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Assessing Effectiveness of a Mentorship Intervention Addressing Perinatal Depression in Rwanda

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Proposed Maternal mental health mentorship intervention addressing perinatal depression in Rwanda:

Perinatal depression is the most prevalent mental disorder during pregnancy and one year postnatal and contributes to the high burden of health risks faced by mothers and their offspring around birth in Low and Middle Income Countries (LMICs) (Patel & Prince, 2006). Nonetheless, it is often undiagnosed and untreated. However, in Rwanda, available literature report the prevalence of perinatal depression symptoms to be high (Umuziga, Adejumo & Hynie, 2015) and higher in the postnatal period (21.8%) than the antenatal period (19.4%: EPDS scores above 12) (Hynie, Umubyeyi, Mukamana et al 2017). A subsequent study using clinical diagnoses to determine depression found depression rates of 36.4% and 24.7% among new mothers and pregnant women respectively (Souvenir, Nyirazinyoye, Hynie et al., 2018). The proposed study is aimed at **Assessing mentorship intervention to improve access to mental health care for perinatal depression in Rwanda.** A Maternal Mental Health (MMH) mentorship model will be implemented for building capacity of PHCDs caring for women in perinatal period about maternal mental health, specifically; addressing perinatal depression and improve perceived social support. A mixed method approach using a quasi-experimental design will evaluate the process and effectiveness of the interventions on perinatal depression in Rwanda. Limited evidence on effective interventions addressing perinatal depression in primary health care was reported in LMICs (Baron et al. (2016), a study conducted in different African countries including Rwanda by Manzi and colleagues (2017) report that incorporating mentorship and coaching activities into health care systems to be associated with improvements in quality of clinical care, accountability and staff satisfaction. Therefore, implementing maternal mental health mentorship and peer support interventions may make a significant impact to improve access to care and outcomes for women with perinatal depression in Rwanda. The **purpose** will be to assess mentorship intervention to improve access to mental health care for perinatal depression in Rwanda. Preliminary results will be presented during the conference

Title:

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Keywords:

Mentorship, Perinatal depression and Rwanda

References:

Baron, E.C, Hanlon, C, Mall, S. and et al. (2016). Maternal mental health in primary care in Low and Middle Income countries: a situational analysis. *BMC. Health services research*; 16:53.

Umuziga, P.M., Adejumo, O., Hynie, M. (2015) Assessment of Common Perinatal Mental Disorders in a selected District Hospital of the Eastern Province in Rwanda” Abstract. *Rwanda Journal of Medicine and Health Sciences*,2 (2).
<http://dx.doi.org/10.4314/rj.v2i2.34F>

Abstract Summary:

Perinatal depression is the most prevalent mental disorder during pregnancy and one year postnatal and is associated with risks faced by mothers and their infants. In Rwanda, perinatal depression is high. Our study will assess effectiveness of a mentorship intervention to improve access care for perinatal depression in Rwanda.

Content Outline:

1. Introduction
2. Purpose
3. Methods
4. results
5. conclusion

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Author Summary: M. Providence Umuziga is RMHN holding a Master's degree in Nursing obtained from The University of the Western Cape/ South Africa. Ms. Currently, she is working for the University of Rwanda, School of Nursing as a lecturer. She is also involved in research especially in maternal mental health. She is a Vice president of Rwandan Society of Psychiatric-Mental Health Nurses (RSPN), and deputy general secretary of Organization Rwandaise Contre Epilepsie (ORCE).