VOLUME-6 | ISSUE-4 | APRIL - 2017 • ISSN No 2277 - 8179 | IF : 4.176 | IC Value : 78.46

A COMPARATIVE STUDY OF ANTENATAL ANXIETY AMONG PRIMIGRAVIDA AND MULTIGRAVIDA

Psychiatry

KEYWORDS: Antenatal, Anxiety, Depression, Primigravida, Multigravida.

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ABSTRACT

Aims: The aim of present study was to compare the antenatal anxiety and depression among primigravida and multigravida.

Materials and Methods: This cross sectional, observational study consisted of consenting subjects attending Out Patients department for routine antenatal checkup. Data was collected with all subjects in respect to socio demographic information and Hospital Anxiety and Depression Scale (HADS) was applied.

Results: For a total sample of 169 pregnant females, 60(35.5%) were pregnant for the first time and rest of the 109 (64.5%) were poly gravid pregnant females For primi and multi gravid groups, the mean depression scores of HADS was 12.40 ± 3.42 and 11.54 ± 3.20 (t= -1.627, p value = .106) and for Anxiety HADS score was 13.53 ± 3.27 and 11.60 ± 3.47 (t= -3.523, p value = .001) respectively. Showing significantly higher HADS anxiety scores for Primi gravid females in comparison to poly gravid pregnant females.

Conclusions: This study finds a significantly higher antenatal anxiety among primigravida females.

INTRODUCTION

Emotions are unique for pregnancy whether it is for the first time or repetitive, the apprehension, anxiety or depression may lead to psychosocial health problems and destroys the Joy of pregnancy. The prevalence of antepartum depression is now considered very high and may be found upto 25% of pregnant females [1]. Depression and anxiety are highly comorbid during the antenatal period and they have been linked to many negative consequences for the maternal and child health including stillbirth, premature birth, low birth weight etc [2-5]

In a large review, many factors like maternal anxiety, life stress, a history of depression, lack of support, domestic violence and unintended pregnancy were found as main risk factors associated with depressive symptoms during pregnancy [6]. In addition various other obstetric factors play significant role in antenatal anxiety and depression like, whether pregnancy is planned or unplanned [7] duration of pregnancy, parity of pregnant females, [8] history of abortion etc. We planned this study to compare antenatal anxiety and depression between primigravida and multigravida pregnant females, to identify parity as a risk factor for antenatal anxiety and depression.

MATERIALS AND METHOD

This study is a part of hospital survey for the prevalence of antenatal anxiety and depression, published earlier [9]. The data was collected over a period of three month (November 2016- January 2017). All pregnant females visiting Obstetrics and Gynecology out patients department (OPD) for Ante Natal Checkups, who satisfied the inclusion criteria for the study and consented were recruited for this study. Exclusion criteria were presence of any major co morbid medical or other illness. Patients were examined clinically after taking detailed history and filling up their socio demographic variables. Thereafter Hospital Anxiety and Depression Scale (HADS) [10] were applied on them.

Tools

Socio-demographic Data Sheet: The socio demographic data sheet included age, religion, occupation, education and clinical information like duration of pregnancy and other obstetric history.

Hospital Anxiety and Depression Scale (HADS) [10]: this is very well validated scale to assess anxiety and depression among hospital based patients. It consists 14 questions, 7 scoring anxiety and 7 scoring depression. Patients were asked to read each question and place a tick against the reply that came closest to how they had been feeling that day. Each answer was scored 0, 1, 2 or 3. The possible range of scores was therefore 0 to 21, with higher scores indicating greater levels of anxiety. Score of 0-7 is considered normal, scores of 8-10 is borderline abnormal and scores of 11-21 is abnormal case. Hospital Anxiety and Depression Scale is a well established assessment scale in hospital population with very high sensitivity and specificity for both HADS-A and HADS-D of approximately 0.80 [11]

Statistical Analysis: The collected data of all subjects was statistically analyzed, using Statistical Package for Social Sciences (SPSS, Inc., Chicago, Illinois) version 10.0.

Data analysis included means and standard deviations for complete sample. Data analysis included means and standard deviations for both categories of Primagravid and multi gravid pregnant females. The parametric t-test was used to determine if differences existed between the groups. Statistically significant levels are reported for p values less than or equal to 0.05. Highly significant levels are p values less than .001.

RESULTS

A total of 169 subjects were included for the study, Table 1 summarizes the sample characteristics. The mean age of the sample was 25.48 years (±.4.64 years) with minimum age of 18 years to a

maximum age of 32 years in ours sample. the mean education years for the sample was found to be 10.37 ± 2.61. The mean duration of pregnancy for the sample was found to be 17.42 ± 6.80 weeks. (Table - 1) on complete sample 128 (75.7%) were belonging to Hindu religion and 41(24.3%) were of other religion. By occupation 113(66.9%) were house wives and rest of others were working females. depending on the Obstetrical history 60(35.5%) were pregnant for the first time and rest of the 109 (64.5%) were poly gravid pregnant females.

On finding mean depression scores of HADS among primi and multi gravid groups, it was found to be 12.40 ± 3.42 and 11.54 ± 3.20 respectively. Similarly for Anxiety HADS score was 13.53 ± 3.27 and 11.60 ± 3.47 respectively (table 2). When we compared mean depression and anxiety scores of these two categorical groups by independent t test, we found significantly higher anxiety scores Primi gravid females (t= -3.523, p value = .001) but the means were not significantly different for depression (t= -1.627, p value = .106) (table 2).

DISCUSSION

The primigravida versus multigravida comparison provides additional insight to overall construct of antenatal anxiety and depression. Antenatal anxiety and depression is conceptualized as multi factorial and gravidity status may be one of the significant contributory factors for antenatal anxiety. This study is a cross sectional prevalence study where we assessed the point prevalence of antenatal anxiety. We included 169 pregnant females with various duration of pregnancy (mean duration of pregnancy was 17.42 ± 6.80 weeks). Other sample characteristics can be described in terms of mean age of 25.48 ± 4.64 years and mean years of education was 10.37 ± 2.61 years. We found a very high prevalence of anxiety 28.4% among ours sample of antenatal clinic. This finding is in collaboration with many other studies reporting antenatal anxiety ranges 12.2% to 39% [12-13]. Usual cognitive behavioral theory of anxiety can argued that repetitions leads to habituations should be improving anxiety thus Primigravids should be more anxious for novelty and multigravid may be more habituated for their anxiety. But prevalence of depression could not be ascertained by this theory.

The findings of significantly higher antenatal anxiety among primigravida are in agreement with few earlier studies [14-16], but these studies are reporting anxiety and depression jointly. However ours study finds significantly higher anxiety in primigravida but for depression there was no significant difference. There are few studies which are in contrast to ours study and reports higher depression and anxiety among multiparous pregnant women [8,17-19].

Fear of childbirth is considered as a small component of antenatal anxiety and in a large cohort study of approx 788317 population of Finland, found 2.5% of nulliparous women and 4.5% of multiparous women suffered from Fear of childbirth.[20]

There may be various psychosocial factors to neuro endocrinal factors that may contribute to antenatal anxiety during entire period of pregnancy as well as significantly higher anxiety during third trimester of pregnancy. This study lacks in inability to control many other possible psychosocial, personal and neuro endocrinal factors involved. This study also limited by its shorter sample size and lack of follow up longitudinal design.

CONCLUSION

This study finds a significantly higher antenatal anxiety among primigravid pregnant females in comparison to multiparous pregnant women. However there was no significant difference in terms of depression among them as measured by HADS.

Table 1. Sample Characteristics and findings:

Total n = 169	Min	Max	Mean ± SD
Age	18	32	25.48 ± 4.64
years of education	5	15	10.37 ± 2.61
duration of pregnancy (weeks)	8	36	17.42 ± 6.80
		n	%
Religion	Hindu	128	75.7
	Others	41	24.3
occupation	House wives	113	66.9
	working	56	33.1
gravida	Primi gravida	60	35.5
	poly gravida	109	64.5

Table 2. Comparison of mean Anxiety and Depression scores across Primi and Poly Gravid pregnant females.

	Mean ± SD HADS Score	t	DF	Sig.(2-tailed) p value	
	PRIMI n = 60	MULTI n = 109			
Maternal age	25.38 ± 4.84	25.54 ± 4.55	.211	167	.833
Years of education	10.53 ± 2.60	10.29 ± 2.62	-.570	167	.569
Weeks of pregnancy	17.93 ± 7.08	17.14 ± 6.66	-.718	167	.474
HADS Anxiety	13.53 ± 3.27	11.60 ± 3.47	-3.523	167	.001
HADS Depression	12.40 ± 3.42	11.54 ± 3.20	-1.627	167	.106

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