectionist characteristics may also strive to meet the ideals of the 'good mother'.[16,17, 21-27]

In the existing literature, there is little evidence of individual, family or community protective factors that may prevent or buffer the impact of anxiety in pregnancy or following birth.[1]

Currently, guidelines exist for pharmacological, psychological and complementary therapies.[13,14] The first-line treatment for moderate to severe anxiety or depression during the perinatal period is pharmacological, with psychological therapies introduced once medication has become effective.[15] However, the best treatment for mild clinical or subclinical anxiety in this period is less clear, as there are concerns about the impact of pharmacological treatment on both the fetus and the baby during breastfeeding.[14] Mindfulness training may be effective for women with a history of depression during pregnancy.[15] Recent Australian clinical guidelines for anxiety and depression following birth indicate that psychosocial interventions such as psychoeducation, cognitive behavioural therapy (CBT) and psychotherapy (IPT) have limited, preventive effects.[15]

The disclosure of symptoms of anxiety during pregnancy and following birth has been facilitated by increasing efforts by government and non-government services to raise awareness of mental health concerns. In Australia, women's mental health and social wellbeing (including screening for domestic and family violence) is screened by most publicly funded maternity and child health services.[30] Screening by GPs will also increase with the government announcement to provide Medicare reimbursements for this service.

However, limited access to continuity-of-care professionals and the fragmentation of services may lead to increasing maternal anxiety. When women receive maternity care from a risk-averse, professional expert, taking an authoritarian, advice-giving stance, they are left feeling unsupported, with their confidence undermined.[26,30-32] Additionally, there is limited community discussion aimed at raising awareness to support mothers or to help those who support or advocate on behalf of mothers who might be in crisis.

Opportunities for new and emerging technology to enhance support for new parents and babies

There are important opportunities to increase support for parents and to enhance the way in which information is presented, distributed and used.

New technologies offer opportunities to tailor messages to pregnant women and new parents that recognise their diverse needs. Promoting positive messages in health interventions needs to be understood in context, however. Research methodologies that allow users to help determine what those messages look and sound like will contribute to the future success of those interventions.

WSU research on perinatal care pathways highlights the potential for personalised digital applications (apps) to support mothers and link them to professionals before their levels of anxiety increase to the point of requiring services. Such apps may also support continuity of care; a key service component that potentially reduces anxiety.

To help reduce the anxiety that information overload can generate in mothers, platform and app design might benefit from strategies adopted in behavioural economics and marketing. These approaches need to be linked to individualised and personal care planning in ways that preserve the user's autonomy. A team at WSU has commenced work in this area, examining how digital technologies, including apps, mediate and remediate risk, and their role in defining risk for audiences.

In conclusion

We recognise that the parenting journey is an uncertain one, and that the experience of parenthood needs to be understood and negotiated with diverse communities in mind. The 'motherhood narrative' is not solely located in the individual. It is imagined in our social, political, economic and cultural communities, which are informed by historical representations of women as having deficits rather than strengths. There is a broad community responsibility to provide new parents – especially mothers – with supports that allow them to navigate their new roles in ways that value their stories, experiences and strengths, while celebrating difference.

Working with communities across Greater Western Sydney, we are exploring how to create communities that support parenting in diverse and positive ways; including 'messaging' this via social media and online, in family conversations, and in health services, community services, schools and beyond. Areas of interest include the valuing of parenting stories; familial and social histories of mothering; and reflection on what might be missed by not considering historical contexts, particularly in relation to stigma associated with mental health and mothering.

Our vision is ambitious: to transform the dominant narrative of motherhood in Australia from one that marginalises mothers to one that facilitates inclusiveness, equity and respect, and frees mothers from stigma and judgment. This is an ongoing project, within which we have set the following medium- and long-term goals for output and impact.

Impact in the medium term (3–5 years)

- Raised AWARENESS, within families and the community, of the distress that anxiety causes in new mothers; including strategies to cherish new mothers.
- Increased KNOWLEDGE of maternal anxiety within the health and community service professions, achieved through policy and education.
- UPTAKE of appropriate care pathways and treatment/interventions by policy makers and health and community services.

- REDUCTION of anxiety in specific population groups that participate in intervention trials.

Long-term objectives (5–10 years)

- TRANSLATE effective interventions on a larger scale to services across Greater Western Sydney.
- IMPROVE maternal mental health, particularly to reduce anxiety both in the perinatal period and beyond the child's first year.
- IMPROVE outcomes for the children of women who experience anxiety in pregnancy and after birth and who have received appropriate individual or family intervention;
- IMPROVE community wellbeing, particularly in Greater Western Sydney, by optimising community programs that build resilience among mothers and those who support them.

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