

Psychological Assessment During Pregnancy: Strengthening the Role of Nursing in Maternal Mental Health Care

Abstract

Pregnancy is a multidimensional experience involving profound biological, psychological, and social transitions. While obstetric care traditionally emphasizes physical monitoring, increasing evidence highlights the significant influence of maternal psychological wellbeing on fetal growth, neonatal outcomes, and long-term child development. Antenatal anxiety, depression, and stress-related disorders are prevalent worldwide and frequently remain underdiagnosed. This paper examines the necessity of systematic psychological assessment during pregnancy and underscores the expanding role of nurses in screening, early identification, intervention, and interdisciplinary collaboration.

Routine psychosocial screening, culturally sensitive communication, and integrated maternal mental health services are critical components of comprehensive antenatal care. The article further discusses implications for nursing education, administration, and research, emphasizing evidence-based practice and longitudinal investigation. Integrating psychological care into routine antenatal services strengthens maternal outcomes and promotes healthier developmental trajectories for infants.

Keywords: Antenatal Care; Maternal Mental Health; Psychological Screening; Nursing Practice; Pregnancy

Introduction

Pregnancy represents a transformative life event characterized by physiological adaptation and emotional reorganization. Hormonal fluctuations, shifting family roles, social expectations, and anticipation of childbirth contribute to varying psychological responses. While many women adapt successfully, a substantial proportion experience clinically significant anxiety, depressive symptoms, or emotional instability during pregnancy.

Global estimates suggest that approximately 10–20% of pregnant women experience depressive or anxiety disorders, with higher rates observed in low-resource settings [1,2]. Despite this prevalence, antenatal mental health often receives limited attention in routine obstetric care. The psychological state of the mother influences

Research Article

Emily Carter^{1*}, Jonathan M. Reed²

¹Department of Maternal and Child Health Nursing, School of Nursing and Midwifery, University of Toronto, Canada

²Department of Behavioral Health Sciences, College of Nursing, University of Melbourne, Australia

***Correspondence:** Emily Carter, Department of Maternal and Child Health Nursing, School of Nursing and Midwifery, University of Toronto, Canada, Email: emily.carter@utoronto.ca

Received: 06 December 2025; **Accepted:** 15 December 2025; **Published:** 30 December 2025.

Copyright: © 2025 Carter E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

neuroendocrine functioning, placental activity, and fetal neurodevelopment [3].

Research indicates that untreated antenatal psychological distress may increase the risk of preterm birth, low birth weight, and later behavioral difficulties in children [4]. Therefore, early identification and structured psychological assessment should be considered essential elements of antenatal healthcare rather than optional adjuncts. Nurses, due to their sustained interaction with pregnant women across clinical settings, are uniquely positioned to integrate psychosocial evaluation into routine maternal care.

Rationale for Psychological Assessment During Pregnancy

Emotional changes during pregnancy arise from complex biopsychosocial interactions. These include endocrine fluctuations, personal coping capacity, socioeconomic stressors, interpersonal relationships, and cultural expectations regarding motherhood.

Antenatal anxiety has been associated with alterations in fetal brain development and later childhood emotional regulation difficulties [5]. Similarly, maternal depression during pregnancy predicts postpartum depression and may affect maternal-infant bonding [6].

Several risk factors contribute to antenatal psychological disturbances:

- Previous psychiatric history
- Limited social support
- Marital conflict
- Financial hardship
- Domestic violence
- Substance misuse
- History of pregnancy loss
- Adolescent or unintended pregnancy

Studies demonstrate that psychosocial adversity during pregnancy significantly increases vulnerability to mood disorders [7]. Without systematic screening, many cases remain unidentified due to stigma, normalization of distress, or lack of awareness.

Therefore, structured psychological assessment is necessary not only to identify pathology but also to differentiate between normative emotional fluctuations and clinically significant symptoms requiring intervention.

Components of Comprehensive Psychological Screening

Psychological screening should begin at the first antenatal appointment and continue periodically throughout pregnancy. Validated screening instruments such as standardized depression and anxiety scales assist healthcare professionals in identifying women at elevated risk [8, 9].

A thorough psychosocial assessment should include:

- Mental health history
- Current stress levels
- Social support systems
- Relationship quality
- Exposure to trauma or abuse

- Substance use patterns
- Cultural beliefs regarding pregnancy
- Coping strategies

Healthcare providers must create a supportive environment that encourages open communication. Research shows that perceived stigma and fear of judgment are major barriers preventing pregnant women from disclosing emotional concerns [10]. Establishing trust, maintaining confidentiality, and normalizing mental health discussions are essential components of effective screening.

Routine integration of mental health evaluation into antenatal visits reduces stigma and improves help-seeking behavior. In community settings, trained nurses and midwives can play a pivotal role in early detection and referral pathways.

Impact of Untreated Antenatal Psychological Distress

Untreated maternal anxiety and depression may lead to adverse obstetric outcomes including preeclampsia, preterm birth, and fetal growth restriction [11]. Additionally, maternal stress hormones may influence fetal neurodevelopment through alterations in hypothalamic-pituitary-adrenal axis functioning [4].

Longitudinal research indicates associations between antenatal distress and later childhood behavioral problems, emotional dysregulation, and attention difficulties [3]. Early detection and intervention therefore represent preventive strategies that extend beyond pregnancy and into long-term developmental health.

Intervention and Treatment Approaches

Management strategies should adopt a stepped-care model. Mild symptoms may respond to:

- Psychoeducation
- Lifestyle adjustments
- Mindfulness-based stress reduction
- Peer support groups
- Cognitive-behavioral therapy

Moderate to severe cases may require psychiatric

evaluation and carefully monitored pharmacological treatment when benefits outweigh potential risks [1].

Interdisciplinary collaboration between obstetricians, psychiatrists, psychologists, nurses, and social workers ensures comprehensive care. Telehealth and digital mental health services have also demonstrated effectiveness in improving accessibility during pregnancy [12].

Expanding Nursing Roles in Maternal Mental Health

Nurses occupy a central position in antenatal healthcare delivery. Their responsibilities include:

- Conducting routine psychological screening
- Providing emotional counseling
- Educating families about maternal mental health
- Identifying risk factors
- Coordinating referrals
- Monitoring treatment adherence

Emotional experiences vary across trimesters. The first trimester often involves ambivalence and adjustment challenges; the second trimester may bring relative stability; and the third trimester frequently includes anxiety related to childbirth and parenting responsibilities. Awareness of trimester-specific patterns enhances assessment accuracy.

Nursing interventions that emphasize empathy, therapeutic communication, and culturally sensitive care strengthen maternal confidence and resilience.

Implications for Nursing Education and Administration

Nursing education programs should incorporate

References

1. Howard, Louise M., Emma Molyneaux, Cindy-Lee Dennis, Tamsen Rochat, Alan Stein, and Jeannette Milgrom. "Non-psychotic mental disorders in the perinatal period." *The Lancet* 384, no. 9956 (2014): 1775-1788.
2. World Health Organization. *Maternal mental health and child health outcomes*. WHO Press, (2022).
3. Stein, Alan, Rebecca M. Pearson, Sherryl H. Goodman, Elizabeth Rapa, Atif Rahman, Meaghan McCallum, Louise M. Howard, and Carmine M. Pariante. "Effects of perinatal mental disorders on the fetus and child." *The Lancet* 384, no. 9956 (2014): 1800-1819.
4. Glover, Vivette. "Prenatal stress and its effects on the fetus and the child: possible underlying biological mechanisms." In *Perinatal programming of neurodevelopment*, pp. 269-283. New York, NY: Springer New York, 2014.

comprehensive maternal mental health modules emphasizing biopsychosocial assessment, trauma-informed care, and cultural competence. Simulation-based training in counseling and screening tool application can enhance clinical readiness.

Healthcare institutions should adopt policies mandating routine psychological screening as part of antenatal protocols. Ongoing professional development programs ensure that nurses remain updated regarding emerging research and evidence-based practices.

Directions for Future Research

Further longitudinal studies are needed to clarify mechanisms linking antenatal psychological distress with long-term developmental outcomes. Research exploring culturally adaptable screening tools for diverse populations is also essential.

Nurse-led research initiatives can contribute significantly to evidence-based maternal mental health interventions and policy reform.

Conclusion

Integrating psychological assessment into routine antenatal care is essential for holistic maternal healthcare. Advances in obstetric medicine must be complemented by equal attention to emotional wellbeing. When healthcare systems prioritize maternal mental health, they improve outcomes not only for mothers but also for future generations.

Nurses play a critical role in recognizing, assessing, and addressing psychological needs during pregnancy. Strengthening this role through education, policy support, and research will ensure comprehensive, compassionate, and evidence-based maternal care worldwide.

5. Van den Bergh, Bea RH, Marion I. Van Den Heuvel, Marius Lahti, Marijke Braeken, Susanne R. de Rooij, Sonja Entringer, Dirk Hoyer et al. "Prenatal developmental origins of behavior and mental health: The influence of maternal stress in pregnancy." *Neuroscience & Biobehavioral Reviews* 117 (2020): 26-64.
6. O'Connor, Thomas G., Catherine Monk, and Elizabeth M. Fitelson. "Practitioner review: maternal mood in pregnancy and child development—implications for child psychology and psychiatry." *Journal of Child Psychology and Psychiatry* 55, no. 2 (2014): 99-111.
7. Biaggi, Alessandra, Susan Conroy, Susan Pawlby, and Carmine M. Pariante. "Identifying the women at risk of antenatal anxiety and depression: A systematic review." *Journal of affective disorders* 191 (2016): 62-77.
8. Cox, J., J. M. Holden, and R. Sagovsky. "Edinburgh Post-natal Depression Scale.(EPDS)." *Br J Psychiatry* 151, no. 10 (1987): 865.
9. Matthey, Stephen, and Clodagh Ross-Hamid. "The validity of DSM symptoms for depression and anxiety disorders during pregnancy." *Journal of affective disorders* 133, no. 3 (2011): 546-552.
10. Kingston, Dawn, Marie-Paule Austin, Maureen Heaman, Sheila McDonald, Gerri Lasiuk, Wendy Sword, Rebecca Giallo et al. "Barriers and facilitators of mental health screening in pregnancy." *Journal of affective disorders* 186 (2015): 350-357.
11. Grigoriadis, Sophie, Lisa Graves, Miki Peer, Lana Mamisashvili, George Tomlinson, Simone N. Vigod, Cindy-Lee Dennis et al. "Maternal anxiety during pregnancy and the association with adverse perinatal outcomes: systematic review and meta-analysis." *The Journal of clinical psychiatry* 79, no. 5 (2018): 17r12011-17r12011.
12. Fonseca, Ana, Ricardo Gorayeb, and Maria Cristina Canavarro. "Women's use of online resources and acceptance of e-mental health tools during the perinatal period." *International Journal of Medical Informatics* 94 (2016): 228-236.

Citation: Emily, Carter, Reed J M. "Psychological Assessment During Pregnancy: Strengthening the Role of Nursing in Maternal Mental Health Care." *J Healthc Adv Nur* (2025): 135.. DOI: [10.59462/3068-1758.3.3.135](https://doi.org/10.59462/3068-1758.3.3.135)