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Prevalence of antenatal depression: A cross-sectional study from a tertiary care center

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ABSTRACT: This study was initiated to ascertain the prevalence and the associated correlates of antenatal depression. 150 pregnant women attending the hospital were enrolled in the study. The Edinburgh Postnatal Depression Scale (EPDS) was implemented for screening to detect depression among pregnant women, along with a semi-structured pro forma for recording clinical and demographic details. The prevalence of antenatal depression was 19.3%. EPDS scores were increasing with advancing pregnancy, previous abortions, and age of the subjects. Assessment of depression in the antenatal population is important due to the high occurrence.

Keywords: Antenatal depression, Edinburgh Postnatal Depression Scale, demographic correlates

I. INTRODUCTION

Depression is among the most prevalent psychiatric illnesses affecting women(1). The possibility of depression is heightened significantly at the moment of pregnancy and clinically important depressive manifestations are quite common in the second and third trimesters(2). Several analyses reported that depression is more common during pregnancy than in the time of the postpartum period(3).

According to the National Mental Health Survey (NMHS)- 2016, 1 out of 10 persons in India suffer from anxiety and depression, and 20% of these are pregnant women and new mothers(4). Antenatal depression (AD), usually defined as the commencement of depressive symptoms during pregnancy, may occur at any given time during pregnancy(5). A meta- analysis on the occurrence of AD in middle- and low- income countries reported a mean prevalence of 15.6%(6).

Despite increasing data of the gravity of maternal depression, the number of women affected, and the influence of maternal depression on infant development, maternal mental well-being has not become a part of the primary health care scheme in many sectors of the world including India. The importance of antenatal depression has been largely under-recognized with the focus of research and treatment programs on postnatal depression(6). There are only a few studies that have assessed the prevalence and demographic correlates of antenatal depression. This present study was undertaken to determine the prevalence of depression in pregnant females.

II. METHODS

Study Design: A tertiary care center based cross-sectional study of antenatal women from northern Uttar Pradesh.

Sample Selection: A consecutive sample registered for antenatal care presenting in the OPD and IPD of the tertiary care center was enrolled. A total of 150 pregnant females were enrolled.

Measures: Before data collection, the patients were explained about the study, and consent was taken. A semi-structured pro forma was developed and used for this study which included patient particulars, demographic and obstetrical variables. Patients were interviewed and assessed at the moment of contact with the hospital by the lead author. Edinburgh Postnatal Depression Scale (EPDS) was implemented to assess depression in the participants.

Edinburgh Postnatal Depression Scale (EPDS): It has been used to recognize depressive symptoms. The EPDS is a ten-item questionnaire, rated from 0 up to 3 (greater score indicating more depressive symptoms), that has been approved for detecting depression in antepartum and postpartum populations in many countries(7). Those pregnant women who recorded 13 and above were classified as depressed while those pregnant women who recorded below 13 were considered as non-depressed(8,9).

III. RESULTS

Sociodemographic characteristics

The ages of the participants were between 19 and 40 years with a mean of 25.9 years. At the time of assessment 34 females were in the 1st trimester of pregnancy, 49 in the 2nd and 67 in the 3rd. 106 of the participants were Hindus and the rest were Muslims. 28 females were uneducated, 37 graduates, 11 postgraduates, and the rest only attended school. 90 lived in joint families and the rest in nuclear families. 88 of them had a previous birth. Of these 19 had a previous cesarean section and 69 had a normal vaginal delivery. 41 participants had a previous abortion, of these 29 had a single abortion, 9 had aborted twice before and 3 had done it thrice before. The total tally of unplanned pregnancies was 10.

EPDS Scores and Depression

The mean scores were 9.66 ± 2.75, with a range of 3 to 16. With a cutoff score of 13 and above, the prevalence of depression in this group was found to be 19.3% (29 out of 150). Of these 29, 4 belonged to the first trimester, 12 in the second, and 13 in the third. On further analysis higher EPDS scores were associated with more number of previous abortions and increasing age of the females, but this was not statistically significant.

IV. DISCUSSION

Mental health problems during the pregnancy have a harmful effect on both the fetus and the mother(10), making screening for depression more important. According to our study, the prevalence was 19.3%. These results are consistent with the study done by Dibaba et al. 2013(8). According to a systematic review by Arora et al. 2019(9), the prevalence of depression in the pregnant population ranged from 9.18% to 65.0% in India. Another systematic review by Fisher et al. (2012)(6) reported the prevalence to be 15.6%.

The trimester-wise prevalence for the first, second, and third trimester were 11.7, 24.5, and 19.4 respectively. We found an increased prevalence of depression with later trimesters of pregnancy, which concurs with earlier shreds of evidence suggestive of a progressive increase in plasma concentration of total and free cortisol, peaking during the third trimester(11).

Higher EPDS scores were associated with increasing age of females and more number of previous abortions, although not statistically significant. These observations were also noted by Fisher et al. (2012)(6) and Lancaster et al. 2010(12).

V. CONCLUSION

Antepartum depression is highly prevalent among women during all trimesters. Thus, it is necessary that the obstetricians, psychiatrists, and the women themselves are provided with the knowledge about the factors for the early prediction of women at high risk of depression in pregnancy, which might help them to get the timely intervention and reduce the burden of depression.

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