

FACTORS AFFECTING DEPRESSION IN PREGNANT MOTHERS: A SYSTEMATIC REVIEW

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ABSTRACT

Background: Depression is the commonest psychological problem that affects a woman during her perinatal period worldwide. Several factors may associate with depression in pregnancy. This study aimed to review systematically factors affecting depression in pregnant mothers.

Subjects and Method: A systematic review conducted by searching published articles from 2014 to 2019, from databases including ProQuest, ScienceDirect, and Scopus. The keyword was "risk factor", "mental health", "depression", and "antenatal". The inclusion criteria were English, open access, and cross-sectional. After review process, 8 articles were included in this review.

Results: Prevalence of depression in pregnant women in developing countries was 23.61%. Six articles stated that unplanned pregnancy was associated with depression. Four articles reported that history of depression, history of abortion, husband support, and social support, were associated with depression. The other predictors included violence, abuse, first child pregnancy, and gestational age in the third trimester.

Conclusion: Factors associated of depression in pregnant women are unplanned pregnancy, history of depression, history of abortion, husband support, social support, violence, abuse, first child pregnancy, and gestational age in the third trimester.

Keywords: mental health, depression, pregnant mothers.

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BACKGROUND

Pregnancy is a condition that causes physical and psychological changes in a woman. These changes must be experienced as a beautiful event with positive emotions but there will be a problem if undertaken with negative emotions. Therefore, a woman's mental health during pregnancy becomes very important to avoid psychological problems that might occur.

Common mental disorders are marked by loss of interest, depression, and health problems, difficulty sleeping, difficulty concentrating, feeling guilty, easily tired until the emergence of the desire to end life. According to the World Health Organization (WHO), around 10% of pregnant women experience mental problems, especially depression.

Depression during pregnancy can affect various fetal problems and child development. Studies conducted by Alder also showed that there is a significant association between depression during pregnancy and fetal problems such as low birth weight and premature birth (Duko, 2019). Pregnant women with depression are also more at risk of developing pregnancy complications, such as preeclampsia, uterine irritability and pregnancy hypertension, and induction labor (Biratu, 2015).

The prevalence of depression during pregnancy varies. It can reach 16% or more in women who have symptoms and 5% with severe depression (Leight et al., 2010). A review study reported the prevalence of anti-depressant partum to 15.6% in low and mid-

dle income countries (LAMIC) (Fisher et al., 2012).

The results of a study conducted by Woods, Melville and Guo (2010) found that 78% of pregnant women experience low to moderate psychosocial stress and 6% experience high levels of psychosocial stress. Some factors that generally affect women in pregnancy are low material resources, unfavorable work conditions, family and husband support, problems in intimate relationships, and complications of pregnancy.

SUBJECTS AND METHOD

1. Study Design

In this article, this systematic review used PRISMA. Search from 3 databases namely ProQuest, Science Direct, and Scopus. The data search began in August 2015 - August 2019. We limited the journal topic to public health, especially regarding mental health in pregnant women in developing countries, which was measured by using the EPDS (Edinburgh Postnatal Depression Scale) questionnaires to measure mental health in pregnant women.

2. Inclusion and Exclusion Criteria

The inclusion criteria used by the authors are journals that use English, published between August, 2015 - 2019, complete journal texts, open access journals, using the EPDS questionnaire in their research, and using cross-sectional designs. While the exclusion criteria in this study are research journals conducted not in developing countries and journals published before August 2015.

3. Data Extraction

Searching using the keywords "risk factor", "mental health", "depression", "antenatal", we obtained a total of 215 journals from three databases.

The second stage is filtered based on the time of publication with a span of August, 2015- 2019, full-text journals and open access and obtained as many as 117 journals. Then, the document was filtered based on the title in accordance with the research title and obtained 47 journals.

The next step was to carry out special screening using inclusion and exclusion criteria, namely at the study site, particularly pregnant women in developing countries whose mental health was measured using the EPDS questionnaire and obtained 8 qualified journals. The author then takes 8 journals for systematic review.

RESULTS

From the 8 articles that have been reviewed, the average prevalence of depression in pregnant women in developing countries had reached 23.61%. Six articles said that the cause of depression in pregnant women was unplanned pregnancy.

Four articles mentioned the causes of depression in pregnant women were a history of previous depression and low economy. Three articles mentioned that maternal age, pregnancy complications, history of abortion, husband support and social support affected depression in pregnant women. Other factors that affect depression in pregnant women are violence and abuse, first child pregnancy and gestational age in the third trimester.

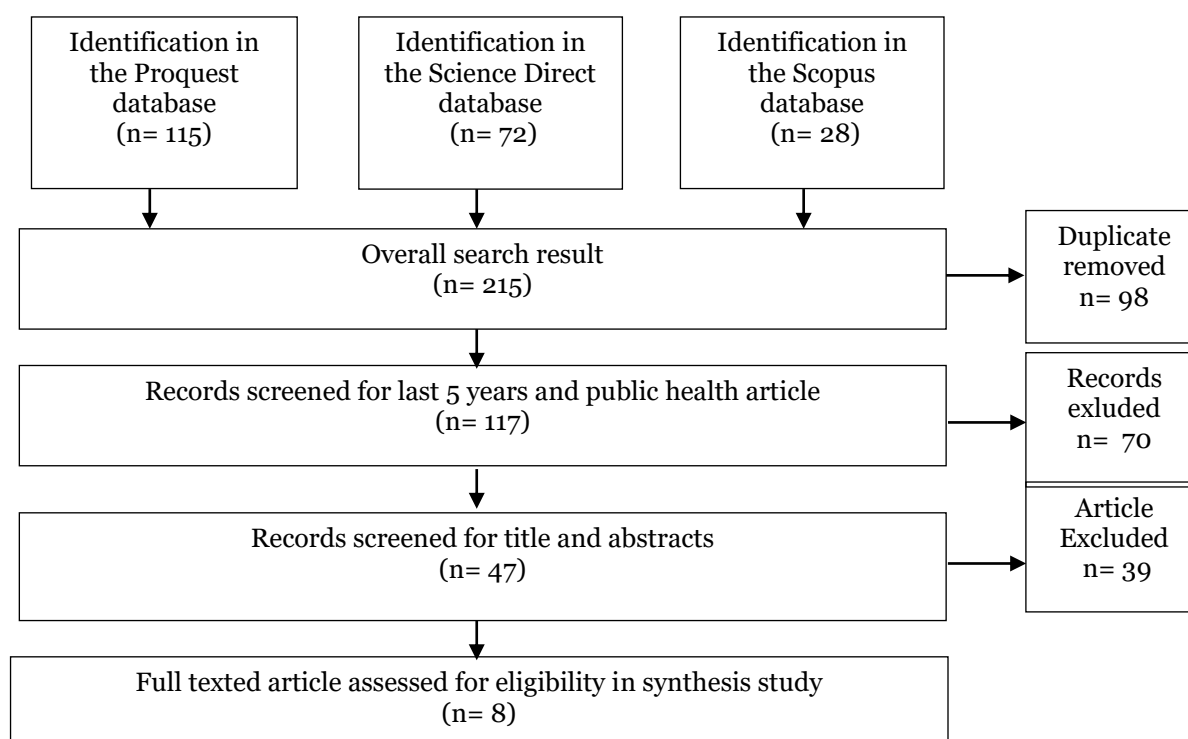


Figure 1. PRISMA Flow Diagram

DISCUSSION

Apart from the fact that pregnancy is a challenge for women both in terms of biological and social aspects, this can affect a woman's psychological condition when dealing with changes during pregnancy. In the review of articles that have been done, on average it was found that pregnant women who experience depression reached 23.61%.

Unplanned pregnancy is the most dominant factor affecting depression in pregnant women. According to Al-Azri (2015) planned pregnancy ensures that women are better prepared for pregnancy and childbirth, while unplanned pregnancies can increase the risk of antenatal depression due to difficulties in balancing the needs of mothers and carrying out their responsibilities at home and at work.

Kuroki (2008) found that women with unplanned pregnancies get low vitamin intake during early pregnancy, which can increase the risk of preterm birth, low birth

weight, infant maltreatment and newborn mortality.

Factors contributing to the cause of depression in subsequent pregnant women are a history of previous depression, in line with studies from developing countries and a study in Addis Ababa, depression is associated with antenatal depression in women who have a history of depression in a previous pregnancy that is 3 times more likely to experience Antenatal depression compared with those without a history of previous pregnancy depression. The next factor is low economy, in the findings of Fisher et al. (2013) pregnant women with a low economy are 2.7 times more likely to experience depressive symptoms compared to pregnant women with a sufficient economy.

Another factor mentioned was capable of affecting depression in pregnant women was maternal age. This is in line with Arch (2013) findings cited in a study by Busari (2018) which shows that younger age is ass-

ociated with higher levels of anxiety and depression. The current pregnancy complications are significantly related to antenatal depression, a study conducted by Bernard (2018) of pregnant women who had a history of stillbirths was 3.97 times more likely to experience depression than pregnant women without a history of stillbirths.

History of abortion is also a factor in depression in pregnant women, this is supported by the results of studies conducted by developing countries, namely antenatal depression 2.57 times more in women who have a history of abortion than those without a history of abortion. Husband support and social support were also found to be statistically significant factors affecting depression during pregnancy, because women who received partner support during their pregnancy received good care during their pregnancy (Biratu, 2018). Other factors that influence depression in pregnant women are violence and abuse, disharmony in marital relationships characterized by violence has been shown to increase antenatal depression rates. This couple also tends to use improper means in resolving their conflicts (Al-Azri, 2015).

First child pregnancy and gestational age in the third trimester are also factors that play a role in depression in pregnant women, this was found in a study in Brazil, women in the third trimester had 1.70 times more likely to experience antenatal depression than in first trimester pregnant women.

Factors causing depression in pregnant women include unplanned pregnancy, history of previous depression, low economy, maternal age during pregnancy, pregnancy complications, history of abortion, husband support, social support, violence and abuse, first child pregnancy and gestational age in the third trimester. An antenatal depression screening for all pregnant women can be done as part of the ANC to form an integrated mental health service.

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