



# Research on Mental Health Education Based on Obstetrics and Gynecology Nursing

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DOI: 10.32629/aj.n.v2i4.792

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**Abstract:** To assess and holistically manage mental health sequelae and potential psychiatric comorbidities associated with obstetric and gynecological disorders, optimizing patient care, ensuring efficient use of limited resources, and improving health economic models are critical. Untreated mental health disorders are associated with severe obstetric and psychiatric sequelae and have long-term effects on neonatal and child outcomes. The purpose of this review is to describe the urgent need for mental health education among obstetricians and to present our vision for a set of concise, evidence-based, accessible digital educational materials designed to convey the core concepts of mental health in obstetric care.

**Keywords:** obstetric care, mental health, digital education, obstetrician, gynecologist

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## 1. Introduction

Mental health disorders are widespread and have a major impact on women's health and well-being, especially in the perinatal period [1]. For example, according to the World Health Organization, one in five women suffers from a perinatal mental health disorder. The field of reproductive mental health among women has grown significantly over the past decade, with studies assessing reproductive transition and incidence of mental illness. basic question. Organizations such as the American College of Obstetricians and the U.S. Preventive Services Task Force emphasize universal screening for depression during pregnancy and the importance of active management and prevention of perinatal depression. While these developments have forced obstetricians to familiarize themselves with common mental health conditions affecting women in childbirth, there are no standardized materials to provide this critical type of education. In particular, obstetric residency programs still have significant gaps in the provision of training on perinatal mental health conditions. During times of elevated psychiatric disorders, such as pregnancy and the postpartum period, obstetricians, as women's first-line providers, have to become familiar with these disorders. However, there is a large gap between the level of education received by obstetricians for mental health disorders and clinical needs. To this end, we propose open-access educational courses for obstetricians in the form of digital toolkits to meet the needs of residency training. Obstetric education leaders have recognized the importance of mental health education but lack standardized training opportunities. Below we present the clinical, research, public health, and educational context of female reproductive mental health, as well as our shared vision for a digital toolkit designed to convey core concepts of mental health to obstetricians.

## 2. Women's mental health problems

In recent years, our understanding of the relationship between mental health and reproductive longevity has progressed substantially with the wider inclusion and increased emphasis on women's health issues. For example, the direct effects of prenatal stress on fetal development (eg, through epigenetic mechanisms) and the long-term effects of untreated perinatal depression on children are emerging areas of research. Despite these advances, much is still missing in our understanding of perinatal psychiatric disorders. Furthermore, while we know a lot about psychosocial risk factors for perinatal psychiatric disorders, we still know very little about the biological etiologies of these symptoms, even though we now have a robust research facility examining the effects of untreated psychiatric disorders on the Negative effects on mothers and children, but no clinical guidelines exist for the treatment of perinatal psychiatric disorders because we lack rigorous data to inform best practice prescribing and dosing. In addition, the long-standing practice of classifying pregnant women as vulnerable in medical research has systematically led to their underrepresentation or exclusion from important clinical trials, particularly in the absence of information on optimizing health care delivery interventions and incorporating mental health treatments. Data on implementation strategies for shortlisted perinatal care and how to improve inequalities that contribute to much higher maternal morbidity and mortality.

Maintaining emotional health during pregnancy is important because it strongly predicts mental health outcomes during labor and the postpartum period. Maintaining emotional health may also affect a woman's ability to bond with her newborn, which correlates with infant health and short- and long-term neurobehavioral outcomes [2]. The COVID-19 pandemic has exacerbated social stressors such as isolation and intimate partner violence, as well as mental conditions such as depression, neuropsychiatric disorders, and post-traumatic stress disorder. Untreated mental health conditions, such as perinatal depression, are associated with major adverse outcomes, an increased risk of smoking and drinking during pregnancy, and higher rates of obstetric complications such as preeclampsia and gestational diabetes. In addition, suicide and drug overdose are leading causes of maternal mortality, especially in the postpartum period. In addition to the potentially devastating maternal risks, untreated mental health conditions are known to increase the risk of adverse pregnancy and childbirth outcomes, including preterm birth, fetal growth restriction, and impaired infant cognitive and emotional development. Despite these risks, depression during pregnancy is often untreated. Some life stressors magnify risk factors for perinatal mood and anxiety disorders during the current COVID-19 pandemic and may exacerbate the risk of experiencing birth process trauma. Perinatal mood and anxiety disorders are complications of childbirth and the most diagnosed complications during pregnancy and the postpartum period. When maternal mental health disorders are expanded to include substance use disorders, the prevalence increases to one in five. Since the onset of the pandemic, perinatal clinicians have seen an increasing number of pregnant women experiencing symptoms of anxiety, rising to clinically significant levels. The pandemic may exacerbate women's pre-existing mental disorders, and even before the COVID-19 pandemic, one in three women felt that their reproductive experience was traumatic [3].

### **3. The inevitability of mental health education in obstetric nursing**

Obstetric education leaders recognize the importance of mental health education but lack standardized training opportunities. The Obstetrics Residency Education Board requires multiple competencies in mental health, including obtaining a mental health history and recognizing and managing the psychological consequences of obstetric problems, such as pelvic floor disorders or sexual dysfunction. Analyzing the importance of universal screening for depression in pregnancy and active management and prevention of perinatal depression, it is recommended that at least one screening for depression and anxiety be performed in the perinatal period using an effective screening tool, including referral for treatment and any Those who screened positive at postpartum follow-up had follow-up screening. Obstetricians are usually primary care professionals for women at high risk for psychiatric disorders (eg, adolescence, perinatal, and perimenopausal). Obstetricians are ill-prepared to screen, identify, and take initial steps in the management of perinatal mood disorders. A nationwide shortage of psychiatrists requires obstetricians to be skilled at the beginning of screening and treatment for mental health disorders.

### **4. The specific implementation of mental health education in obstetric nursing**

AI could become an important part of the transformation of medicine, especially digital medicine. It supports the development of precise methods applicable across multiple healthcare domains. In the coming years, advances in AI-based algorithms and computing power can help address healthcare challenges such as the efficiency and performance of clinical services. They can also model healthcare data to increase the vigilance of clinical services' response to infection control. Addressing the challenges of growing populations and complex disease needs, as well as an ageing world population. Telehealth services are behavioral health services delivered by phone, video, or other web-based technologies; they extend the reach of traditional mental health services, especially in isolated communities. The service has become more common during the pandemic, offering more options for women who need referrals after depression. However, people from disadvantaged groups and those living in rural communities are less likely to have broadband internet access at home and thus have limited access to these services.

In providing reproductive mental health education to obstetricians, design a concise, open-access digital education toolkit for the obstetric residency level. The initial phase of the project will be the same as the creation of the curriculum with the following general goals: (1) the focus area includes core concepts in mental health most likely to be encountered in obstetric practices such as screening and initial management of perinatal depression; (2) providing evidence-based, high-quality mental health resources; (3) a core competency-based language framework curriculum aligned with the residency program; and (4) establishing a clear description of initial management based on evidence-based safety and quality practices. The course will include specific material on: patient care, mental health history, risk assessment, level of care assessment, and referral strategies. In addition to including information on the range of risk management and practice issues, it will primarily focus on identifying first-line interventions for common conditions, such as first-

line antidepressants and cognitive behavioral therapy. Once the curriculum is developed, the review phase will include an internal and external review process, as well as gathering feedback from specialists in obstetric education. The implementation phase will include the collection of pre-training and post-training data and address key questions such as how the training fits into existing obstetric residency programs and how the training demonstrates proficiency in these skills.

## 5. Conclusion

Mental health disorders are a significant group of problems for obstetric providers and have serious obstetric and psychiatric sequelae throughout a woman's reproductive lifespan. However, until now, obstetric service providers have received little formal training in mental health, leaving a large knowledge gap in this field. We represent a group of psychiatry and obstetric leaders and educators in the field to fill this gap by introducing a concise, evidence-based and accessible digital toolkit in women's mental health.

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