

Editorial

Mental Health in Pregnancy and Postpartum during the COVID-19 Pandemic

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COVID-19 quickly became a pandemic following detection of the first case in December 2019. Due to waning immunity to this virus and the ability to become infected despite vaccination, COVID-19 has become a persistent issue for humanity. So far, there are no signs of a quick end to the pandemic in spite of the high morbidity and mortality rates. The COVID-19 pandemic has had harmful impacts on all sections of society and in many aspects, including mental health [1,2]. A direct relationship has always existed between the duration of a pandemic and its pathogenicity and lethality. The problems caused by COVID-19, including mental health disorders, have increased since the pandemic first started about three years ago. Due to their nature, mental health disorders are always more neglected than physical conditions [2–4]. Pregnant women, one of these groups, should give birth during the COVID-19 pandemic. The pregnancy and postpartum period include several drastic changes in the social, biological, and psychological status of future mothers. Studies have reported the prevalence of mental disorders such as depression in pregnant women during the COVID-19 pandemic to be as high as 33% [5,6].

Pregnant and postpartum women faced quarantine measures and disruptions to medical practice during the COVID-19 pandemic in 2020. Many studies have indicated that the prevalence of mental disorders during disasters or major events is significantly higher in pregnant women and in women after childbirth than in the general population. Therefore, meeting the mental health needs of pregnant and postpartum women during the COVID-19 pandemic is a growing concern and a serious issue. There is strong evidence to show that prenatal and postpartum mental disorders have severe adverse effects on mothers, fetuses and children [7]. Prenatal and postnatal mental disorders cause disturbances in physical activity, nutrition, and sleep in pregnant and postnatal women. This can subsequently affect their mood, as well as the development of fetuses and children. Mental disorders before and after birth have been associated with physical conditions such as pre-eclampsia, gestational hypertension, gestational diabetes, premature birth, abortion, low birth weight, fetal growth restriction, low Apgar scores at birth, and social-emotional, behavioral, and cognitive problems, as well as

changes in the brain structure and function of infants and children. Therefore, timely interventions can help to reduce mental disorders. It is thus important to identify the effects of the COVID-19 pandemic on the mental health of pregnant and postpartum women, to investigate specific vulnerable groups within this population of women, and to apply appropriate interventions as necessary [2,5,8].

Complex and multiple variables can affect the physical and mental health of mothers and their children in the short, medium, and long term. The COVID-19 epidemic and its related factors can therefore create more stress for women during pregnancy and intensify this tendency. Governments, politicians, and health managers should consider the mental health of pregnant women during the COVID-19 pandemic as an important challenge. This productive group should be screened for psychological problems by implementing community-oriented health policies. The provision of appropriate support from mental health professionals for counseling and training through multimedia, lectures, group counseling, individual counseling, online platforms, and implementation of mental health hotlines can be helpful in this regard. We are the guest editors for this special issue on “Mental Health in Pregnancy and Postpartum During the COVID-19 Pandemic”. Our goal is to invite all researchers and healthcare workers in the area of mental health in women during pregnancy and postpartum to create a shared network and to share their clinical experiences. This should help to improve the mental and psychological state of pregnant mothers during pregnancy and postpartum.

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