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Women's Health:
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HCOWAA: Advancing Healthcare Standards in West Africa

The Health Community of West Africa Association (HCOWAA), based in Ghana, is a non-governmental organization dedicated to advancing healthcare across West Africa. Addressing the uneven distribution of medical resources, HCOWAA advocates for regional cooperation through a Health Alliance that unites healthcare stakeholders to create a cohesive health community.

With a mission to improve health outcomes in West Africa, HCOWAA facilitates collaboration, innovation, and research among professionals, leveraging collective resources to enhance healthcare services, policies, and access. HCOWA envisions a resilient West African healthcare system where institutions and professionals lead groundbreaking research, foster innovation, and influence policies that elevate regional healthcare.

Through initiatives like establishing a regional healthcare database, launching research projects, and hosting policy roundtables, HCOWA builds strong networks to drwive healthcare advancements. Advocacy efforts focus on equitable access, supporting vulnerable populations, and addressing healthcare disparities. The organization's objectives include fostering research and innovation, supporting health policy reforms, and integrating medical equipment manufacturers with healthcare facilities.

HCOWA also facilitates training programs, academic exchanges, and research grants, ensuring members are equipped with knowledge and skills to address regional health challenges effectively. Networking events like the HCOWA Medical and Health Industry Investment Summit & Expo connect professionals, offering a platform for partnership and knowledge sharing.

HCOWAA's commitment extends to partnerships with international health organizations and academic institutions, which amplify its impact by introducing global best practices and strengthening West African healthcare infrastructure. Collaborative efforts with international partners promote training, research, and infrastructure upgrades for health facilities, pharmaceutical establishments, and clinics.

In addition, HCOWAA's magazine partnerships, including an MoU with Health Pulse Magazine, provide platforms to publish relevant content, share insights, and enhance visibility for ongoing initiatives. Through these combined efforts, HCOWAA aims to foster a collaborative healthcare environment that not only addresses urgent health challenges but also builds a sustainable, inclusive healthcare future for West Africa.

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Special Report

Health Community of West Africa Association and Centre for Plant Medicine Research Sign MoU to Boost Traditional Medicine Collaboration

The Health Community of West Africa Association has entered into a strategic Memorandum of Understanding (MOU) with the Centre for Plant Medicine Research to advance collaboration in traditional medicine, research, and international academic exchange.

The agreement establishes a framework for cooperation between the two institutions, with a shared focus on promoting plant medicine research, strengthening evidence-based traditional healthcare practices, and enhancing knowledge exchange across Ghana, West Africa, and global partners, particularly China.

Under the Memorandum of Understanding, both parties will undertake joint research initiatives in traditional and plant medicine while facilitating the exchange of researchers, scientists, and academic experts. The collaboration will also support the development of joint training programmes, workshops, and seminars aimed at building capacity in the field of traditional medicine and healthcare innovation.
Health Community of West Africa Association will lead international engagement efforts, coordinating partnerships with institutions in China and other regions, as well as spearheading the organization and global promotion of the China West Africa Medical Summit and Expo. The Centre for Plant Medicine Research will support research activities, promote participation among Ghanaian institutions, and serve as a co-organizer of the summit.

The upcoming summit will feature an AI Diagnosis and Project Cooperation Summit, alongside a Traditional Medicine Forum designed to bring together researchers, practitioners, policymakers, and industry stakeholders to foster dialogue and collaboration.

Both organizations have committed to supporting publicity efforts and encouraging participation from across the medical and academic communities. The partnership will also explore opportunities for future collaboration, including research partnerships, investment initiatives, and technology exchange arising from the summit.
The Memorandum of Understanding, which is non-binding, will remain in effect for an initial period of five years, with provisions for renewal or amendment by mutual consent. Specific financial commitments and project details will be defined in separate agreements.


MOU
MOU


MOU

Women's Health

Exploring the Use of Epidurals in Childbirth:

Comfort and Concerns for Mothers.

Midwife Cleopatra Abbey
Korle Bu Teaching Hospital

Childbirth is a significant and often intense experience, and managing labour pain is an important part of maternal care. One of the most effective methods of pain relief during delivery is the use of an epidural, administered using a specialized medical tool known as an Epidural needle.

An epidural needle is a hollow instrument used to insert a small, flexible tube (catheter) into the lower back, close to the spinal nerves. Through this tube, medication is delivered to block pain signals from the lower body, allowing mothers to remain awake and comfortable during labour.

The procedure is carefully performed by a trained specialist known as an Anaesthetist. The mother is first positioned either sitting or lying on her side, with her back curved to open the spaces between the spinal bones. After cleaning the area and numbing it with a local anesthetic, the epidural needle is inserted, and the catheter is placed. The needle is then removed, leaving the tube in position to provide continuous pain relief.

Epidurals are typically administered during active labour, often when the cervix has dilated to about 4–6 centimeters and contractions become more intense. Once the medication is given, pain relief usually begins within 10 to 20 minutes, significantly reducing or even eliminating labour pain.

This method works by delivering medication directly near the spinal nerves, preventing pain signals from reaching the brain. While the mother experiences relief, she remains conscious and aware throughout the delivery process.

In most cases, epidurals are considered safe for both mother and baby. Only a small amount of medication reaches the baby, and healthcare providers continuously monitor the baby's heartbeat to ensure safety. However, like any medical procedure, epidurals may have side effects such as low blood pressure, mild back discomfort, or temporary difficulty in moving the legs.

Serious complications are rare due to strict medical protocols.

Not all women are eligible for an epidural. Conditions such as blood clotting disorders, infections in the back, or certain spinal issues may prevent its use. Doctors carefully assess each patient before proceeding.

Modern medical technology plays a crucial role in ensuring safety during the procedure. Equipment is used to monitor the mother's vital signs, including blood pressure and heart rate, as well as the baby's condition through fetal monitoring systems. These tools allow healthcare providers to respond quickly to any changes.

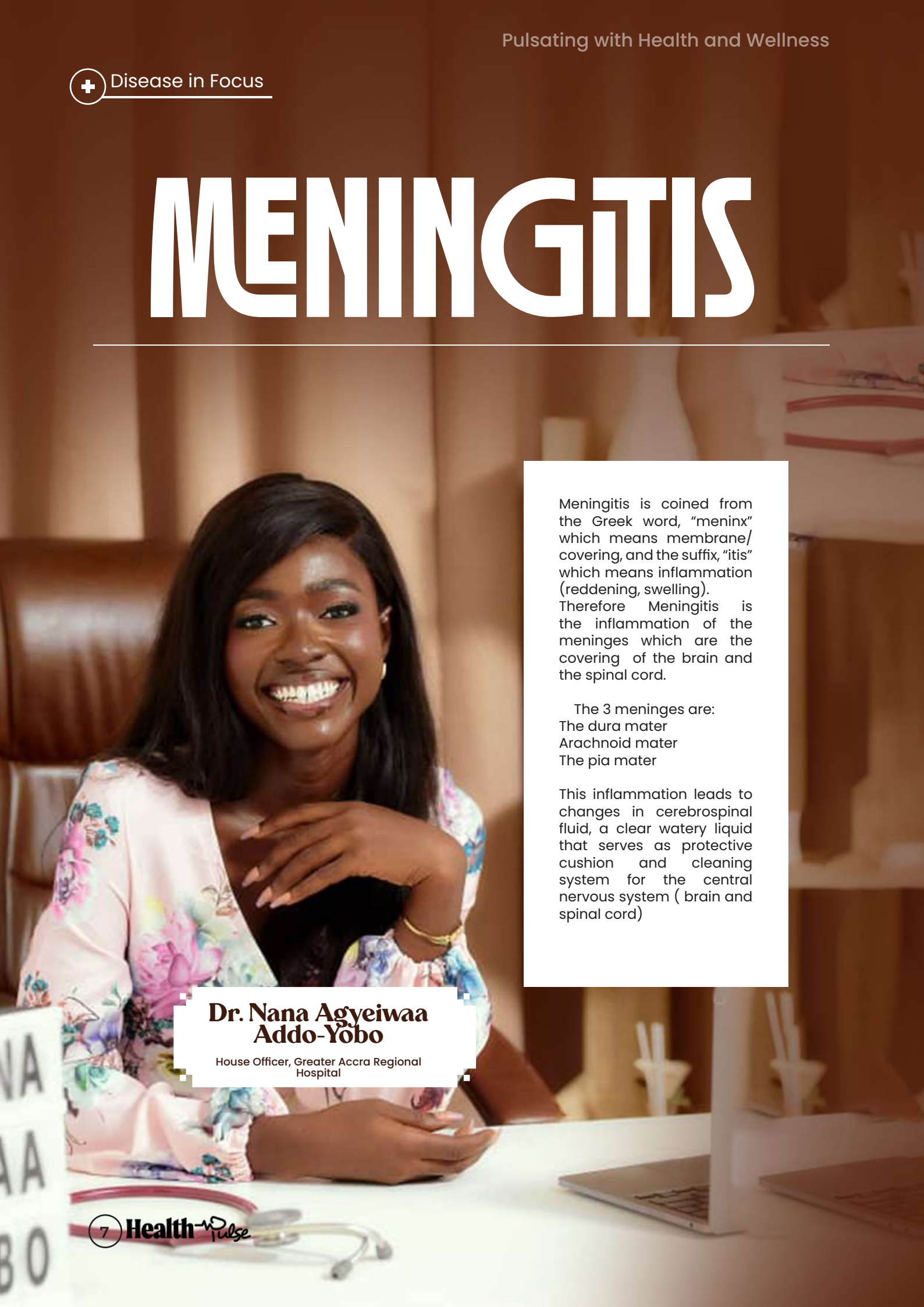
Compared to other pain relief methods such as breathing techniques or mild medications, epidurals provide the most effective and consistent relief. While some women prefer natural approaches, others choose epidurals for greater comfort during labour.

If complications arise, medical teams are trained to respond immediately by adjusting treatment or providing necessary care. Advances in medical technology, improved equipment, and better training have made epidurals safer and more reliable than ever.

For expectant mothers considering this option, it is important to have early discussions with healthcare providers. Understanding the benefits and possible risks helps women make informed decisions and approach childbirth with greater confidence.

Disease in Focus

MENINGITIS



Meningitis is coined from the Greek word, "meninx" which means membrane/ covering, and the suffix, "itis" which means inflammation (reddening, swelling).
Therefore Meningitis is the inflammation of the meninges which are the covering of the brain and the spinal cord.

The 3 meninges are:
The dura mater
Arachnoid mater
The pia mater

This inflammation leads to changes in cerebrospinal fluid, a clear watery liquid that serves as protective cushion and cleaning system for the central nervous system (brain and spinal cord)

Dr. Nana Agyeiwaa Addo-Yobo

House Officer, Greater Accra Regional Hospital

There are two main types of meningitis: Infectious and Non-infectious.

Infectious meningitis may be caused by bacteria, viruses , parasites, often from raw or undercooked snails or contaminated produce and fungi.

Viral meningitis is the most common form and usually does not require specific antiviral treatment. However, it is important to note that some viruses like the Herpes simplex virus type 2 may cause severe disease that requires prompt diagnosis and antiviral therapy.

Bacterial meningitis, though less common compared to viral meningitis, causes a more severe disease requiring immediate treatment. Parasitic and fungal meningitis on the other hand, are quite rare.
Infectious meningitis occurs when an infection spreads from the primary site to the brain, the most common mode of transmission is through the blood. It may also be a direct invasion through a head injury or by spread from infections within the sinuses, ears and eyes.

People presenting with fungal meningitis are usually people with weak immune systems, such as those with cancer, HIV/AIDS, or those taking immunity-suppressing medicines and organ transplant patients.

Non-infectious meningitis is not caused by any micro-organism but may rather be due to a disease process such as lupus or cancer, medications like Ibuprofen, some antibiotics like Septrin and Intravenous immunoglobulin. It is however rare.
For those of us within the Sub-Saharan region of Africa, having a knowledge of the meningitis belt and seasonality of the disease is important. The meningitis belt is a high risk region within sub-Saharan Africa, stretching from Senegal through to Ethiopia. It includes 26 countries, notably, Nigeria, Niger, Burkina Faso, Mali, Chad and the Northern parts of Ghana. Infection is common during the dry season due to the dry, dusty winds and cold nights leading to high transmission rates.

In adults and older children, meningitis would present with headache, neck pain, high grade fever, chills, nausea, vomiting, lethargy, sensitivity to light, neck stiffness, irritability and drowsiness. There are also signs of meningism (neck stiffness, sensitivity to light and a positive Kernig's sign: pain when you try to straighten the leg.)

In infants, the presentation is non-specific, thus there must be a strong reason to suspect meningitis. They may have unstable body temperature, seizures, stiff neck, signs of meningism like positive Brudzinski's sign: when making the chin touch the chest causes the knees to bend automatically and or Kernig' signs, or severe arching of the back), bulging soft spot on the head, and a larger-than-normal head.

Older children with meningitis may have nerve problems and in some cases of bacterial meningitis, a purple, bruise-like rash. A lumbar puncture, which involves puncturing the spinal cord to obtain cerebrospinal fluid, is the key test to confirm meningitis and should be done quickly, along with starting antibiotics and other treatments. However, a lumbar puncture should not be done if there are signs of high pressure in the brain, such as severe headache, vomiting, or confusion. In that case, brain imaging is needed first to check for problems. Testing should however never delay treatment.
For some cases of bacterial meningitis, giving a steroid like dexamethasone before antibiotics can help reduce inflammation and lower the risk of long-term nerve damage.

Complications of meningitis include seizures, nerve problems, learning difficulties, hearing loss, kidney failure, or even death.

Infectious meningitis can be prevented by getting the meningococcal vaccine at age 11 or 12 and then getting a booster shot at ages 16 to 18 as recommended by the Centers for Disease Control and Prevention (CDC).

Ghana's Extended Programme for Immunization also makes provision for children from birth to 18 months to receive vaccines against measles, rubella and Haemophilus influenzae type b, which serves as a preventive measure against meningitis.
People are also encouraged not to share personal items with others that may have come into contact with body fluids as these may be a source of transmission. A safe distance must be kept from infected people and regular and proper handwashing must be done at all times.

Meningitis is a life-threatening and rapidly progressive disease, but very treatable. It must be recognised early and treated appropriately and even more so in the paediatric population. Clinicians must always have a high index of suspicion for it and act promptly in order to prevent the complications.

Family Health

SANDWICH GENERATION STRESS:

CARING FOR KIDS AND AGING PARENTS

Nurse Charity Essie Djokoto

Do you find yourself in the role of caring for your children while also supporting aging parents?
Dear sisters, mothers and caregivers, know that you are not alone. Many women today find themselves in this demanding position. This is known as the sandwich generation. You are "in the middle," giving your time, energy, love and resources to both generations.

In our Ghanaian and African context, this responsibility is often expected. We are raised to nurture and care for family. While this is a beautiful expression of love, it can also become overwhelming. Many women carry this burden silently, trying to be strong for everyone. Let us be honest, this role is not easy. As a woman, you may be managing your home, working or running a business, raising children, and caring for elderly parents, all at the same time. This creates multiple pressures.

First, there is emotional stress. You worry about your children's future and your parents' health. You may feel guilty, asking yourself, "Am I doing enough?" This emotional load can be exhausting. It comes with physical exhaustion. Many women are constantly busy, with little rest. Over time, this leads to fatigue, poor sleep, and declining health.

In addition, there is financial pressure. Meeting the needs of children and aging parents, school fees, medical bills, and daily expenses. These can stretch limited resources. Finally, many women experience a loss of self. In caring for everyone else, you may neglect your own needs, dreams, and well-being.
Culturally, women are often expected to carry most of the caregiving responsibility. But it is important to remember you are human, not superhuman. If this stress is not managed, it can affect your mental and physical health, leading to anxiety, burnout, and even chronic illness. That is why self-care is not a luxury, it is a necessity. You cannot pour from an empty cup.

So how can you care for others without losing yourself?
Give yourself permission to rest. Even small moments of rest can restore your strength. Pulse and do something you enjoy. Asking for help is not weakness, it is wisdom Sharing responsibilities by involving your spouse, children, and other family members.
Learn to set boundaries. It is okay to say, "I need help" or "I cannot do everything today."

Nurture your emotional and spiritual life through prayer, reflection, and supportive relationships as these can give you strength and peace. Build a support system by having friends, church groups, and women's networks that provide encouragement and understanding
Finally, by eating well, staying active and having regular health check.

Dear woman, your role is powerful. You are raising the next generation while caring for the one before you. That is a great responsibility—but you must not forget yourself in the process.

Take care of your children, honor your parents, but also—take care of yourself.
Because when you are healthy, strong, and at peace, your whole family benefits.

Health and Technology

NEWBORN SCREENING TEST S AS TOOL FOR LIFELONG CHILD HEALTH

Newborn screening is a vital public health intervention designed for the early detection of conditions that are not clinically obvious at birth but can cause severe disability or death if untreated. It commonly detects genetic, metabolic and endocrine disorders. These include conditions such as sickle cell disease, phenylketonuria (PKU), congenital hypothyroidism, galactosemia, and other inborn errors of metabolism.

In detail, some common screening tests and related disorders include Thyroid Stimulating Hormone (TSH), which screens for congenital hypothyroidism (low thyroid function), where high TSH levels suggest the thyroid gland is not producing enough hormone crucial for brain development. Another important test is 17-α-Hydroxyprogesterone (17-OHP), which screens for congenital adrenal hyperplasia (CAH), a genetic disorder affecting adrenal gland hormone production, specifically 21-hydroxylase deficiency.

Major Dr. (MLS) Emmanuel Adusei
(Forensic and Deputy Chief Medial Lab Scientist, 37 Military Hospital)

Glucose-6-Phosphate Dehydrogenase (G6PD) testing measures enzyme activity to detect G6PD deficiency, a condition that causes red blood cells to break down prematurely when exposed to certain foods or medications. Immunoreactive Trypsinogen (IRT) is used to screen for cystic fibrosis, where elevated levels suggest pancreatic dysfunction. Total Galactose (TGAL) screens for galactosemia, a rare metabolic disorder that prevents the body from digesting galactose, a sugar found in milk. Biotinidase testing detects biotinidase deficiency, an inherited disorder that prevents the body from recycling biotin, a vital vitamin, which can lead to seizures and developmental delays.

Phenylalanine (Phe) testing screens for PKU, a metabolic disorder that causes toxic accumulation of the amino acid phenylalanine, leading to intellectual disability if not treated early. Additional screening includes pulse oximetry for critical congenital heart disease (CCHD), transcutaneous bilirubinometers for hyperbilirubinemia (jaundice), and glucometers for immediate blood glucose monitoring.

Screening is typically performed within 24–72 hours after birth, ideally after the baby has started feeding. Timing is critical because many screened conditions can cause irreversible damage such as brain injury or severe infection within the first weeks of life if not detected and treated early. This makes early testing essential for effective intervention.

Newborn screening laboratories use advanced technologies such as tandem mass spectrometry (MS/MS), high-performance liquid chromatography (HPLC), immunoassays, and molecular techniques (DNA-based testing). These methods allow multiple conditions to be detected accurately using a single small blood sample. In addition, point-of-care (POC) testing methods are used for immediate testing of glucose, galactose, bilirubin, and other parameters.

The process of collecting samples is simple and standardized. A healthcare worker performs a heel-prick to collect a few drops of blood from the newborn, usually onto a special filter paper known as a dried blood spot card. The sample is allowed to dry and then sent to a specialized laboratory for analysis, while POC devices use fresh blood from the heel prick for immediate testing. Care is taken to ensure safety, with the puncture depth not exceeding 2mm, and slightly lower for preterm babies.

If a newborn tests positive, it is important to note that a positive screen does not mean a confirmed diagnosis. The family is promptly contacted, and the baby undergoes confirmatory testing. If the condition is confirmed, the infant is referred to appropriate specialists, and treatment or management begins immediately.

Early detection enables early intervention, which can prevent severe complications such as intellectual disability, irreversible organ damage, growth failure, or death. Many children identified early through screening go on to live healthy, productive lives, demonstrating the effectiveness of this approach.

The risks associated with screening are minimal. The heel prick may cause brief discomfort or crying, but there are no long-term risks. The benefits of screening far outweigh this temporary discomfort.

However, laboratories face several challenges in implementing screening programmes, including limited funding, limited trained personnel, maintaining quality assurance, ensuring timely transport of samples, and guaranteeing follow-up care for babies who screen positive, especially in low-resource settings.

In Ghana, newborn screening is not yet universal. However, targeted programmes for sickle cell disease, G6PD deficiency, and congenital hypothyroidism exist in major hospitals and research centres. Accessibility is improving, but coverage remains uneven between urban and rural areas, highlighting the need for national scale-up.

To conclude, newborn screening is a simple, safe, and lifesaving test. Allowing your baby to be screened shortly after birth gives them the best possible start in life by detecting serious conditions early, often before symptoms appear, and enabling timely intervention that supports lifelong health.

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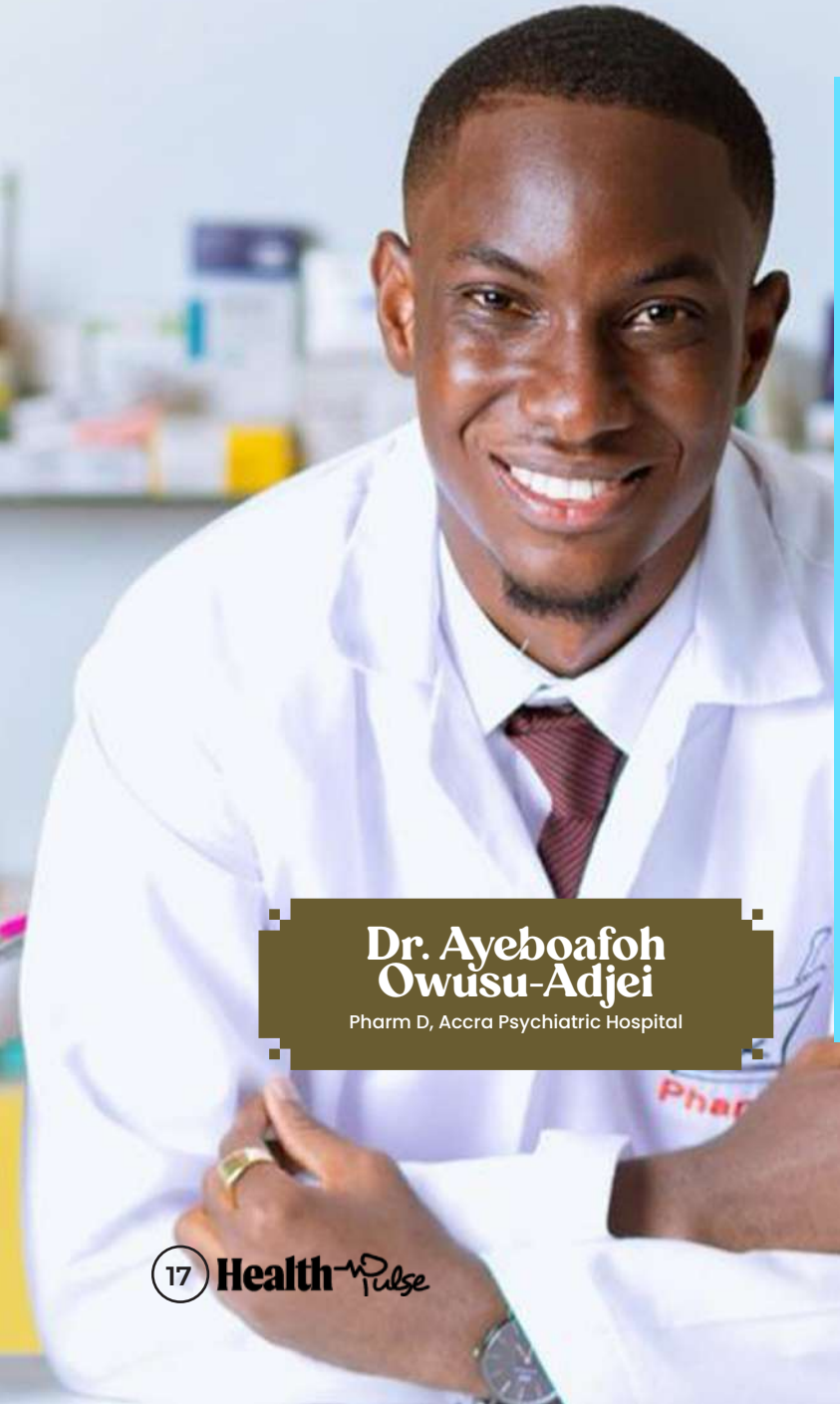
Mental Health

Mental Health Awareness and Medication Adherence:

Managing Antidepressant Side Effects Through Pharmaceutical Care

Antidepressants are medications used to treat mental health conditions such as depression, anxiety, post-traumatic stress disorder (PTSD) and some eating disorders. As mental health awareness increases, more people are starting antidepressant therapy—an important and positive step in the de-stigmatization of mental illness. However, this increase in use has also led to a consequential rise in the incidence of side effects, particularly those affecting the gastrointestinal (GI) system.

Antidepressants elicit their anti-depressive effects mainly by influencing serotonin production and reuptake. While serotonin is widely known for its role in mood regulation, it is important to note that about 80%–95% of serotonin receptors are located in the digestive system. As a result, any changes in serotonin levels can greatly affect digestive processes, explaining why GI side effects are the most prevalent among patients on antidepressants.



Dr. Ayeboafoh Owusu-Adjei
Pharm D, Accra Psychiatric Hospital

Common gastrointestinal side effects reported include dry mouth, nausea, vomiting, diarrhea, constipation, and changes in appetite. These effects often vary depending on the class of antidepressant. For example, Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) are more likely to cause diarrhea, while Tricyclic Antidepressants (TCAs) are more associated with constipation.

Although these side effects may not always be severe, they often pose a level of discomfort that can reduce the quality of life of patients.

This reduction in quality of life greatly contributes to the increasing rate of medication discontinuation. When patients experience persistent discomfort, they may be discouraged from continuing treatment, which can negatively affect recovery. This is why managing these unwanted effects is essential in promoting medication adherence and ensuring better mental health outcomes.

Pharmaceutical care plays a crucial role in helping patients manage these side effects effectively. Pharmacists, in particular, can provide practical, symptom-specific advice. For nausea, patients are encouraged to take their medication with food or ginger, and where possible, take doses in the evening. For diarrhea, dietary modifications such as avoiding caffeine and lactose are recommended, alongside the use of loperamide as needed. Constipation can be managed by increasing fiber intake, fluids, and physical activity. For dry mouth, frequent sips of water, sugar-free gum, saliva substitutes, and fluoride rinses for dental protection can offer relief.

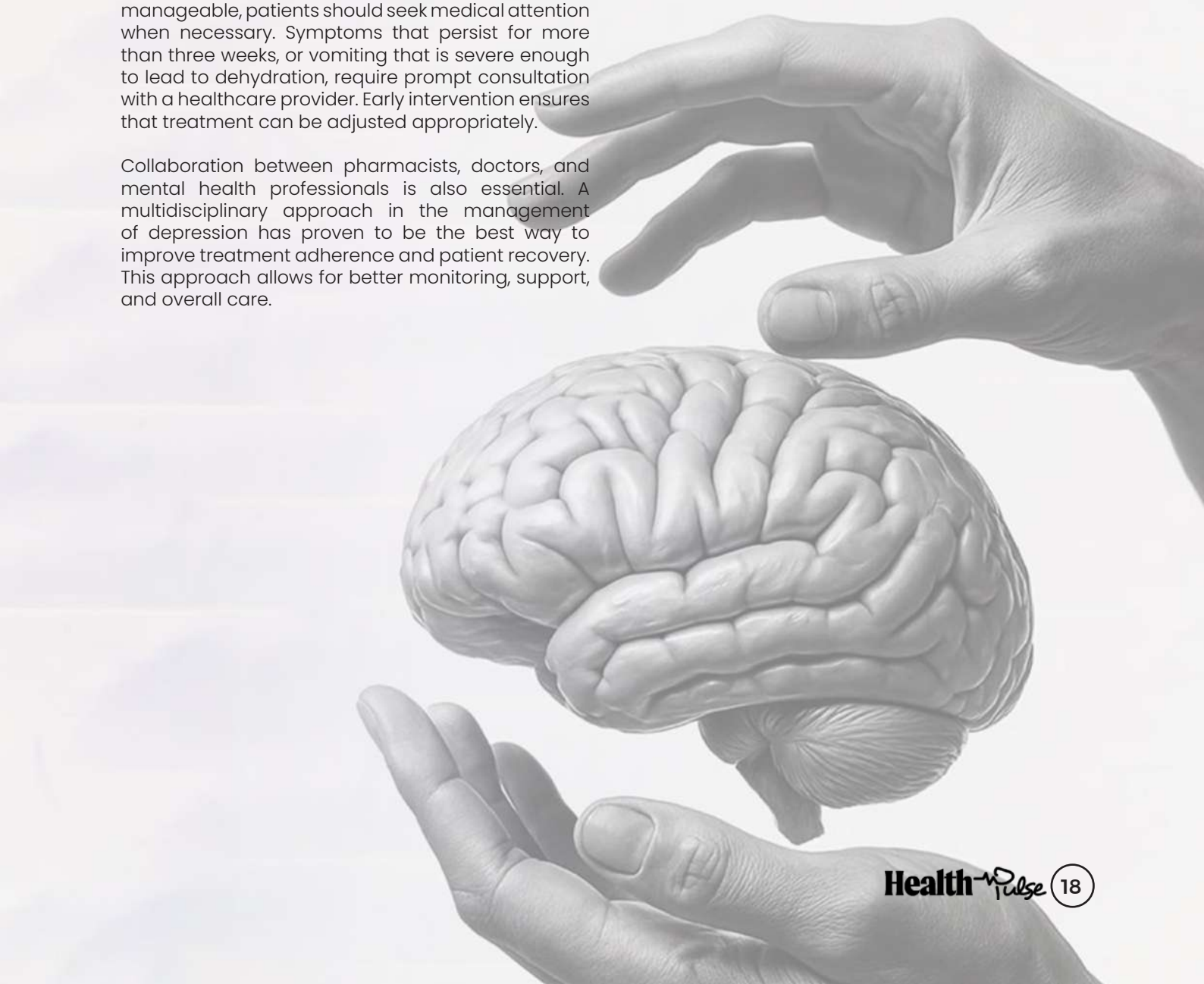
Beyond symptom management, certain lifestyle and dietary changes can support both mental wellness and reduce gastrointestinal discomfort. Eating fibre-rich foods has been shown to have a positive effect on both gut health and mental health. The use of probiotics, as well as frequent exercising, also contributes positively to overall well-being. Adopting these habits can help manage gastrointestinal discomfort while protecting mental health.

While most side effects are temporary and manageable, patients should seek medical attention when necessary. Symptoms that persist for more than three weeks, or vomiting that is severe enough to lead to dehydration, require prompt consultation with a healthcare provider. Early intervention ensures that treatment can be adjusted appropriately.

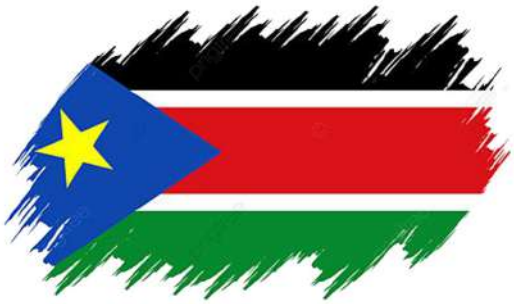
Collaboration between pharmacists, doctors, and mental health professionals is also essential. A multidisciplinary approach in the management of depression has proven to be the best way to improve treatment adherence and patient recovery. This approach allows for better monitoring, support, and overall care.

Patients should also be cautious when using over-the-counter medications alongside antidepressants. Certain combinations, particularly SSRIs with medications containing ephedrine or phenylephrine, can lead to increased serotonin levels, resulting in symptoms such as irritability and insomnia. It is important for patients to inform healthcare providers about all medications they are taking.

It is completely normal for patients to feel apprehensive about starting antidepressants. However, taking medication for the brain is no different from treating any other medical condition—it addresses a physical, biological, and chemical reality, not a personal weakness. Antidepressants are designed to help individuals feel like themselves again, not to change who they are. While side effects are possible, they are usually temporary and manageable. With open communication, proper guidance, and a willingness to adjust treatment when necessary, patients can successfully navigate their treatment journey and move toward improved mental health and quality of life.



WHO-Backed Tool Rescues South Sudan's Most Vulnerable Children



For countless mothers in South Sudan, walking into a stabilization center with a severely malnourished child has long been a journey of fear. But today, thanks to a new World Health Organization-backed quality-of-care tool, that story is being rewritten—with more children going home healthy, thriving, and alive.

South Sudan faces one of the highest rates of childhood malnutrition globally, with 2.1 million children under five at risk of acute malnutrition—including 670,000 suffering from severe acute wasting. Yet, amid these stark numbers, a quiet revolution in care is saving lives.

The Ministry of Health, with support from WHO and partners, has introduced the Quality-of-Care Improvement Tool for stabilization centres. This structured, step-by-step guide—aligned with WHO global standards—is transforming how health workers treat children with severe acute malnutrition (SAM) and medical complications.

To date, 47 health workers from 15 centers across Central, Eastern, and Western Equatoria States have been trained to use the tool. They have also received essential SAM kits, updated guidelines, and improved job aids—equipping frontline staff to deliver consistent, high-quality care.

The results are already visible. At Al Sabah Children's Hospital in Juba, where the tool was piloted, health teams have identified gaps and developed actionable plans to strengthen care. Mothers now arrive to find trained staff, clear treatment protocols, and a system designed to give every child a fighting chance.

"We appreciate WHO's continued support in strengthening inpatient care for children with severe acute malnutrition, this includes the development of guidelines, training packages, provision of SAM kits, and capacity building for health workers." said Khamisa Ayoub, Director for Nutrition at the Ministry of Health.

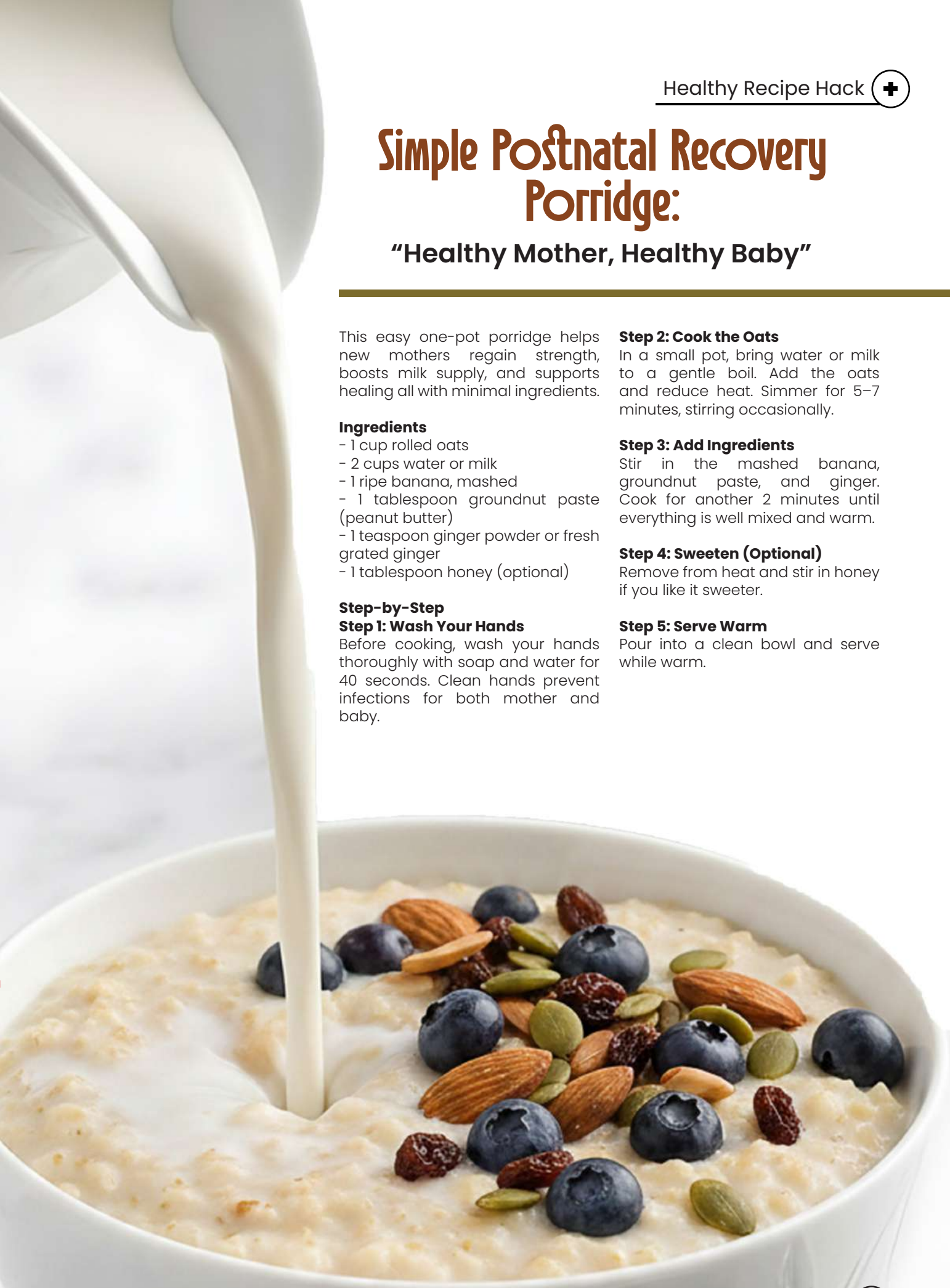
Dr. Gawar, a pediatrician at Al Sabah Children's Hospital, added: "The training and supplies from WHO have transformed how we care for children with SAM. The tool is now adapted to our local context, helping health workers deliver consistent, high-quality services."

Dr. Humphrey Karamagi, WHO Representative to South Sudan, emphasized the broader mission: "Malnutrition affects more than physical health—it delays development and limits a child's ability to learn and thrive. That is why WHO is supporting the Ministry of Health to scale up services, strengthen the health system, and ensure no child is left behind."
With improved coordination, essential medicines, and stronger monitoring systems now in place, officials say these life-saving interventions are giving South Sudan's youngest citizens a real second chance at life.

Source: WHO

Simple Postnatal Recovery Porridge:

"Healthy Mother, Healthy Baby"



This easy one-pot porridge helps new mothers regain strength, boosts milk supply, and supports healing all with minimal ingredients.

Ingredients
- 1 cup rolled oats
- 2 cups water or milk
- 1 ripe banana, mashed
- 1 tablespoon groundnut paste (peanut butter)
- 1 teaspoon ginger powder or fresh grated ginger
- 1 tablespoon honey (optional)

Step-by-Step

Step 1: Wash Your Hands
Before cooking, wash your hands thoroughly with soap and water for 40 seconds. Clean hands prevent infections for both mother and baby.

Step 2: Cook the Oats
In a small pot, bring water or milk to a gentle boil. Add the oats and reduce heat. Simmer for 5–7 minutes, stirring occasionally.

Step 3: Add Ingredients
Stir in the mashed banana, groundnut paste, and ginger. Cook for another 2 minutes until everything is well mixed and warm.

Step 4: Sweeten (Optional)
Remove from heat and stir in honey if you like it sweeter.

Step 5: Serve Warm
Pour into a clean bowl and serve while warm.

Health News

Why Mental Maternal Health Is a Global Priority

Maternal mental health is gaining increased global attention as health systems begin to recognise the emotional and psychological challenges faced by women during pregnancy and after childbirth. According to the World Health Organization (WHO), mental health conditions during and after pregnancy are a major but often underdiagnosed public health issue affecting millions of mothers worldwide.

Health experts report that a significant number of women experience conditions such as depression, anxiety, and post-traumatic stress during the perinatal period. WHO estimates that about 1 in 5 mothers in low- and middle-income countries may experience postpartum depression, a condition that can affect both maternal wellbeing and infant development if left untreated.

In response, countries are increasingly integrating mental health services into routine maternal care. For example, Ghana recently launched its first national Maternal Mental Health Policy to embed psychological support into antenatal, delivery, and postnatal services across health facilities. The policy aims to ensure early detection of mental health conditions and expand access to counselling and treatment for mothers at all levels of care.

Health professionals explain that untreated maternal mental health conditions can lead to long-term consequences, including poor bonding between mother and child, delayed child development, and increased risk of complications after birth. They emphasize that early screening during pregnancy is essential for identifying women at risk and providing timely support.
Despite progress, significant gaps remain. Many healthcare systems still lack trained personnel, screening tools, and funding for maternal mental health services. In addition, stigma and cultural beliefs continue to prevent many women from seeking help.

Experts are calling for stronger investment in community-based care, training for healthcare workers, and public education campaigns to normalize conversations around maternal mental wellbeing. Digital health tools and telemedicine are also being explored as ways to expand access to care, especially in rural areas.

Globally, maternal mental health is now seen as a critical part of women's health, with growing recognition that supporting mothers emotionally is just as important as ensuring safe physical childbirth.

Source: WHO

Health Terms in Mental, Maternal and Child Health.

Antenatal Care: Routine medical care given to pregnant women to monitor the health of both mother and baby and detect potential complications early.

Anxiety Disorder: A mental health condition marked by persistent fear or worry that can affect daily functioning and quality of life.
Cognitive Development: The process by which a child develops the ability to think, learn, reason, and understand the world.
Exclusive Breastfeeding: Feeding a baby only breast milk, without water or other foods, to support optimal growth and immunity.
Immunization: The use of vaccines to build immunity and protect children and adults from preventable diseases.
Low Birth Weight: A condition where a newborn weigh less than expected, increasing the risk of health complications.
Maternal Mortality: The death of a woman during pregnancy, childbirth or shortly after delivery, often due to preventable causes.
Neurodevelopment: The growth and maturation of the brain and nervous system, which influences behaviour, learning, and emotional health.

Our Partners

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