Preterm birth (PTB) is the leading cause of infant mortality and morbidity. Infants born preterm (<37 weeks of gestation) are at a greater risk for a variety of health, emotional and developmental problems and present a considerable emotional and economic cost to families and the health care sector.

According to the Born Too Soon Report (WHO 2012) PTB rates, particularly in developed countries, have been steadily increasing despite general improvements in health. Pregnancy, once believed to be a time of greater emotional wellbeing for women, is now evidenced to be associated with a range of mood disorders, with some women more vulnerable than others (Cohen et al 2010). Although the psychological precursors of adverse birth outcomes are not well understood, there is emerging evidence for the relationship between maternal antenatal mood and PTB (Grote et al 2010). There is an ongoing debate about the effects of antenatal depression, anxiety, and stress on PTB. Furthermore, there is relatively small amount of research into the subjective experience of mental health difficulties during pregnancy (Bennett et al 2007).

There is a great need for in depth, methodologically robust, and theory based exploration of mental health disorders during pregnancy. Identification, screening, and assessment of women at risk and the implementation of effective and safe psychosocial interventions during pregnancy are crucial to the prevention of PTB. Treatment additionally promotes the general wellbeing of both mother and infant and ensures for a better postnatal adjustment.

Psychological aspects of pregnancy have a key role in the bio-psychosocial paradigm of understanding complex phenomena such as antenatal depression and PTB. Midwives, as the primary care providers for antenatal women, need to understand the evidence in relation to psychological risk in order to provide sensitive and woman-centred care, promote awareness of mental health experiences and advocate normal birth.

REFERENCES


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