Eduvest – Journal of Universal Studies
Volume 6 Number 8, August, 2026
p- ISSN 2775-3735- e-ISSN 2775-3727

Analysis of Community Health Center Capacity in Integrating Mental Health Screening into Antenatal Care Services: A Systematic Literature Review

Erika Khairani Siregar*, Arih Diyaning Intiasari, Joko Mulyanto
Universitas Jenderal Soedirman, Indonesia
Email: erika.siregar@mhs.unsoed.ac.id*

Keywords
Antenatal Care; Primary Health Facilities; Maternal Mental Health; Mental Health Screening; Systematic Literature Review

ABSTRACT
Mental health disorders during pregnancy, including depression and anxiety, pose significant public health challenges affecting maternal, fetal, and child health outcomes. Although the integration of mental health screening into antenatal care (ANC) is recommended, implementation remains suboptimal due to constraints in health system capacity. This research aims to analyze community health center capacity in integrating mental health screening into ANC services through a systematic literature review. Following PRISMA guidelines, literature searches were conducted via Publish or Perish using Google Scholar, with the keywords "mental health screening" AND "antenatal care," and "maternal mental health" AND "antenatal care," yielding 18 articles that met the inclusion criteria for qualitative synthesis. Findings reveal that successful integration depends on six key factors: human resource capacity, service system integration, valid screening instruments, effective referral systems, maternal mental health literacy, and health technology support. Health worker training has been shown to improve competence in psychosocial assessment, while policy support, integrated service systems, and digital technology enhance screening effectiveness. This review concludes that community health center capacity is pivotal to the successful integration of mental health screening. Strengthening health worker competencies, supporting integrated service systems, providing standardized instruments, establishing effective referral mechanisms, and leveraging health technology are essential for comprehensive and sustainable improvement of maternal health services.

INTRODUCTION

Maternal mental health during pregnancy is one of the public health issues that are receiving increasing attention globally (Howard & Khalifeh, 2020). Mental health disorders such as depression, anxiety, and psychological stress during pregnancy can affect the health of the mother and fetus, as well as have an impact on the child's delivery process and the child's growth and development after birth (Qurniati & Frety, 2025). Anggraini et al. (2022) state that mental health disorders during the antenatal period are often undetected and not handled optimally, especially in developing countries that still face limited health resources. This condition is an important concern because poor mental health during pregnancy is associated with low maternal quality of life, increased risk of obstetric complications, premature birth,

low birth weight, and impaired cognitive and emotional development in children (Zinga et al., 2024).

Mental health disorders commonly experienced during pregnancy include depression, anxiety, psychological stress, and emotional disorders (Jalal et al., 2024). Mental health problems during the antenatal period often go undetected and do not receive adequate treatment (Callanan et al., 2022). This condition is an important concern because mental health disorders during pregnancy can increase the risk of obstetric complications, reduce the mother's quality of life, interfere with the attachment between mother and baby, and negatively impact the child's growth and development after birth, making maternal mental health an important component of maternal health services.

Antenatal care (ANC) services are among the health services provided to pregnant women to monitor the health condition of the mother and fetus during pregnancy (Tahir & Anjarwati, 2025). In addition to detecting physical risk factors and pregnancy complications, ANC also holds great potential as a means of early identification of mental health problems (Maikudi et al., 2025). The frequency of routine contact between pregnant women and health workers during ANC visits provides an opportunity to conduct an ongoing assessment of the mother's psychological condition (World Health Organization, 2018). Thus, ANC services are seen as a strategic entry point for integrating mental health services into maternal health services.

According to the World Health Organization (2016), in its Integrated People-Centred Health Services (IPCHS) framework, the integration of mental health screening into ANC services is increasingly recommended as an effort to detect early symptoms of depression, anxiety, and other psychological disorders in pregnant women, whereby mental health screening allows health workers to identify mothers at risk of experiencing mental disorders so that they can be given immediate intervention or referred to appropriate services. Several key components have been developed to support this early detection process, namely screening implementation, service integration, documentation and information continuity, follow-up care, an integrated referral system, and care coordination and continuity. The implementation of effective mental health screening is expected to improve the quality of maternal services and reduce the negative impact of mental health disorders on mothers and children (Nakidde et al., 2023).

The benefits of mental health screening in ANC services have been widely reported, but its implementation in various countries still faces several obstacles. Research by Rohani et al. (2025) shows that mental health screening has not become a routine part of antenatal services in many health facilities. In addition, research by Brown and Sprague (2021) states that the low level of implementation of ANC services is influenced by various factors, namely the lack of competence among health workers in conducting screening, limited training related to maternal mental health, high workload among health workers, and low awareness of the importance of mental health during pregnancy.

The challenge in implementing ANC services is also related to the capacity of the health service system. Research by Feyissa et al. (2025) indicates that the availability of appropriate screening instruments, policy support, recording and reporting systems, mental health referral mechanisms, and the availability of supporting resources are factors that determine the success of integrating mental health screening into ANC services. Without adequate system support,

the implementation of screening risks being suboptimal and unsustainable. Therefore, the integration of mental health screening needs to be understood as part of strengthening the health service system as a whole.

In addition, community health centers have a central role in the implementation of maternal health services because they are the health facilities closest to the community and serve as the main entry point to the health system (Jung et al., 2026). As primary health service providers, community health centers are expected to provide comprehensive, sustainable, and integrated services, including in the area of maternal mental health. However, research by Asare et al. (2025) shows that the capacity of community health centers to integrate mental health screening into ANC services still varies between regions and between countries. Research by Yanti (2025) states that differences in human resource capacity, organizational governance, financing, health information systems, and facilities and infrastructure can affect the successful implementation of these services.

Various studies have discussed maternal mental health, the implementation of mental health screening during pregnancy, and efforts to integrate mental health services into maternal health services. However, no study has specifically assessed the capacity of community health centers in integrating mental health screening into antenatal care services. This creates a research gap in obtaining a comprehensive picture of the factors that affect the success of mental health screening integration at the primary service level. In fact, the capacity of community health centers is an important aspect that determines the effectiveness, sustainability, and reach of mental health screening implementation for pregnant women. This capacity includes various components, such as the availability of human resources, policy and service-system support, facilities and infrastructure, health worker competence, and adequate referral and follow-up mechanisms. In addition, various implementation obstacles arising in the field also need to be identified to support the formulation of service-strengthening strategies appropriate to the needs and context of the service. Based on this research gap, a systematic study is needed to provide evidence-based insight and a deeper understanding of the capacity of community health centers in integrating mental health screening into antenatal care services. Therefore, this study aims to analyze the capacity of community health centers in integrating mental health screening into antenatal care services through a systematic literature review approach.

METHOD

This study used the Systematic Literature Review (SLR) method to identify, review, and synthesize scientific evidence related to the capacity of primary health facilities in integrating mental health screening into antenatal care (ANC) services. The implementation of the review is carried out referring to the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) to ensure transparency and systematics of the process of identification, selection, and synthesis of the articles being reviewed.

Literature searches are carried out through the Publish or Perish application using the Google Scholar database. The article search uses a combination of keywords: "mental health screening" AND "antenatal care" and "maternal mental health" AND "antenatal care". These keywords were chosen to collect articles that discuss mental health screening in pregnant

women, maternal mental health, and its implementation in antenatal services. The search process is carried out by limiting publication to the range of 2024-2026.

Criteria Inclusion

The articles included in this study meet several inclusion criteria, namely: Original research articles that present empirical data on the results of quantitative, qualitative, and mixed methods research, published in 2024-2026 to ensure that the evidence used reflects the latest developments related to maternal mental health and antenatal care services, written in English to ensure ease of access, consistency of the review process, as well as the comparison of research results from various countries, discussing maternal mental health, mental health screening, or the integration of mental health services in antenatal care services, including research that evaluates the implementation of screening, the perception of health workers and pregnant women, supporting and inhibiting factors for the implementation of screening, and the effectiveness of integrating mental health services at the primary service level and other health facilities, and is available in the form of complete text so as to allow researchers to conduct a thorough assessment of the objectives, methods, results, and quality of published research.

Exclusion Criteria

Article exclusion criteria are in the form of systematic review, scoping review, narrative review, meta-analysis, editorial, letter to editor, conference abstract, protocol study, commentary, opinion, or other publications that do not present primary research data. In addition, the article is also excluded if it is not directly related to the integration of mental health screening in antenatal care services, only focuses on the postpartum period without discussing pregnancy, discusses mental health in general without maternal context, or does not explain aspects of screening and the integration of mental health services in maternal health services. This exclusion criterion is applied to ensure that all articles analyzed are relevant to the research objectives and are able to provide appropriate evidence regarding the implementation of mental health screening in antenatal care services.

PRISMA Flowchart

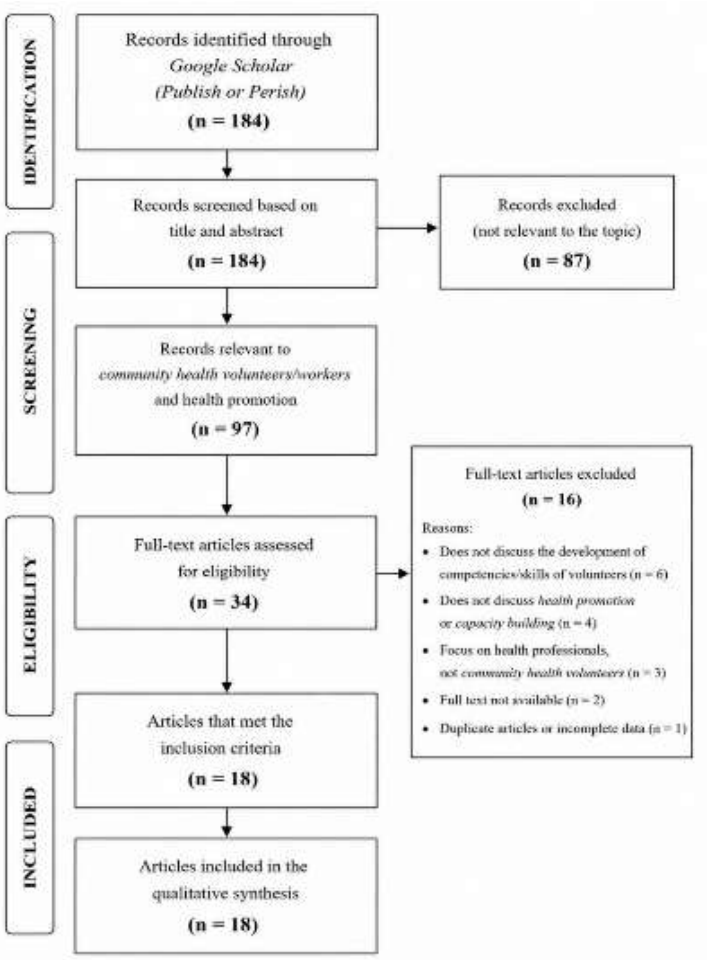

Figure 1. PRISMA Flowchart of Study Selection Process for Systematic Literature Review
Source: Authors' documentation based on PRISMA 2020 guidelines, 2026

The article identification process was carried out using the Publish or Perish application which is connected to the Google Scholar database using the keywords "mental health screening" AND "antenatal care" as well as "maternal mental health" AND "antenatal care", which resulted in 184 articles relevant to the research topic. After checking, no duplicate articles were found so the entire article was proceeded to the screening stage. At the screening stage based on title, as many as 87 articles were issued because they were not in accordance with the focus of the research, such as discussing mental health in general, not related to antenatal care services, or were review articles, so that 97 articles remained for abstract review. The results of the abstract review showed that 63 articles did not meet the inclusion criteria because they did not discuss the integration of mental health screening, did not focus on antenatal care services, or did not present primary research data, so 34 articles were proceeded to full-text evaluation. At the full text assessment stage, as many as 16 articles were issued because they did not provide adequate information related to the implementation of mental health screening in antenatal care services or did not explain the health service capacity factors that support program integration. Thus, a total of 18 articles met all inclusion criteria and were used in qualitative synthesis.

RESULT AND DISCUSSION

Table 1. Summary of Studies on Mental Health Screening Integration in Antenatal Care Services (n=18)

Yes	Researcher & Title	Focus	Key Findings
1.	(Maikudi et al., 2025) Prevalence and Risk Factors for Antepartum Depression Among Women Attending Antenatal Clinic	Antenatal depression	The high prevalence of antenatal depression indicates the need for regular screening in ANC
2.	(Wagner et al., 2024) Effects of M-DEPTH Model of Depression Care on Maternal Functioning and Infant Developmental Outcomes	Maternal depression service model	Integration of depression services improves maternal function and infant development
3.	(Støve et al., 2025) Links among Maternal Antenatal Attachment, Postnatal Depressive Symptoms and Infant Crying	Maternal mental health	Mental health during pregnancy is related to postpartum outcomes
4.	(Zinga et al., 2024) Views and Preferences of Food-Insecure Pregnant Women Regarding Food Insecurity Screening and Support Within Routine Antenatal Care	Screening Dalam ANC	Screening in ANC is acceptable when integrated with routine services
5.	(Sabeena et al., 2026) Frequency of Antenatal Depression in Obstetric Patients Attending Antenatal Clinic	Antenatal depression	Supporting the need for early detection of mental disorders in pregnant women
6.	(Harit et al., 2024) Hindi Translation and Validation of Ultra Brief Peripartum Mental Health Screening Tool (UBPMHST)	Instrumen skrining	UBPMHST has the potential for rapid screening of maternal mental health
7.	(Latifah et al., 2025) Pregnant Women's Depression and Mental Health Knowledge	Knowledge of mental health of pregnant women	Mental health literacy affects the detection and search for help
8.	(Paricio-del-Castillo, 2024) Integration of Perinatal Mental Health into Maternal and Child Care	Mental health integration	Health system support is required for service integration
9.	(Palestra et al., 2024) No Maternal Health Without Mental Health	Maternal mental health indicators	Mental health needs to be part of the maternal service indicator
10.	(Fatile et al., 2026) Effect of an Educational Intervention on Midwives' Competence in Antenatal Psychosocial Risk Assessment and Support for Pregnant Women	Midwife's competence	Training improves screening skills and psychosocial support
11.	(T. Khan & Shafiq, 2024) Maternal Wellbeing: Association Between Prenatal OCD and Antenatal Care	Maternal well-being	Psychological disorders affect the utilization of ANC

12.	(Rekhan et al., 2024) Frequency of Anxiety and Depression and Its Psychosocial Correlates Among Women Receiving Antenatal Care	Anxiety and depression in ANC	Screening is required for the identification of at-risk groups
13.	(Ng et al., 2026) Factors Associated with Maternal Depression, Anxiety and Mother-Infant Bonding	Maternal mental health risk factors	Maternal psychological conditions affect the relationship between mother and baby
14.	(Connell, 2024) Psychosocial Screening and Assessment	Psychosocial screening	Psychosocial screening needs to be integrated into maternal services
15.	(Prince et al., 2025) Advancing Maternal Healthcare: The Role of AI and Medical Technology in Antenatal Care	Technology in ANC	Technology has the potential to strengthen mental health screening and monitoring
16.	(Alqadi & Oweis, 2026) Maternal Health Literacy, Antenatal Care Engagement, and Wellbeing Among Pregnant Women in Jordan	Health literacy and ANC	Health literacy is related to maternal involvement in ANC
17.	(A. N. S. Khan et al., 2025) Perinatal Depressive Symptoms and Associations With Socioeconomic, Obstetric, and Nutritional Factors	Determinants of perinatal depression	Socioeconomic factors contribute to maternal mental health
18.	(Wang et al., 2024) Stakeholders and Their Perspectives on Perinatal Depression Screening	Stakeholder perspective	Support of health workers and organizations is essential for the implementation of screening

Source: Authors' synthesis from reviewed articles, 2026

Based on the results of a review of 18 articles that met the inclusion criteria, it was found that maternal mental health is an important issue in antenatal care (ANC) services. Several studies show a high prevalence of depression and anxiety during pregnancy that can affect the health of both mother and baby. Findings from (Maikudi et al., 2025; Rekhan et al., 2024; Sabeena et al., 2026) show that mental disorders in pregnant women are still high enough that early detection is needed through mental health screening that is integrated into ANC services. In addition, various factors such as socioeconomic conditions, nutritional status, and obstetric complications also contribute to the appearance of symptoms of depression and anxiety during pregnancy.

The success of the integration of mental health screening in maternal services is influenced by the capacity of the health system and health workers. (Palestra et al., 2024; Paricio-del-Castillo, 2024; Wang et al., 2024) emphasized that mental health needs to be an integral part of maternal and child health services through policy support, a clear referral system, and cross-professional coordination. On the other hand, (Fatile et al., 2026) found that training and educational interventions are able to improve the competence of midwives in conducting psychosocial risk assessments and providing support to pregnant women. These findings show that strengthening the capacity of health workers is an important component in the implementation of mental health screening in health care facilities.

Other research also highlights the importance of screening instruments, health literacy, and the use of technology in supporting maternal mental health services. (Harit et al., 2024)

reported that the Ultra Brief Peripartum Mental Health Screening Tool (UBPMHST) has the potential to be a fast and easy-to-use screening tool. Meanwhile, (Alqadi & Oweis, 2026; Latifah et al., 2025) show that mental health literacy affects the mother's ability to recognize symptoms of psychological disorders and seek appropriate help. The development of health technology also has the potential to strengthen the process of screening and monitoring mental health during pregnancy. Overall, the results of the synthesis show that the integration of mental health screening in ANC requires support for human resource capacity, service systems, adequate screening instruments, health literacy, and the use of technology to improve the quality of maternal health services.

The Importance of Mental Health Screening in Antenatal Care Services

The results of the synthesis show that depression and anxiety are mental health disorders that are quite often found during pregnancy. Findings Findings from (Maikudi et al., 2025; Rekhan et al., 2024; Sabeena et al., 2026) show that the prevalence of mental disorders in pregnant women is still relatively high and is influenced by various risk factors, such as socioeconomic conditions, obstetric problems, and limited social support. This high prevalence shows that antenatal care services can no longer focus only on the physical aspects of pregnancy, but also need to pay attention to the psychological condition of the mother as part of a comprehensive service.

ANC services are the most frequent point of contact between pregnant women and health workers during pregnancy. Therefore, ANC is a strategic platform to carry out early detection of mental health problems through regular screening. These findings are in line with a maternal health service approach that places mental health as an integral part of efforts to improve maternal and child health. Early detection allows for early identification of at-risk groups so that interventions can be provided before the disorder progresses to a more severe condition and impacts both mother and baby.

Human Resource Capacity as a Key Factor in the Implementation of Screening

One of the key findings in this review is the importance of health worker capacity in supporting the integration of mental health screening into ANC services. (Fatile et al., 2026) show that training and educational interventions are able to improve the competence of midwives in conducting psychosocial risk assessments, recognizing symptoms of mental disorders, and providing initial support to pregnant women. These results show that the successful implementation of screening depends not only on the availability of the instrument, but also on the ability of health workers to use it appropriately.

In many primary health facilities, maternal mental health is still not a major part of education and training of health workers. As a result, many officers feel less confident in screening, providing initial counseling, or determining referral needs. Therefore, capacity building through continuous training, supervision, and development of maternal mental health competencies is a fundamental need in supporting the integration of mental health services at the primary service level.

Integration of Mental Health in the Maternal Service System

Findings (Palestra et al., 2024; Paricio-del-Castillo, 2024) shows that mental health needs to be positioned as an integral part of maternal and child health services. The integration of mental health services in ANC allows for early detection, early treatment, and follow-up of cases to be carried out more effectively than if mental health services were provided separately. An integrated service approach can also reduce stigma because screening is carried out as part of routine pregnancy services.

However, service integration requires the readiness of the health service system. These readiness include the availability of implementation guidelines, clear service flows, a supportive recording system, and coordination between health professions. Without adequate system support, mental health screening has the potential to become a mere administrative activity with no clear follow-up. Therefore, strengthening organizational capacity and service governance is an important aspect in the implementation of mental health screening in primary health facilities.

The Role of Screening Instruments and Referral Systems

The success of mental health screening is greatly influenced by the availability of valid, practical, and easy-to-use instruments in routine services. (Harit et al., 2024) show that the Ultra Brief Peripartum Mental Health Screening Tool (UBPMHST) has the potential as a simple and effective screening instrument. In addition to the screening instrument, the existence of a clear referral system is also an important factor because the screening results will only provide benefits if followed by appropriate follow-up.

(Wang et al., 2024) emphasizes the importance of organizational support and the involvement of various stakeholders in building an effective screening system. Primary health facilities need to have a structured referral mechanism to mental health services, psychologists, or other professionals to ensure that pregnant women who are identified as having mental health disorders receive appropriate services. Thus, screening not only serves as a tool of identification, but also as an entrance to sustainable mental health services.

Mental Health Literacy and Technology Utilization

Mental health literacy is an important factor that influences the success of screening and utilization of health services. Findings (Alqadi & Oweis, 2026; Latifah et al., 2025) show that pregnant women who have a good knowledge of mental health tend to be better able to recognize the symptoms of psychological disorders, seek professional help, and be actively involved in ANC services. Conversely, low mental health literacy can lead to delays in detection and low utilization of available health services. In addition to health literacy, technological developments also open up new opportunities in the integration of maternal mental health. (Prince et al., 2025) explained that the use of digital technology and artificial intelligence can support the screening process, recording examination results, monitoring the mother's psychological condition, and faster clinical decision-making. The use of technology has the potential to improve service efficiency while expanding access to mental health services, especially in areas with limited specialist health workers.

Primary Health Facility Capacity Model in Mental Health Screening Integration

Based on the synthesis of all articles, the capacity of primary health facilities in integrating mental health screening into ANC services can be understood through five main components, namely human resource capacity, integrated service systems, screening instruments and referral systems, mental health literacy, and technology and information support. The five components interact with each other and determine the success of program implementation at the primary service level.

Thus, strengthening the capacity of primary health facilities cannot be done only through the provision of screening instruments, but must include developing the competence of health workers, strengthening service governance, improving people's mental health literacy, providing an effective referral system, and utilizing health technology. This comprehensive approach will support the integration of mental health into antenatal care services in a sustainable manner and contribute to improving the quality of maternal and child health.

CONCLUSION

Based on the results of a systematic literature review of 18 articles that met the inclusion criteria, it can be concluded that maternal mental health is an important component that needs to be integrated into antenatal care (ANC) services. The high prevalence of depression and anxiety during pregnancy indicates the need for early detection through regular mental health screening at every ANC visit. The integration of mental health screening not only contributes to improving maternal health, but also has a positive impact on the health and development of the child. The results of the synthesis show that the capacity of primary health facilities in integrating mental health screening is influenced by several main factors, namely the competence of health workers, the integration of mental health services in the maternal service system, the availability of valid screening instruments, effective referral systems, mental health literacy of pregnant women, and health technology support. Human resource capacity is the most dominant factor because the success of screening is highly dependent on the ability of health workers to identify, initial assessment, and follow up on pregnant women who are at risk of mental health disorders. In addition, the successful integration of mental health screening into ANC services requires comprehensive health system support through strengthening service governance, continuous development of health worker competencies, providing clear referral mechanisms, and utilizing digital technology to support the mental health screening and monitoring process. Thus, strengthening the capacity of primary health facilities is a strategic step in improving the quality of maternal health services and realizing holistic, integrated, and mother-centered antenatal services.

The suggestion of this study is that primary health facilities need to integrate mental health screening into routine ANC services through the use of standardized instruments and clear referral systems. Health workers need to receive training related to early detection and early handling of maternal mental health problems in order to be able to conduct screening effectively. The government needs to support the integration of mental health in maternal services through regulations, provision of resources, and strengthening the referral system. Further research needs to develop and evaluate a mental health screening model that is appropriate for primary health facilities and examine the use of digital technology in its implementation.

REFERENCES

Alqadi, E., & Oweis, A. (2026). Maternal health literacy, antenatal care engagement, and wellbeing among pregnant women in Jordan: A cross-sectional study. *Research Square*. https://www.researchsquare.com/article/rs-9193979/latest

Anggraini, M. S., Hidayat, A., & Fernandez, R. L. (2022). Analysis of the causes of mental health disorders in pregnant women in developing countries: A systematic review. *International Journal of Advanced Health Science and Technology, 2*(5), 309–320.

Asare, S. F., Adjorlolo, S., & Brysiewicz, P. (2025). Clinicians' perspectives of managing common mental disorders among pregnant women in primary care settings: A qualitative exploratory study. *Discover Mental Health, 5*(1), 1–13.

Brown, S., & Sprague, C. (2021). Health care providers' perceptions of barriers to perinatal mental healthcare in South Africa. *BMC Public Health, 21*(1), 1905.

Callanan, F., Tuohy, T., Bright, A.-M., & Grealish, A. (2022). The effectiveness of psychological interventions for pregnant women with anxiety in the antenatal period: A systematic review. *Midwifery, 104*, 103169.

Connell, T. (2024). Perspective chapter: Psychosocial screening and assessment in the. In *Contemporary challenges in postnatal care*. https://books.google.com/books?hl=en&lr=&id=dyjyEAAAQBAJ&oi=fnd&pg=PA3&dq=%22mental+health+screening%22+%22antenatal+care%22

Fatile, O. A., Adeniyi, O. F., Millicent, N. C., & Oluwole, M. F. E. (2026). Effect of an educational intervention on midwives' competence in antenatal psychosocial risk assessment and support for pregnant women in Ondo State: A quasi-experimental study. *Research Square*. https://www.researchsquare.com/article/rs-9677958/latest

Feyissa, G. T., Pouget, E. R., Kitila, S. B., & others. (2025). Integrating mental health services into perinatal care: Challenges and opportunities. *Journal of Multidisciplinary Healthcare*. https://doi.org/10.2147/JMDH.S536732

Harit, I., Kukreti, P., Kataria, D., Puri, M., Goel, M. K., & Prasad, S. (2024). Hindi translation and validation of Ultra Brief Peripartum Mental Health Screening Tool (UBPMHST). *Research Square*. https://www.researchsquare.com/article/rs-4306591/latest

Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: A review of progress and challenges. *World Psychiatry, 19*(3), 313–327.

Jalal, S. M., Alsebeiy, S. H., & Alshealah, N. M. J. (2024). Stress, anxiety, and depression during pregnancy: A survey among antenatal women attending primary health centers. *Healthcare, 12*(22), 2227.

Jung, M., Son, J., Lee, S., & Yoon, S. (2026). Bypassing primary healthcare facilities for maternal and child health services in low- and middle-income countries: A scoping review. *Reproductive Health*.

Khan, A., Frongillo, E. A., Larson, L., & others. (2025). Perinatal depressive symptoms and associations with socioeconomic, obstetric, and nutritional factors among mothers from rural Uttar Pradesh, India. *Current Developments in Nutrition*.

Khan, T., & Shafiq, S. (2024). Maternal wellbeing: An association between prenatal obsessive-compulsive disorder and antenatal care. *INIS*. https://inis.iaea.org/records/fqkn3-c1y61

Latifah, L., Setiawati, N., Kartikasari, A., & others. (2025). Pregnant women's depression and mental health knowledge. *E3S Web of Conferences*. https://www.e3s-conferences.org/articles/e3sconf/abs/2025/09/e3sconf_icma-sure2024_04002/e3sconf_icma-sure2024_04002.html

Maikudi, H. A., Aliyu, R. M., Abubakar-Abdullateef, A., & others. (2025). Prevalence and risk factors for antepartum depression among women attending antenatal clinic. *Tropical Journal of Obstetrics and Gynaecology*.

https://tjog.org/index.php/tjog/article/view/493
Nakidde, G., Kumakech, E., & Mugisha, J. F. (2023). Maternal mental health screening and management by health workers in southwestern Uganda: A qualitative analysis of knowledge, practices, and challenges. *BMC Pregnancy and Childbirth, 23*(1), 477.
Palestra, F., Moran, A. C., Chowdhary, N., Salisbury, T. T., & others. (2024). No maternal health without mental health: Suggested indicators to monitor perinatal mental health globally. *MedRxiv*. https://doi.org/10.1101/2024.10.04.24314919
Paricio-del-Castillo, R. (2024). Integration of perinatal mental health into maternal and child care: Progress and challenges from the World Health Organization's perspective. *European Journal of Mental Health*. http://ejmh.semmelweis.hu/index.php/ejmh/article/view/297
Prince, L., Kaur, J., & Upendra, S. (2025). Advancing maternal healthcare: The role of AI and medical technology in antenatal care. *2025 2nd International Conference*.
Qurniati, N., & Frety, E. E. (2025). Affective development of children due to anxiety during pregnancy: A literature review. *Anxiety, 6*(1).
Rekhan, R., Shah, N. A., Tahir, A., Masood, M., Fahim, T., & others. (2024). Frequency of anxiety and depression and its psychosocial correlates among women receiving antenatal care in a tertiary care hospital. *Journal of Pakistan Psychiatric Society*. https://jpps.pk/index.php/journal/article/view/775
Rohani, R., Pratiwi, C. S., & Sarwinanti, S. (2025). Analysis of the implementation of mental health screening of pregnant women by midwives in Bantul Regency, Yogyakarta: A mixed methods study. *Journal of Health and Nutrition Research, 4*(3), 1203–1212.
Sabeena, A., Nageen, K., Bibi, L., Baz, K., & others. (2026). Frequency of antenatal depression in obstetric patients attending antenatal clinic: Department of Obstetrics and Gynaecology, Hayatabad Medical Complex. *Pakistan Journal of Health Sciences*. http://www.thejas.com.pk/index.php/pjhs/article/view/3801
Støve, L. L., Ertmann, R. K., Siersma, V. D., Voss, S. S. de, & others. (2025). Links among maternal antenatal attachment, postnatal depressive symptoms and infant crying: A prospective cohort study. *Archives of Women's Mental Health*. https://doi.org/10.1007/s00737-024-01550-1
Tahir, D., & Anjarwati, N. (2025). Program edukasi dan pendampingan kesehatan terhadap perilaku ibu hamil dalam melakukan pemeriksaan antenatal care. *Mega Buana Journal of Innovation and Community Service, 4*(1), 7–15.
Wagner, G. J., Ghosh-Dastidar, B., Faherty, L., & others. (2024). Effects of M-DEPTH model of depression care on maternal functioning and infant developmental outcomes in the six months post-delivery: Results from a cluster randomized controlled trial. *Women's Health*. https://doi.org/10.1080/23293691.2023.2255587
Wang, T., Yang, Y., Zhang, S., Yuan, Y., Guo, H., & others. (2024). Stakeholders and their perspectives on perinatal depression screening: A systematic review. *General Hospital Psychiatry*. https://www.sciencedirect.com/science/article/pii/S0163834324002329
World Health Organization. (2016). *Framework on integrated, people-centred health services*. World Health Organization.
World Health Organization. (2018). *WHO recommendations on antenatal care for a positive pregnancy experience: Summary: Highlights and key messages from the World Health Organization's 2016 global recommendations for routine antenatal care*. World Health Organization.
Yanti, S. D. (2025). Mapping infrastructure and human resource gaps in the implementation of Indonesia's digital health policy: A literature review. *Asian Journal of Environmental Research, 2*(3), 218–228.
Zinga, J., van der Pligt, P., & McKay, F. H. (2024). Views and preferences of food-insecure

pregnant women regarding food insecurity screening and support within routine antenatal care. *Health Expectations, 27*(1). https://doi.org/10.1111/hex.13956