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Research Article

DEPRESSION AND ANXIETY DURING PREGNANCY**Dr. Maria Chatta, Dr. Iram Shahzadi, Dr. Qurat ul ain**
Lady Wallington and Benazir Bhutto Hospital Rawalpindi**Abstract:**

Objectives: The aim of this research is to find out the occurrence of worry and gloominess signs in women's during the period of pregnancy.

Methodology: One hundred females with pregnancy were selected in this study who waiting for check-ups before delivery visit in the hospitals of mother care and child birth of Lady Wallington and Benazir Bhutto Hospital Rawalpindi. They were included in the study if they were found pregnant and they were also giving their willing for this research. One hundred healthy women who were found without pregnancy harmonized on qualification, age, source of income and married status were selected as their controls. This was transverse research work in which non-probability sampling method was utilized. This research work covers the duration of six months. A little question answers session with the participants was carried out for the gathering of demographic data. DSM-IV standards for evaluating the previous psychiatric disease were utilized by the staff of this research work. Hospital Anxiety & Depression scale (HADS) was utilized for the evaluation of signs of worry and depression.

Results: Thirty-nine percent females get high marks on cut-off scale of anxiety and eighteen percent females obtain high marks on depression scale. Among healthy women (control group), the occurrence of anxiety and depression was twenty-eight and twelve percent respectively. Seventeen women were getting psychiatric treatment for their mental sufferings. The outcome of T-test concluded an important disparity between pregnant women and their controls about depression & anxiety.

Conclusions: The females having baby in their body are facing more depression and anxiety in comparison to their close healthy control females and most of those females are not being checked at that period. More research works are required for the discovery and treatment of these troubles during the period of pregnancy. Medical studies for the psychological health of mothers and its consequences on unborn baby are needed to be assessed.

Key Words: Controls, psychological, treatment, worry, anxiety, gloominess, depression.

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INTRODUCTION:

Pregnancy is a duration of expectations and growth and hope, but it is also the period in which woman is in danger. Mentally vigorous female always thinks about having pregnancy as a source of self-realization. Some females use this to finish the doubts and it gives them assurance that they are the basics of society. Some women have negative views about pregnancy. They fear from the pain of delivery and feel inappropriate to be a mother and mothering activities. One female out of ten females faces medical gloominess and worry during the period of after and before delivery. Three periods of three months during pregnancy cause different outcomes as vomiting, laziness, tiredness and sentimental. For every female, first three and last three months of pregnancy are very difficult [1]. About twenty-one percent females face an abnormality in their moods and thirty percent females face disorder of anxiety in any period [2]. Traditionally, it is thought that pregnant females have low danger of abnormalities of worry and mood [3] but the current research works have the opposite views about this matter.

Twenty-seven percent women face the sign of depression during pregnancy period, including two to eleven percent who face the major disorder of depression. A research work stated that twenty-three percent pregnant females are taking before delivery treatment in California in a consequence of gloominess and worry. Depression is present thirty to seventy percent pregnant females of poor classes. The immunity system plays a vital role in the development of the baby [4]. Research works have proved that depression and worry have the ability to change the period of pregnancy and health of the unborn child brain. A study carried out at thirty-two weeks after pregnancy to see the connection between the blood flow of uterine and worry of the female. The conclusion clearly described that their irregular flow of blood in the arteries of uterine in anxious females. The less blood flow in the uterine can lead to many problems [5].

Another research carried out in Sweden proved that less blood flow in cerebral blood flow was the result of anxiety during pregnancy period [6]. The main objective of this research work is to discover the occurrence of gloominess and worry in the pregnant females to tackle such issues and help the females who are in extreme state of worry and despair. All the

research works proved that the presence of anxiety and despair is very common in the pregnant females.

METHODOLOGY:

One hundred pregnant women are the participants of this research. All these women were visiting the obstetric hospitals for medical treatment. Samples of healthy control were taken by comparing the qualification, age, income and marital status of non-pregnant females. This was transverse research work and convenience sampling was used as sampling method. This research work was conducted in the duration of 6 months from January 2015 to June 2015. In the start, research was carried out on only five females and verbal willing was taken from every participant of the study.

A harmonized apparatus, Hospital Anxiety and Depression scale (HADS7) was utilized. This apparatus is fourteen items auto report authentic scale and used to detect the current depression and anxiety symptoms. Before managing the Hospital Anxiety and Depression scale, demographic data was gathered by all the participants on separate forms. DSM-IV8 standard was also used by our team to evaluate the previous mental diseases of participants. Some participants were less educated so; a question answers session was carried out to note the reactions of participants. Thirteen percent females were checked during the first three months of the pregnancy period, twenty-five percent females were seen during the middle three months of pregnancy period and fifty-eight percent females were seen during the last three months of the pregnancy period.

RESULTS:

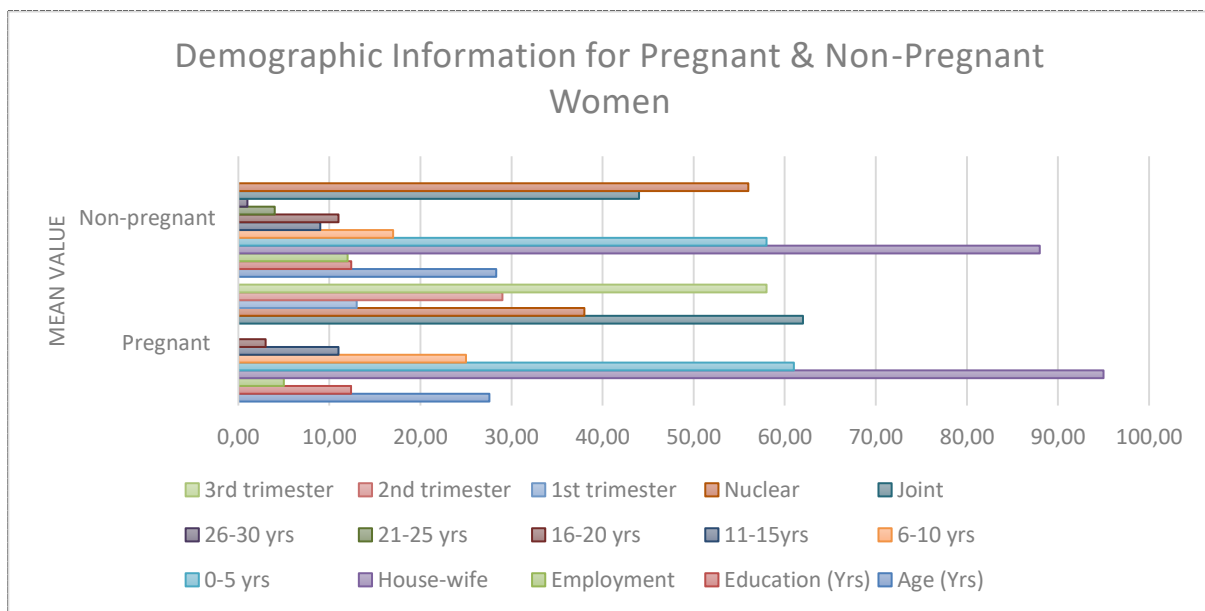
The outcome of this research work is given in Table-2 which shows a clear disparity between pregnant women and their controls about depression & anxiety. This disparity on the cut off scale anxiety is 9.22 and on the cut off scale of depression, disparity is about 7.55 in the pregnant females as compared to their healthy controls.

DISCUSSION:

Our results proved that signs of depression and worry are very frequent in the pregnant females as compared to their healthy controls. This outcome confirms the results of many work carried out in the same area [1, 2, 6]. Kelly [4] stated that twenty-three percent pregnant females in California were facing despair and anxiety problems.

Table-I: Demographic information for pregnant & non-pregnant women				
Characteristics	Pregnant (N=100)		Non-pregnant (N=100)	
	Mean	SD	Mean	SD
Age (yrs)	27.57	4.48	28.32	4.9131
Education (yrs)	12.38 N	3.65 %	12.4 N	2.77 %
Occupation				
Employment	5	5.0	12	12.0
House-wife	95	95.0	88	88.0
Marriage Duration				
0-5 yrs	61	61.0	58	58.0
6-10 yrs	25	25.0	17	17.0
11-15yrs	11	11.0	9	9.0
16-20 yrs	3	3.0	11	11.0
21-25 yrs	-	-	4	4.0
26-30 yrs	-	-	1	1.0
Family system				
Joint	62	62.0	44	44.0
Nuclear	38	38.0	56	56.0
Trimester				
1st trimester	13	13.0	-	-
2nd trimester	29	29.0	-	-
3rd trimester	58	58.0	-	-

Note. SD= Standard Deviation



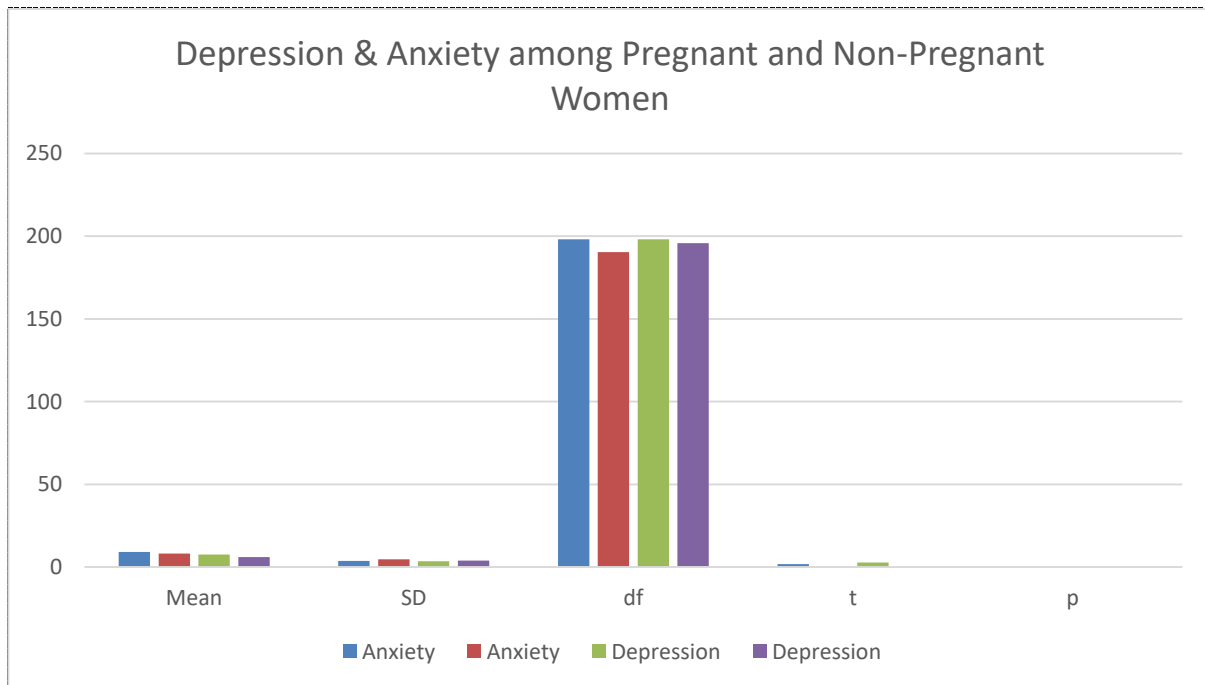
Megan [9] started a research work to evaluate the occurrence of discovery and treatment of serious and minor problems, stress and other difficulties of pregnant females after receiving treatment from care centre. The patients were asked after treatment that if their doctor was able to recognize the reasons of their depression and related difficulties. Clinical documents were also assessed after their treatment. Results proved that twenty-six percent females were suffering from mental illness. The care providers also detected the suicide ideas in twelve percent participants due to this depression.

In this research work, thirty-nine percent females found positive for worry/anxiety and eighteen percent females were found positive for despair/depression. There may be many reasons for the low discovery of depression in the pregnant women. Medical experts may be reluctant to ask questions and participants were not willing to describe their problem which was a cause of a rise in their depression. Some signs during this period are not important to be concern as disturbance in hungriness, disturb sleeps and disturbed energy levels among pregnant females [10].

Table-II: Mean, Standard-deviation and T-test results comparing the pregnant and non-pregnant women on anxiety and depression.						
Symptoms	Groups	Mean	SD	df	t	P
Anxiety	Pregnant	9.22	3.83	198	1.828	< 0.05
	Non-pregnant	8.11	4.7052	190.336		
Depression	Pregnant	7.55	3.4826	198	2.689	< 0.05
	Non-pregnant	6.15	3.8779	195.75		

Note. N=100 for each group

Many work in the same field shows that a large number of obstetric gynaecologists are not trained to tackle the problem of depression in the females [11]. About fifty percent of obstetrician gynaecologists do not know about the discovery methods for the identification of the despair in the females [12].



Increase in the signs of anxiety and depression are connected with the unfavourable motherly and infant conclusions. This fact has been proved by previous research works [5, 6]. The anxiety affects the baby more than any other aspect as smoking during the period of pregnancy, less weight at birth time etc.

Clinical implications & Limitations:

1. Despair and anxiety during pregnancy period have the ability to create bad effects on the behaviour, attitude and emotional life of the child in future.
2. The change in the reactions to the stress could be affected by early experience.
3. Diminishing the depression during pregnancy period could create defending results in the new born child.

Restrictions of the study: Information about the despair and anxiety was depending on the question answer method. This method was verbally done with some pregnant female participants who were less literate.

CONCLUSIONS:

The high occurrence rate of worry and despair signs during the period of pregnancy shows that females during this period of childbearing could be defenceless to the abnormalities caused by despair and worry. So, it is advised to the doctors of all care centres that they should be aware of such problems which can lead to the bad consequences during the period of pregnancy. The specialist should check these problems from the very first treatment of the pregnant lady. Therefore, a profile should be managed for every patient which would be helpful for early access of the data next time.

Stress release program should be started to reduce the stress of pregnant females. There are a lot of advantages of execution of the mental health during pregnancy period for child, mother and whole family.

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