

conducted in high- and middle-income countries, with North America, Europe and Australasia the most heavily represented.

We combined the results of studies assessing the prevalence of depression to give an overall (pooled) estimate. The combined prevalence was 31%, suggesting that one in three migrant women experiences depression during pregnancy or following childbirth. Rates did not differ according to whether women were pregnant or post-partum, region of origin, or whether they were migrants, refugees or asylum seekers. Two factors were found to be significantly associated with depression: a previous history of depression and poor social support were both associated with a higher risk of depression. There were insufficient studies assessing anxiety and other mental disorders to assess how common these disorders are or whether they are associated with the same risk factors as depression.

In conclusion, our review reveals a number of important findings. Depression during pregnancy and post-partum is a major problem among migrant women, affecting as many as one in three. With few exceptions, studies showed that migrant women experience higher rates of depression than their non-migrant counterparts in the destination country. Previous depression and poor social support were strongly associated with higher rates of perinatal depression, consistent with findings from non-migrant populations. Our review also highlights important evidence gaps. Although we identified a large body of evidence on migrant perinatal mental health, the breadth of this evidence is limited. Only two intervention studies were identified, refugee and asylum-seeking women were under-represented and not a single study was conducted in a low-income setting.

A better understanding of migrant mental health is a priority given the rising numbers of women on the move, the vulnerabilities women face during the perinatal period, and the serious and long-term negative consequences of perinatal mental disorders on women and their children. Pregnancy represents a period of increased contact between women and health services, providing a valuable opportunity to identify and support at-risk women. It should be the responsibility of all health and allied professionals to ensure migrant women with mental disorders are identified and appropriately supported across the individual, family, community and societal spectrum.

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Publication

[Migration and perinatal mental health in women from low- and middle-income countries: a systematic review and meta-analysis.](#)

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BJOG. 2016 Jun 20