Nursing Students' Perceptions about Perinatal Mental Health Issues

The mental health of women in the perinatal period is the focus of attention around the world. A woman's positive mental health at this stage of life is very important, not only for her psychological well-being, but also for the well-being of the child, the family, and the community in general. Many studies emphasize the problems that women experience during pregnancy or after childbirth, also focusing on mental health problems. In this context, the attention towards the woman, both during pregnancy and after birth, should be very great, especially from the health professionals. The paper aims to explore the perception of the students of the professional master's study program in Health Psychology at the "Luigj Gurakuqi" University, Shkoder, Albania regarding their knowledge of the perinatal mental health problems, regarding their ability to identify and managing these problems. Nursing students have high levels of awareness related to perinatal mental health issues. Their perceptions about their knowledge related to perinatal mental health issues, related to their confidence in identifying and in managing them are good. Students think that they have the appropriate skills to assess and care for women with mental health problems, both during pregnancy and after, but, also, they need further training to improve their skills. It is necessary to carry out more extensive studies on this topic in our country to shed light on the Albanian reality. Also, it is necessary to revise the curricula, especially in general nursing education program, as well as carry out training for nurses related to the problems of perinatal mental health issues.

Keywords: *perinatal mental health, awareness issues, curricula revision.*

Introduction

The perinatal period, including pregnancy through childbirth and the first year postpartum, is a time of high vulnerability for mental health (Bottemanne et al., 2022).

PMHP are demonstrated to have a significant impact on women's well-being, long-term mental health, obstetric outcomes, partner, and quality of family relationships. It might also affect fetal health and child development in the short and long term (National Institute for Health and Care Excellence, 2014) (cited by Martin et al., 2017).

For many women the perinatal period is a time of great social, emotional and physical vulnerability that can impact profoundly on their sense of identity, mental health and well-being (Austin, Kildea, & Sullivan, 2007; Doucet, Letourneau, & Blackmore, 2012; Healey et al., 2013; Monzon, di Scalea, & Pearlstein, 2014). Estimates indicate that between 15% and 25% of women have a mental health problem during this time (Bauer, Parsonage, Knapp, Lemmi, & Adelaja, 2014; Khan, 2015; McCauley, Elsom, Muir-Cochrane, & Lyneham, 2011; Schmied et al., 2013), most commonly depressive and anxiety

disorders (Coates, Saleeba, & Howe, 2018; Leach, Christensen, & Mackinnon, 2014; Sidebottom, Hellerstedt, Harrison, & Hennrikus, 2014). Perinatal anxiety is associated with high rates of child birth fear (Halvorsen, Nerum, Øian, & Sørlie, 2008; Räisänen et al., 2013; Rouhe, Salmela-Aro, Gissler, Halmesmäki, & Saisto, 2011), which can be conceptualised as a form of anxiety (Hall et al., 2009), and affects around 25% of pregnant women in Australia (O'Connell, Leahy-Warren, Khashan, Kenny, & O'Neill, 2017; Toohill, Fenwick, Gamble, & Creedy,2014). Perinatal mental health problems is also associated with previous traumatic experiences (Coates, Davis, & Campbell, 2016), including traumatic childbirth (Fenwick et al., 2013) (cited by Coates & Foureur, 2019).

FOC (fear of childbirth) represents a specific dimension within a spectrum of pregnancy-related anxiety (Bayrampour et al., 2015; Huizink et al., 2004). According to Bandura (1977), a pregnant woman with a high level of FOC believes that she will not be capable of successfully coping with birth (self-efficacy expectancy; SEE) and is unable to identify courses of action. If a woman with FOC is unable to mobilise resources of her own she might not expect a favourable birth process (outcome-efficacy expectancy; OEE) (cited by Striebich et al., 2018).

High levels of childbirth fear impact birth preparation, obstetric outcomes and emotional wellbeing for around one in five women living in developed countries. Higher rates of obstetric intervention and caesarean section (CS) are experienced in fearful women (Fenwick et al., 2015).

Mental disorders during pregnancy and after childbirth can be appeared both as an onset and as recurring episodes of previously occurring disorders. Anxiety and depressive disorders affect approximately 13% and 12% of women during pregnancy, respectively, with a frequency similar to that found at other times in a woman's life (WHO, 2017; WHO, 2018). The prevalence of depressive disorder in the first year after childbirth is estimated to be between 10% and 15% (Azzopardi PS, Hearps SJC, Francis KL, et al., 2019) (cited by Guidomei et al., 2019).

Mental disorders in the perinatal period have some important specificities. The knowing process can be more complex due to the masking of symptoms, linked to the mother's difficulty in expressing moods of discomfort and emotional suffering for fear of stigma; relapses involve not only the woman but also the fetus/child, the partner and the family context. The impact of the disorder may require more urgent intervention due to the potential effect on the fetus/child, on the physical health of the woman or on her ability to cope with family care functions (www.hbsc.org/about/index.html) (cited by Guidomei et al., 2019).

Therefore, it is very important that mental health problems during the perinatal period to be managed properly and accurately. The perinatal health professionals have a great role, and the nurses also.

Nursing is both an art and a science. It requires the understanding and the application in practice of specific nursing knowledge and skills, which, wherever possible, are research- and/or evidence-based. It draws on knowledge

and techniques derived from the humanities, from the physical, biological and behavioural sciences, from management and leadership theories and from theories of education (WHO 1996a, WHO, 2001).

While the need for mental health knowledge in nursing has been well reported in the literature, including in the areas of acute medical, surgical nursing, critical care and emergency departments (Bucknell & Gillette 1998, Shar-rock 2000), there has been a growing body of evidence concerning the need for mental health knowledge for clinicians in maternity services (Bailey 1994, 1998, Gilletteet al. 1996, Whitehead & Mayou 1998) (cited by McCauley et al., 2011)

Midwives play a vital role in the identification and care of women with perinatal mental health problems. The continuity of care that midwives provide over an extended period of time enables them to build up a close relationship with women and their families (Dearman et al, 2007) (cited by Jarrett, 2014).
Considering the period of the pandemic that we are going through, the role of nurses who take care of pregnant women takes on a special importance. Naturally, the question arises: Are the nurses prepared for this special care? How well do they know about mental health problems?

Literature Review

The analysis of midwifery care for women with high or severe FOC has increasingly been the focus of research in recent years, initially in Scandinavian countries (Saisto and Halmesmäki, 2003; Karlström et al., 2009; Halvorsen et al., 2010; Salomonsson et al., 2011; Ayers, 2014; O'Connell et al., 2015). Midwife-led counselling for FOC is routinely offered in obstetric clinics in Sweden, but standards are lacking (Larsson et al., 2016) (cited by Striebich et al., 2018).

Childbirth is a profound psychological experience that has a physical, psychological, social and existential impact both in the short and long term (Held, 1989). It leaves lifelong vivid memories for women (Simkin, 1992 The effects of a birth experience can be positive and empowering, or negative and traumatizing (Aune et al., 2015; Elmir et al., 2010; McKenzie-McHarg et al., 2015) (cited by Olza et al., 2018).

Nearly 80% of pregnant women express worries and fears in relation to their pregnancy or upcoming childbirth (Melender, 2002a). For a great deal of these women the fears are strong enough to be clinically relevant. However, estimations of prevalence areequivocal, presumably due to the lack of clear-cut definitionsand conceptualizations of the concept to be measured (Saisto &Halmesmäki, 2003) (cited by Rondung et al., 2016).

Midwives and obstetricians require a deep understanding of the emotional aspects of childbirth in order to meet the emotional and psychosocial needs of labouring women. Factors that facilitate a positive birth experience include having a sense of control during birth, an opportunity for active involvement in care and support and responsive care from others in relation to women´s

experience of labour pain (Karlsdottir et al., 2018; Nieuwenhuijze et al., 2013; Meyer et al., 2013) (cited by Olza et al., 2018).

Rondung et al. (2016, pp.84-85), based on several studies, have mentioned these physiological manifestations of childbirth fear: *sleep disturbances* (Hall et al., 2009; Melender, 2002a; Nilsson & Lundgren, 2009; Sjögren, 1997; Tsui et al., 2007), *tachycardia* (Melender, 2002a; Nilsson & Lundgren, 2009 ; Tsui et al., 2007), *tenseness, restlessness and nervousness* (Melender, 2002a; Tsui et al., 2007), *nightmares* (Sjögren, 1997) and *stomach pains* (Nilsson & Lundgren, 2009). However, the potential role of these symptoms or experiences in the development and maintenance of fear has not been established. Among the cognitive aspects they singled out the ideas about cognitive beliefs and expectations relating to pregnancy and childbirth. These authors, too, examining the reported objects of fear in pregnant women, found information about two cognitive concepts, self-efficacy and pain catastrophizing and they obtained data from a study that identifies the lower sense of coherence as direct cause of childbirth fear.

Methodology/Materials and Methods

The Purpose of the Paper

The paper aims to explore the perception of the students of the professional master's study program in Health Psychology at the "Luigj Gurakuqi" University, Shkoder, Albania regarding their knowledge of the perinatal mental health problems, regarding their ability to identify and managing these problems.

Objectives

1. Obtaining the opinion of students (future nurses) regarding their level of information regarding the perinatal mental health problems.
2. Obtaining the opinion of students (future nurses) regarding their ability to identify these problems.
3. Obtaining the opinion of students (future nurses) regarding their ability to manage the perinatal mental health problems.
4. Exploration of the relationship between students' perception and their age.
5. Exploration of the relationship between students' perception and their bachelor study program completed.
6. Exploring the relationship between the perception of students and their residence.

Several similar studies have been done. We will mention some of them. Studies in relation to the confidence and perceived competence of midwives indicates that many midwives feel ill-equipped to provide mental healthcare

and experience a lack of confidence (Hauck et al., 2015; Jones et al., 2012a; Mathibe-Neke et al., 2014; McCauley et al., 2011; Noonan et al., 2017, 2018; Ross-Davie et al., 2013; Rothera & Oates, 2011). This is supported by studies that have assessed midwives' levels of knowledge and learning needs, which conclude that midwives generally do not have the necessary knowledge and skills to provide mental healthcare (Higgins et al., 2018; Jones et al., 2011, 2012b; Lau et al., 2015) (cited by Coates & Foureur, 2019).

Patricia M Jarrett made a study in 2014 with students of Bachelor of Science (BSc) in Midwifery programme in the UK. The majority of students reported being confident in asking women questions about their mental health and they reported feeling comfortable in defining a wide range of serious perinatal mental health problems that affect women.

According to the study made by Alex McGookin, Christine Furber & Debbie M.Smith (2017) they conclude that "Although a small study, the results highlight the need for education to be improved in order to best prepare student midwives for cases of ANA (antenatal anxiety), with emphasis on integrating psychology and mental health information into teaching as well as time spent in clinical practice. Midwives are key in the screening of women for ANA and are in an ideal position to signpost for specialist care".

According to the study made by Maria Noonan, Rose Galvin, Julie Jomeen, Doody Owen with a convenience sample of Irish public health nurses (N = 105) from December 2016–February 2018 the results were "Public health nurses reported good levels of knowledge (77.2%) and confidence (83.8%) in recognising women experiencing stress, anxiety and depression. They indicated less confidence in caring (50.5%) for women. The average score for the Mental Illness: Clinician's Attitudes scale was 35.9 (SD 5.9), suggesting positive attitudes towards women with significant mental illness".

Carroll et al. (2016) made a similar study with a sample of 438 midwives in the Republic of Ireland. The findings of this study were "The majority of midwives cared for women with perinatal mental health problems in their clinical practice; however, beyond depression and anxiety, their knowledge of perinatal mental health problems was quite limited. Similarly, midwives reported a lack of skill in opening a discussion with women on sensitive issues, such as sexual abuse, intimate partner violence and psychosis, and providing information to women's partners/families. The findings indicated that midwives adopted a selective approach to screening for perinatal mental health problems, with a tendency not to inquire about sensitive topics, or address them only with women deemed at-risk".

McCauley et al. (2011) made a study with the midwives in Australia, in which, among other findings, they found that "The majority of midwives (93%) surveyed in this study indicated they could be better prepared to provide mental health intervention for women. Their comments regarding this reflected a strong opinion about the need to improve their own, and other midwives', skills and knowledge regarding identification of mental health and illness in ante-natal and postnatal women, and in specific care provisionand mental health interventions.

The Method used

The survey method was used. Two questionnaires were distributed to the students participating in the study. The first is the Perinatal Mental Health Awareness (PMHA) scale.

The PMHA scale items were developed by an expert panel for initial use in a study exploring knowledge and confidence of health visitors about PMH (23). Its purpose was to represent, with brevity, key attributes of awareness related to perinatal mental health issues. The key attributes ascribed were (i) knowledge, (ii) confidence in identification and (iii) confidence in the management of more common PMH presentations such as stress, anxiety and depression (SAD), with one question per attribute scored on a 0-3 Likert scale, where a greater score endorsement indicated greater awareness (Martin CR et al., 2017).

The second questionnaire was designed based on the study (Thesis (PhD Doctorate) made by Cindy Jingwen Jones in 2009.

Sampling

The students of the professional master's study program in Health Psychology are included. This study program is offered to students who have completed the first cycle of study in Nursing, specifically: a) general nursing; b) midwife; c) physiotherapy. These three bachelor programs are offered at "Luigj Gurakuqi" University, Shkoder, Albania. The master's study program in Health Psychology has 60 ECTS and lasts 1 academic year.

46 students participated in the study out of 67 students studying in this study program, so 67.6% is the level of student representation. 4 students (8.7%) are male, while 42 (91.3%) are female. The age of the participants in the study varies from 21 years (10 students or 21.7%) to 55 years (1 student or 2.2%). The average age of the participants in the study is 23.8 years. 24 (52.2%) participating students live in the city, while 22 students (47.8%) live in the village. 19 students (41.3% of the participants in the study) have completed their bachelor's studies in General Nursing, 18 students (39.1%) have completed the bachelor's degree in Midwifery, while 1 student (2.2%) has completed the bachelor's degree in Physiotherapy, 8 female students (17.4%) did not say which study program of the first cycle they finished, that is, they did not specify if they have bachelor degree in General Nursing, Physiotherapy or in Midwifery.

Statistics

The questionnaires were administered in March 2022, in the second semester. The month of March was chosen, because this period coincides with the completion of studies in the auditorium for students and then they begin the period of teaching practice in institutions. So, now the students have mastered the theoretical concepts because they have developed the subjects in the

classroom and are able to give an accurate opinion regarding their knowledge of mental health problems.

The data obtained from the questionnaire were analysed with Statistical Package for the Social Sciences (SPSS), version 20.0. The data analysis has included descriptive and inferential statistics. The analysis of data through the relative and absolute frequencies, through the mean, the median, the mode, the standard deviation served for measuring the general perception of the students regarding the perinatal mental health issues, regarding their level of knowledge, their confidence in identification and regarding their confidence in the management of more common PMH presentations.

It was used analysis of variance (ANOVA) to examine the relationship between student's residence and their general perception about the perinatal mental health issues, between student's residence and their perceptions regarding their level of knowledge, regarding their confidence in identification and their confidence in management of the perinatal mental health problems.

It was used analysis of variance (ANOVA) to examine the relationship between student's bachelor study program and their general perception about the perinatal mental health issues, between bachelor study program and their perceptions regarding their level of knowledge, regarding their confidence in identification and their confidence in management of the perinatal mental health problems.

It was used correlation analysis to examine the relationship between student's age and their general perception about the perinatal mental health issues, between student's age and their perceptions regarding their level of knowledge, regarding their confidence in identification and their confidence in management of the perinatal mental health problems.

The dependent variable is *student's perception* and the independent varables are: *student's residence*, *student's bachelor study program* and *student's age.*

Results

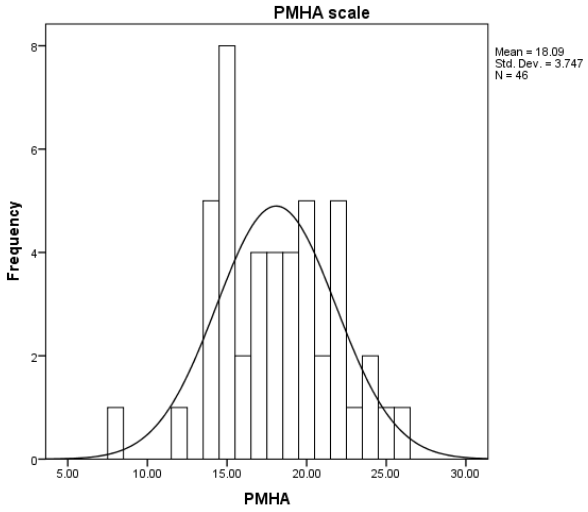
- Data Related to the Perinatal Mental Health Awareness (PMHA) Scale

Table 1. Data related to The Perinatal Mental Health Awareness (PMHA) scale

Scale	N	Minimum	Maximum	Mean	Mode	Std. Deviation
PMHA	46	8	26	18.08	15	3.74656
Knowledge	46	2.00	9.00	6.43	6	1.34416
Confidence in identification	46	3.00	9.00	5.93	6	1.55495
Confidence in the management of more common PMH presentations	46	3.00	9.00	5.7174	6	1.40891
Valid	46					

As we can see from the table 1 and graph 1, regarding the general perception, the values range from 8 to 26, the mean is 18.08 and the mode is 15. We can say that the perception of students regarding their knowledge related to perinatal mental health issues is good.

Graph 1. Data related to the PMHA scale



As we can see from the table 1 and graph 1, regarding the students' perception of their knowledge related to perinatal mental health issues, the values vary from 2 to 9, the mean is 6.43 and the mode is 6. We can say that the perception of Nursing students related to their knowledge related to perinatal mental health issues is good.

Regarding their perceptions about their confidence in identifying these problems, the values vary from 3 to 9, the mean is 5.93 and the mode is 6. We can say that the perception of Nursing students regarding their confidence in identifying perinatal mental health issues is good. Regarding their perceptions about their confidence in the management of more common PMH presentations, the values vary from 3 to 9, the mean is 5.71 and the mode is 6. So, the perception of Nursing students regarding their confidence in the management of more common PMH presentations are good.

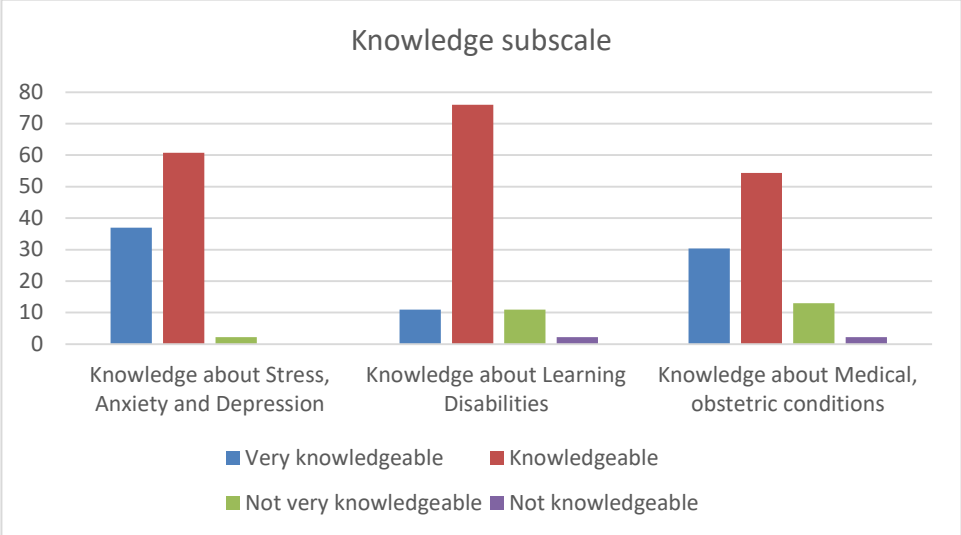
Knowledge Subscale

Table 2. Data related to The Knowledge subscale

Knowledge subscale	Very knowledgeable	Knowledgeable	Not very knowledgeable	Not knowledgeable
Knowledge about Stress, Anxiety and Depression	37	60.8	2.2	-
Knowledge about Learning Disabilities	10.9	76	10.9	2.2

Knowledge about Medical, obstetric conditions	30.4	54.4	13	2.2

Graph 2. Data related to The Knowledge subscale



Regarding their knowledge about Stress, Anxiety and Depression, most of the students affirm that they are Knowledgeable (60.8%), 37% affirm that they are Very knowledgeable and 2.2% affirm that are Not very knowledgeable.

Regarding their knowledge about Learning Disabilities, most of the students affirm that they are Knowledgeable (76%), 10.9% affirm that they are Very knowledgeable, a small part (10.9%) affirms that is Not very knowledgeable and 2.2% affirms that is Not knowledgeable.

Regarding their knowledge about Medical, obstetric conditions, most of the students affirm that they are Knowledgeable (54.4%), 30.4% affirm that are Very knowledgeable, a small part (13%) affirms that is Not very Knowledgeable and 2.2% affirms that is Not knowledgeable.

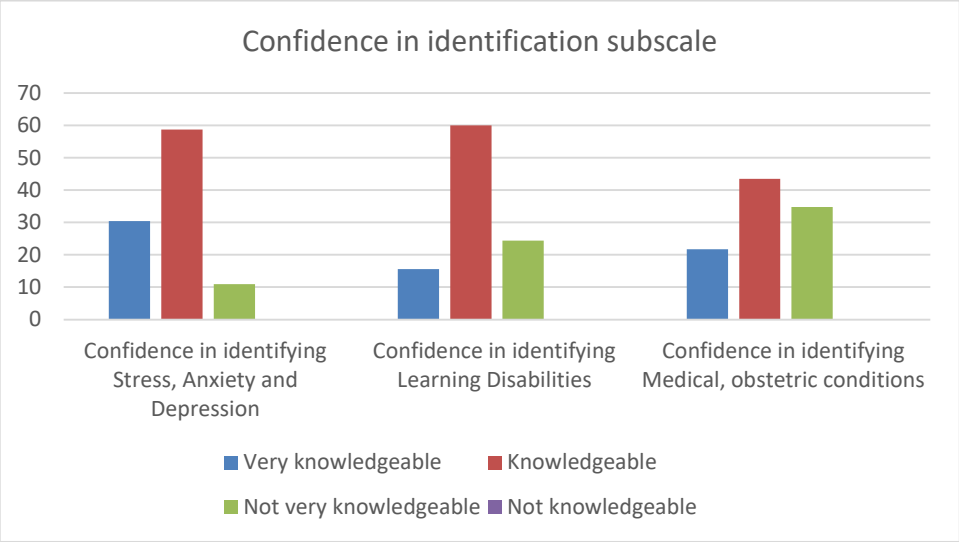
Confidence in identification subscale

Table 3. Data related to The Confidence in identification subscale

	Very knowledgeable	**Knowledgeable**	**Not very knowledgeable**	**Not knowledgeable**
Confidence in identifying Stress, Anxiety and Depression	30.4	58.7	10.9	-

Confidence in identifying Learning Disabilities	15.6	60	24.4	-
Confidence in identifying Medical, obstetric conditions	21.7	43.5	34.8	-
Valid				

Graph 3. Data related to the Confidence in identification subscale



Regarding their confidence in identifying Stress, Anxiety and Depression, most of the students affirm that they are Knowledgeable (58.7%), 30.4% affirm that they are Very knowledgeable and 10.9% affirm that are Not very knowledgeable.

Regarding their confidence in identifying Learning Disabilities, most of the students affirm that they are Knowledgeable (60%), 15.6% affirm that they are Very knowledgeable and 24.4% affirm that they are Not very knowledgeable.

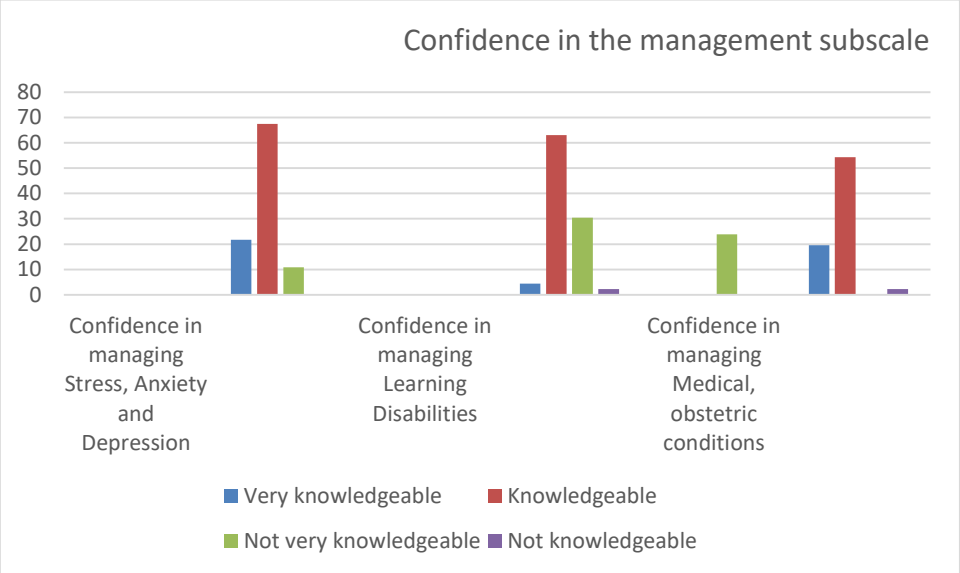
Regarding their confidence in identifying Medical, obstetric conditions, 43.5% e student eve affirm that they are Knowledgeable, 21.7% affirm that they are Very knowledgeable and 34.8% affirm that they are Not very knowledgeable.

Confidence in the Management of More Common PMH Presentations Subscale

Table 4. Data related to The Confidence in the management of more common PMH presentations subscale

	Very knowledgeable	Knowledgeable	Not very knowledgeable	Not knowledgeable
Confidence in managing Stress, Anxiety and Depression	21.7	67.4	10.9	-
Confidence in managing Learning Disabilities	4.4	63	30.4	2.2
Confidence in managing Medical, obstetric conditions	19.6	54.3	23.9	2.2
Valid				

Graph 4. Data related to the Confidence in the management of more common PMH presentations subscale



Regarding their confidence in managing Stress, Anxiety and Depression, most of the students affirm that they are Knowledgeable (67.4%), 21.7% affirm

that they are Very knowledgeable and 10.9% affirm that are Not very knowledgeable.

Regarding their confidence in managing Learning Disabilities, most of the students affirm that they are Knowledgeable (63%), 4.4% affirm that are Very knowledgeable, 30.4% affirm that are Not very knowledgeable and 2.2% affirms that is Not knowledgeable.

Regarding their confidence in managing Medical, obstetric conditions, 54.3% affirms that are Knowledgeable, 19.6% affirm that are Very knowledgeable, 23.9% affirm that are Not very knowledgeable and 2.2% affirms that is Not knowledgeable.

The Relationship between PMHA and Student's Residence

Table 5. The Relationship between PMHA and Student's Residence

Residence	Scale	Mean	N	Std.Deviation	Minimum	Maximum
	PMHA					
City		18.79	24	4.14917	8	26
Village		17.31	22	3.16809	14	24
Total		18.08	46	3.74656	8	26
	Knowledge					
City		6.6250	24	1.46888	2	9
Village		6.2273	22	1.19251	3	8
Total		6.4348	46	1.34416	2	9
	Confidence in identification					
City		6.2083	24	1.66757	3	9
Village		5.6364	22	1.39882	3	8
Total		5.9348	46	1.55495	3	9
	Confidence in the management					
City		5.9583	24	1.42887	3	9
Village		5.4545	22	1.37069	3	8
Total		5.7174	46	1.40891	3	9

The students who live in the city have a more positive perception compared to the students who live in the village, but this relationship is not statistically significant (Sig=0.18).

The students who live in the city have a more positive perception compared to the students who live in the village regarding their level of knowledge, but this relationship is not statistically significant (Sig=0.32).

The students who live in the city have a more positive perception compared to the students who live in the village regarding their confidence in identification, but this relationship is not statistically significant (Sig=0.21).

The students who live in the city have a more positive perception compared to the students who live in the village regarding their confidence in management, but this relationship is not statistically significant (Sig=0.23).

The Relationship between PMHA and Student's Bachelor Study Program

Table 6. The Relationship between PMHA and Student's Bachelor Study Program

Bachelor	Scale	Mean	N	Std.Deviation	Minimum	Maximum
	PMHA					
General nursing		17.7895	19	3.73540	12.00	25.00
Midwife		18.8889	18	4.33710	8.00	26.00
Physiotherapy		20.0000	1		20.00	20.00
Total		18.3684	38	3.97574	8.00	26.00
	Knowledge					
General nursing		6.3684	19	1.42246	3.00	9.00
Midwife		6.7222	18	1.48742	2.00	8.00
Physiotherapy		7.0000	1		7.00	7.00
Total		6.5526	38	1.42748	2.00	9.00
	Confidence in identification					
General nursing		19	19	1.43678	3.00	8.00
Midwife		18	18	1.84089	3.00	9.00
Physiotherapy		1	1		6.00	6.00
Total		6.0263	38	1.61892	3.00	9.00
	Confidence in the management					
General nursing		5.6316	19	1.49854	3.00	8.00
Midwife		5.8889	18	1.49071	3.00	9.00
Physiotherapy		7.0000	1		7.00	7.00
Total		5.7895	38	1.47333	3.00	9.00

Midwifery students have a more positive perception compared to General Nursing students, but this relationship is not statistically significant (Sig=0.65).

Midwifery students have a more positive perception, compared to General Nursing students, regarding their level of knowledge about perinatal mental health issues, but this relationship is not statistically significant (Sig=0.72).

Midwifery students have a more positive perception, compared to Nursing students, regarding their Confidence in identification of perinatal mental health problems, but this relationship is not statistically significant (Sig=0.66).

Midwifery students have a more positive perception, compared to Nursing students, regarding their Confidence in management of perinatal mental health issues, but this relationship is not statistically significant (Sig=0.62).

The Relationship between PMHA and Student's Age

There is a negative correlation between the age of the students participating in the study and their perception of perinatal mental health issues (Pearson Correlation is -0.191).

There is a negative correlation between the age of the students participating in the study and their perception about their level of knowledge regarding perinatal mental health issues (Pearson Correlation is -0.197).

There is a negative correlation between the age of the students participating in the study and their perception about their confidence in identification of perinatal mental health issues (Pearson Correlation is -0.345). There is a positive correlation between the age of the students participating in the study and their perception about their confidence in management of perinatal mental health issues (Pearson Correlation is 0.060).

- Data Related to the Second Questionnaire

Item 1. How adequate did your nursing education program prepare you in the assessment and management of perinatal mental health issues?

37% of participants think that their education programs in nursing (bachelor and master's degree) prepare them *Somewhat adequate*, 58,7% of them think that their education programs in nursing prepare them *Adequate*, whereas 4.35 of them are *Unsure*.

Item 2. During your nursing education, how much emphasis was placed on the assessment and management of women with mental health problems, both during pregnancy and after?

2.2% of students think that their nursing education placed *No emphasis*, 28.3% think that their nursing education placed *Too little emphasis*, 50% think that was placed *Adequate emphasis* and 19.5% think that was placed *Too much emphasis*.

Item 3. Do you think you have the appropriate skills to assess and care for women with mental health problems, both during pregnancy and after?

41.3% of the participants think that they have appropriate skills and further training might be useful and beneficial and 58.7% of the participants think that they need further training to improve their skills.

Item 4. How could your nursing education program have better prepared you for your role in the screening and management of women with mental health problems, both during pregnancy and after?

Table 7. Data related to the item 4

Item	Frequency	Percent
More practice in assessing mental health problems of both during pregnancy and after birth women.	6	13
More practice in managing mental health problems of both during pregnancy and after birth women.	6	13
More practice in assessing mental health problems of both during pregnancy and after birth women, more knowledge in the treatment techniques and more practice in managing these problems.	5	10.9
More lecture time on mental health problems of both during pregnancy and after birth women.	4	8.7
More lecture time on mental health problems of both	4	8.7

during pregnancy and after birth women and more practice in managing these problems.		
More practice in assessing mental health problems of both during pregnancy and after birth women and more knowledge in the treatment techniques.	4	8.7
More practice in assessing mental health problems of both during pregnancy and after birth women and more practice in managing them.	4	8.7
More knowledge in the treatment techniques and more practice in managing mental health problems of both during pregnancy and after birth women.	4	8.7
More knowledge in the treatment techniques.	3	6.5
More lecture time on mental health problems of both during pregnancy and after birth women and more practice in assessing them.	3	6.5
More lecture time on mental health problems of both during pregnancy and after birth women, more knowledge in the treatment techniques and more practice in managing these problems.	2	4.3
More lecture time on mental health problems of both during pregnancy and after birth women, more practice in assessing these problems, more knowledge in the treatment techniques and more practice in managing these problems.	1	2.2
Total	46	100

Conclusions and Suggestions

Based on various studies, it is now accepted that perinatal mental health problems nowadays exist. Their management constitutes a challenge for health professionals, both in terms of early identification and in terms of their proper treatment. In this context, nurses also have an important role.

Nursing students have high levels of awareness related to perinatal mental health issues.

The perception of Nursing students related to their knowledge related to perinatal mental health issues is good. In general, they are knowledgeable about Stress, Anxiety and Depression, about Learning Disabilities, and about Medical, obstetric conditions.

The perception of Nursing students related to their confidence in identifying perinatal mental health problems is good. Most of the students think that they are confident in identifying Stress, Anxiety and Depression, Learning Disabilities, Medical, obstetric conditions.

The perception of Nursing students regarding their confidence in the management of more common PMH presentations is good. Most of them think that are confident in managing Stress, Anxiety and Depression, Learning Disabilities, Medical, obstetric conditions.

The students who live in the city have a higher awareness related to perinatal mental health issues compared to the students who live in the village. They have also a more positive perception regarding their level of knowledge, regarding their confidence in identification and regarding their confidence in management, but these relationships are not statistically significant.

Midwifery students have a higher awareness related to perinatal mental health issues compared to the others. They have also a more positive perception regarding their level of knowledge, regarding their confidence in identification and regarding their confidence in management, but these relationships are not statistically significant.

There is a negative correlation between the age of the students participating in the study and their perception of perinatal mental health issues, between their age and their perception about their level of knowledge regarding these issues, and between their age and their perception about their confidence in identification of perinatal mental health issues. There is a positive correlation between the age of the students participating in the study and their perception about their confidence in management of perinatal mental health issues.

Student's opininion is that their nursing education programs prepares them in the adequate manner for the assessment and management of perinatal mental health issues and that adequate emphasis was placed on the assessment and management of them.

Students think that they have the appropriate skills to assess and care for women with mental health problems, both during pregnancy and after, but, also, they need further training to improve their skills.

Students' opinions about the amelioration of nursing education program in order to better prepare them for their role in the screening and management of women with mental health problems, both during pregnancy and after, are different. Mainly, they think that are needed more practice in assessing mental health problems, more practice in managing these problems, more lecture time on mental health problems, more knowledge in the treatment techniques.

In general, the findings of the study are similar to the findings of studies of this nature in other countries.

It is necessary to carry out more extensive studies on this topic in our country to shed light on the Albanian reality. Also, it is necessary to revise the curricula, especially in general nursing education program, as well as carry out training for nurses related to the problems of perinatal mental health issues.

References

Bottemanne H, Vahdat B, Jouault C, Tibi R, Joly L (2022). Becoming a Mother during COVID-19 Pandemic: How to Protect Maternal Mental Health against Stress Factors. *Front.Psychiatry*, 12. DOI: 10.3389/fpsyt.2021.764207.

Carroll M, Downes C, Gill A, Monahan M, Nagle U, Madden D, Higgins A (2018). Knowledge, confidence, skills and practices among midwives in the republic of

Ireland in relation to perinatal mental health care: The mind mothers study. *Midwifery*, 64. DOI: 10.1016/j.midw.2018.05.006.

Coates D, Foureur M (2019). The role and competence of midwives in supporting women with mental health concerns during the perinatal period: A scoping review. *Health and Social Care in the community.* Wiley Online Library. DOI: 10.1111/hsc.12740.

Fenwick J, Toohill J, Gamble J. *et al.* (2015). Effects of a midwife psycho-education intervention to reduce childbirth fear on women's birth outcomes and postpartum psychological wellbeing. *BMC Pregnancy Childbirth* 15, 284. DOI: 10.1186/s12 884-015-0721-y.

Guidomei S, Lega I, Cicconetti C, Falcieri M, Castelli E, Donati S, Borsari S (2019). Realizzazione di un intervento per il riconoscimeto del disagio psichico perinatale e sostegno alla maternità fragile nei servizi del percorso nascita della AUSL di Bologna. *Bollettino epidemiologico nazionale.* Istituto Superiore di Sanità. Roma.

Jarrett P.M. (2014). Student midwives' knowledge of perinatal mental health. *British Journal of Midwifery* 23(1):32. DOI: 10.12968/bjom.2015.23.1.32

Jingwen J.C (2009). Emotional Disturbances during Pregnancy & Postpartum: A National Survey of Australian Midwives & an Educational Resource. PhD Doctorate Thesis. Griffith University, Australia. DOI:https://doi.org/10.25904/ 1912/1390.

Martin C.R, Jomeen J, Jarrett P (2017). The Development and Initial Validation of the Perinatal Mental

Health Awareness Scale in Student Midwives. *Journal of Midwifery & Reproductive Health*, 5(4): 1021-1031. DOI: 10.22038/JMRH.2017.9251.

McCauley K, Elsom S, Muir-Cochrane E, Lyneham J (2011). Midwives and assessment of perinatal mental health. *Journal of Psychiatric and Mental Health Nursing.* DOI: [10.1111/j.1365-2850.2011.01727.x.

McGookin A, Furber C, Smith D.M (2017). Student midwives' awareness, knowledge, and experiences of antenatal anxiety within clinical practice. Journal of Reproductive and Infant Psychology, Volume 35, Issue 4, p.380-393, DOI: 10.1080/02646838.2017.1337270.

Noonan M., Galvin R., Jomeen J., Doody O**.** (2019). Public health nurses' perinatal mental health training needs: A cross sectional survey. *Leading Global Nursing Research***.** Wiley Online Library. DOI: https://doi.org/10.1111/jan.14013].

Olza I, Leahy-Warren P, Benyamini Y, et al. Women's psychological experiences of physiological childbirth: a meta-synthesis. *BMJ Open* 2018;8:e020347. doi:10. 1136/bmjopen-2017-020347

Rondung E., Thomtén J., Sundin Ö. (2016). Psychological perspectives on fear of childbirth. *Journal of Anxiety Disorders*. Volume 44, 80–91. Elsevier. DOI: 10.1016/j.janxdis.2016.10.007

Striebich S., Mattern E., Ayerle G.M. (2018). Support for pregnant women identified with fear of childbirth (FOC)/tokophobia – A systematic review of approaches and interventions. *Midwifery*. Volume 61. Elsevier. DOI: 10.1016/j.midw.2018. 02.013.

WHO (2001). Nurses and Midwives for Health. WHO European Strategy for Nursing and Midwifery Education. Section 1–8 Guidelines for Member States on the implementation of the strategy. WHO Regional Office for Europe, Copenhagen.