

# Perinatal mental health: The launching spot to our mental health

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The complexity of caring for two minds at a single time, happens when an expecting mother is, in turn, taking care of her future baby. All the efforts of the health provider must converge at this moment to maintain the greatest well-being of both the mother and the fetus. However, in reality, difficulties are present and determine some mental symptoms. Moreover, illnesses like depression and anxiety are not discarded in the perinatal period. It is well known that emotional disorders are common during pregnancy, especially in vulnerable populations (WHO, 2021). In Mexican women, perinatal depression has been estimated to range from 8.2% to 20%, depending on the timing of the evaluation (Lara et al., 2015), while perinatal anxiety symptoms reported rate is 21% in the pregnancy and 18% in the postpartum (Juárez Padilla, 2021). Those disorders are frequently unrecognized and untreated, with the consequences that entail them (Flores-Ramos et al., 2013). Mental comorbidities during pregnancy exert important impacts on both growth and neurodevelopment of the fetus and the neonate, with adverse outcomes for both mother and the offspring in the postnatal life.

Depression affects the optimal function of the hypothalamic-pituitary-adrenal axis (HPA) during pregnancy, changing the cortisol milieu and reducing the activity of placental 11- $\beta$  hydroxysteroid dehydrogenase type 2 (Gelman, 2015). In addition to the HPA-axis dysfunction, the immune system in the perinatal period is influenced by the presence of severe anxiety and depression, since changes in the pro-inflammatory cytokine profile was detected in pregnant women exhibiting both mood symptomology (Leff-Gelman et al., 2019). Depression affects the optimal function of the hypothalamic-pituitary-adrenal axis (HPA) during pregnancy, causing changes in the cortisol milieu, associated with a decrease activity of placental 11- $\beta$  hydroxysteroid dehydrogenase type 2 (Gelman et al., 2015).

In line with the aforementioned, it is suitable and appropriate to currently assess the effects of hormone changes on the patients' mental health along pregnancy. It is believed that periods with important hormonal fluctuations, such as puberty or menopause transition, are related to mood and anxiety symptoms. Hence, one of the time periods in a woman's life, in which higher hormonal adjustment occurs, is the perinatal period. Furthermore, the fact that the cortisol/DHEA-S index has been found increased in pregnant women with high anxiety levels, posits a crucial relevance in the analyses of stress-related steroid hormones in pregnant women with affective disorders (Leff-Gelman et al., 2020). However, further studies are still needed to elucidate the impact that such hormones possess on mood disorders during pregnancy.

The relevance of social and cultural conditions on mental health is undeniable, and the beliefs or ideas about maternity in different cultures may influence on the decisions taken by the mother regarding her own medical health care. The widely documented reports of the effects of social support on depression and anxiety, should not be overlooked mainly, when focusing on the perinatal mental health (Sufredini et al., 2022).

Actually, the paternal's mental health in the perinatal period has been accruing interest, due to the clear evidences shed on the role of father's mental health in the child development and maternal well-being (Conde et al., 2022).

Overall, the complexity of this topic entails that biological, psychological, and sociocultural factors should be extensively considered when dealing with and researching perinatal mental health care.

Clinicians and researchers are urged to draw attention on this medical field, having in mind the current information and data related to perinatal mood disorders. Thus, clinical scenarios must implement screening services and tools to detect antenatal/perinatal depression, in addition to other mental disorders (Stewart & Payne, 2023). These scenarios may well propitiate deeper evaluation of how mental comorbidities influence and impact several aspects of perinatal outcomes.

Finally, researchers must lay their best efforts to inquire into and/or investigate perinatal psychiatry, taking in consideration the feasible and attainable opportunities to establish institutional collaborations and group networks with either national or international Ob-Gyn Clinics and Psychiatric Institutions worldwide.

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