

“A Descriptive Study To Assess The Prevalence Of Antenatal Depression And Associated Risk Factors On Antenatal Women Attending Antenatal Opd In Selected Hospital Of Dehradun Uttarakhand”

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Abstract

Depression is the most prevalent mental disorder in pregnancy, and yet it is less studied than postpartum depression despite the consequences it may have on both the pregnant woman and her offspring. Therefore, it would be important to know which risk factors may favour the appearance of antenatal depression in order to carry out appropriate prevention interventions. The aim of the present review was to identify the main risk factors of antenatal depression. We searched in databases PubMed and PsycINFO for articles published about the factors associated with antenatal depression from January 2010 through December 2020. The literature review identified three main groups of antenatal depression risk factors: sociodemographic, obstetric, and psychological. First, among the sociodemographic variables, the low level of studies and the economic income clearly stood out from the rest. Then, not having planned the pregnancy was the main obstetric variable, and finally, the main psychological risk factors were having a history of psychological disorders and/or depression as well as presenting anxiety, stress, and/or low social support during pregnancy. This review shows that the antenatal depression is affected by multiple factors. Most can be identified at the beginning of the pregnancy, and some are risk factors potentially modifiable through appropriate interventions, such as psychological factors. For this reason, it is important to carry out a good screening for depression during pregnancy and consequently, be able to prevent its appearance or treat it if necessary.

Keywords: Assess, prevalence, Antenatal Depression, Associated Risk Factors, Antenatal Women attending antenatal OPD

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I. Introduction:-

Wikipedia (2024) mentioned that antenatal depression also known as prenatal, is a form of clinical depression that can affect a woman during pregnancy, and can be a precursor to postpartum depression if not properly treated. It is estimated that 7% to 20% of pregnant women are affected by this condition. Any form of prenatal stress felt by the mother can have negative effects on various aspects of fetal development, which can cause harm to the mother and child. Even after birth, a child born from a depressed or stressed mother feels the effects. The child is less active and can also experience emotional distress. Antenatal depression can be caused by the stress and worry that pregnancy can bring, but at a more severe level. Other triggers include unplanned pregnancy, history of abuse, and economic or family situation.

WHO (2022), stated that Mental Health as a state of well being in which the individual realizes his or her own abilities can cope with the normal stresses of life can work productively and fruitfully and is able to make a contribution to his or her community. Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus. Pregnancy usually lasts about 42 weeks, or just over 9 months 7 days, as measured from the last menstrual period to delivery. Health care provided refers to three segments of pregnancy, called trimesters.

Amar D. Bavle (2016), Antenatal depression is of immense public health importance, as it can adversely affect both the mother and the child. On reviewing literature, we found few Indian studies. What is known about this condition is mainly from Western studies. There is no epidemiological data. There is a need to understand antenatal depression in terms of its prevalence, and the risk factors, that could be used to identify it. Antenatal

depression is not easily visible, though the prevalence is high. The idea of conducting this study was conceived from this fact.

According to the 2010 Global Burden of Disease study, Depressive disorders now rank 2nd in terms of global disability burden. The 2010 GBD study confirms that depressive disorders are a "leading direct cause of the global disease burden and show that MDD also contributes to the burden allocated to suicide and ischemic heart disease. A study conducted in a teaching hospital of Lahore, Pakistan, which has reported 34.5% woman face anxiety during their antenatal period and 25% were suffering from depression during pregnancy. Almost similar results were have been reported from a tertiary care hospital in Karachi, Pakistan. Increased risks of depression were found in rural women than the woman living in a urban city and male counterparts living in rural areas. Among South Asian rural women antenatal depression was found to be 16-33%. Lack of support from husband family and family pressure for a male child and violence by the husband, were reported to be significantly associated factors for antenatal depression.

P. K. Pereira (2009), Antenatal depression has been implicated in nutritional deprivation and poor maternal weight gain during pregnancy. These are associated with intrauterine growth retardation (IUGR) and low neonatal birthweight. Intrauterine growth retardation (IUGR) is a major cause of perinatal mortality and morbidity and an important cause of developmental impairment in later life. A study has found that there is an association between antenatal depression and labour complications such as prolonged labour, peripartum complications, postpartum complications, and nonvaginal delivery

Statement Of This Problem:-

A descriptive study to assess the prevalence of antenatal depression on antenatal women attending antenatal OPD in selected hospital of Dehradun Uttarakhand

Objectives Of The Study:-

To assess the prevalence of antenatal depression among antenatal women.

II. Methodology:-

A quantitative approach research approach and descriptive research design was applied under the study. The study was conducted in selected hospital of Dehradun Uttarakhand. The purposive sampling technique was used to select the antenatal women the sample comprised of 60 antenatal women. The standardized Edinburgh postnatal depression scale (EPDS) tool utilized for the study was structured questionnaire was prepared to determine the prevalence of antenatal depression among antenatal women.

**Frequency And Percentage Distribution Of Demographic Characteristics Of The Antenatal Women
N=60**

S.No	Sample characteristics	Frequency	Percentage%
1	Age in years		
	20-25yrs	18	30
	26-30yrs	20	33.3
	31-35yrs	22	36
2	Educational status of women		
	No formal education	5	8.3
	Primary education	25	41.6
	Secondary education	10	16
	Above secondary education	20	33.3
3	Types of family		
	Nuclear family	20	33.3
	Joint family	35	58.3
	Separated	5	8.3
	Widow/divorced	-	-
4	Occupation of women		
	Home maker	25	41.6
	Self-employee	20	33.3
	Government employee	10	16

	Private employee and other	5	8.3
5	Monthly income of family		
	Below 5000	0	0
	5100-20000	10	16
	21000-40000	22	36.6
	41000-60000	18	30
6	Area of residence		
	Rural	17	28.3
	Urban	33	55
	Semi-urban	10	16
7	Current conception is planned		
	Yes	44	73.3
	No	16	26.6
8	Any significant history of mood disorder family		
	Yes	28	46.4
	No	32	53.3
9	Any kind of depression faced by mother		
	Yes	15	25
	No	45	75

The data presented in above Table depicts that Majority of the subjects i.e. 22(36%) were in the age group of 31-35 years. Maximum number of subjects 25 (41.6%) were in primary education. Majority of the participants 35(58.3%) belongs to the joint family. Most of the subjects 25(41.6%) were homemaker. Majority of the subject 20(36.6%) were belongs to Rs.21000-40000. Maximum number of subjects 33(55%) were residing in urban area. Majority of the subject 44(73.3%) were had the current conception planned. Most the subjects 32(53.3%) not any significant history of mood disorders in family. Maximum subjects 45(75%) not having any kind of depression. Its is noticed that 30(50%) of the subject is perceived lack of support by family member during pregnancy and 30(50%) deny for this statement.

Table 2:- Findings of the frequency and percentage distribution of Edinburgh postnatal depression scale (EPDS)

Prevalance	Frequency	Percentage%
	Mild Depression (0-9)	00
Moderate Depression (10-12)	58	96.7 %
Severe Depression (13+)	02	3.33 %

The table 2 depicts that Majority of the subjects i.e. 58 (96.7%) were in the category of moderate depression. So it is noted that prevalence of moderate antenatal depression is seen.

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