Research Paper

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Assessment of the Potential Risk Factors for Antenatal and Postnatal Depression Among Antenatal and Postnatal Women in Selected Hospital of Kundapur Taluk at Udupi District

Medical Science

KEYWORDS : Depression, antenatal and postnatal period, risk factor

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ABSTRACT

Antenatal and postnatal depression share same prevalence rating to those for depression in the general population with estimates ranging from 12-20% with commonly reported estimate of 13%. The aim of the study was to assess the potential risk factors for antenatal and postnatal depression among antenatal and postnatal women in selected hospital of Kundapur taluk at Udupi District. Descriptive research design was adopted. Purposive sampling technique was used to collect the sample. 50 primipara and multipara antenatal women with in the gestational age of 37 weeks to 40 weeks and 50 postnatal women were selected for the study. Women completed structured questionnaire to identify the risk factors for depression during antenatal and postnatal period.

Results showed that the significant predictors for antenatal depression were low self esteem, antenatal anxiety; low social support, major life events, low income and history of abuse. The significant predictors for postnatal depression were Poor social support and marital relationship (or single), Domestic violence, Unplanned pregnancy, Adolescent mothers and Baby blues.

Introduction:

Pregnancy, labour and postnatal period are the crucial stages in women's life. Depression related to childbearing can occur during pregnancy as well as after birth.[1] Depressive symptoms in the postnatal period represent a range of clinical conditions of varying severity from simple "baby blues" to postnatal depression (which may range from mild to severe), bipolar disorder and postpartum psychosis. Unrecognized or untreated depression during pregnancy poses considerable risk to both the mother and the developing foetus.[2]

Antenatal and postnatal depression share same prevalence rating to those for depression in the general population with estimates ranging from 12-20% with commonly reported estimate of 13%.[3] Epidemiological studies generally show that 10-15% of recently delivered women are affected by postnatal depression. Recent epidemiological enquires have reported prevalence rates for postpartum depression is 15.8% in Arab women, 16% in Zimbabwean women,11.2% in Chinese women and in India 23% in Goan women and 11% in Tamilnadu[4]

The nurse can best assist the women and family by assuring them that this depression is both normal and temporary. Recognizing the state, helping the women to verbalize her feelings, and providing support and understanding are important nursing actions. Health education and health promotion programs can be developed based on a specific understanding of antenatal and postnatal changes, specifically psychological aspect.[5] So the investigator was interested to identify the potential risk factors for antenatal and postnatal depression among antenatal and postnatal women.

Review of literature

Collaborative study between the psychiatric units of Hospital Authority and the Department of Health in Hong Kong was conducted to identify the risk factors for postnatal depression in a community cohort of Chinese women with special focus on the antenatal risk factors. Eight hundred and five Chinese women were interviewed during their third trimester of pregnancy and at around 2 months postnatally. Putative risk factors for PND were collected and the diagnosis of PND was confirmed by the Structured Clinical Interview for DSM-IV Axis I Disorders. The 2-month postnatal depression status was used as the dependent variable for univariate and multivariate analyses against putative risk factors. Marital dissatisfaction (Relative Risk = 8.27), dissatisfied relationship with mother-in-law (Relative Risk = 3.93), antenatal depressive symptomatology (Relative Risk = 3.90), and anxiety-prone personality (Relative Risk = 2.14) predicted PND in Chinese women independently.[6]

A study conducted to identified risk factors for antenatal depression, postnatal depression and parenting stress and to examine the relationship between them. Primipara and multiparae women were recruited antenatally from two major hospitals as part of the *beyondblue* National Postnatal Depression Program. In this subsidiary study, 367 women completed an additional large battery of validated questionnaires to identify risk factors in the antenatal period at 26–32 weeks gestation. A subsample of these women (N = 161) also completed questionnaires at 10–12 weeks postnatally. Depression level was measured by the Beck Depression Inventory (BDI).Regression analyses identified significant risk factors for the three outcome measures. Significant predictors for antenatal depression: low self-esteem, antenatal anxiety, low social support, negative cognitive style, major life events, low income and history of abuse. Significant predictors for postnatal depression: antenatal depression and a history of depression while also controlling for concurrent parenting stress, which was a significant variable. Antenatal depression was identified as a mediator between seven of the risk factors and postnatal depression. Postnatal depression was the only significant predictor for parenting stress and also acted as a mediator for other risk factors.[7]

Objectives:

- To assess the risk factors for antenatal depression among antenatal women in selected hospitals of Kundapur taluk
- To assess the risk factors for postnatal depression among postnatal women in selected hospitals of Kundapur taluk
- To find the association of antenatal and postnatal depression with the selected demographic variables.

Methodology:

Setting : The study was conducted at Government hospital Kundapur.It is a 100 bed hospital, having a 23 bedded maternity unit.

Population : Antenatal women visiting to the antenatal clinic and those who are admitted in the hospital and postnatal women admitted in the hospital after delivery.

Sample size: 100 (50 antenatal and 50 postnatal women).
Sampling technique: Purposive sampling technique.
Research design: Descriptive design.

Tools :

- **Demographic proforma**
- **Social provision scale:** The instrument contains 24 items, four for each of the following: Attachment, Guidance, Social integration, and reassurance of worth, Reliable alliance and Opportunity for Nurturance.
- **Beck Depression Inventory:** Beck depression inventory consists of 21 items
- **Edinburgh Postnatal depression Scale:** Maximum score is being 30 and possible depression : 10 or greater

Data collection method:

- Prior to data collection permission was obtained from the concerned authorities
- Subjects were selected based on the set criteria
- Tool was administered to the antenatal and postnatal women.

Result of the study:

The demographic data showed that highest (52%) of the women were in the age group of 15 -25 years and least (48%) were in 26-35 years of age. All of them were married. Majority (66%) belonged to gestational age of 38 weeks and least (18%) were in 39 weeks of gestation. Majority (64%) of the women were primi. Sixty four percentage of women underwent normal vaginal delivery. Two percentage of women had the previous history of emotional abuse, 6% had history of physical abuse and and 2% had medical or surgical disorders. Majority 54% of the women were belonging to the middle class family and 465 were belonging to low class family.

Majority 86% were having very low depression and least 14% had low depression level. (figure1)

A multiple regression predicting antenatal depression was conducted and statistics are provided in Table 1.

Among the predictors largest being low self-esteem (β = -.34, *p* < .001), antenatal anxiety (β = .32, *p* < .001) and social support (β = -.18, *p* < .001).

A multiple regression predicting postnatal depression is as follows; Among the predictors largest being Poor social support (β = -.28, *p* < .001), marital relationship (or single) (β = .22, *p* < .001) and Unplanned pregnancy (β = -.15, *p* < .001).

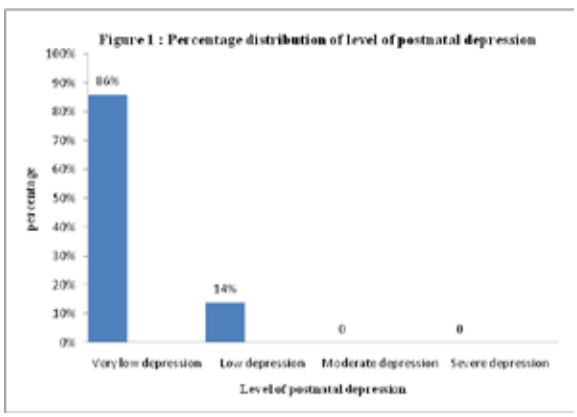
There was a significant association of antenatal depression with parity $\chi 2 = 7.286$ at p <0.038.

Conclusion:

Study shows antenatal and postnatal depression is the emerging issues which need immediate attention from health professionals as well as from the family. Results of the study will enable the policy makers to plan specific interventions for improving the wellbeing of women in pregnancy and in postnatal period.

Table 1: Results of multiple regression for predictors of antenatal depression N= 50

Predictor variables	B	β	Sr^2	t	p
Low self esteem	-.43	-.34	-.33	-6.46	0.001*
Antenatal anxiety	2.15	.32	.06	9.46	0.001*
Low social support	-.1.86	-.18	-.19	-3.71	0.001*
Major life events	.97	.07	.00	2.68	0.001*
Low income	-.36	-.05	-.11	-2.06	0.01*
History of abuse.	.26	0.06	0.02	2.22	0.01*



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