ABSTRACT

Topic: Anxiety and Depression among Pregnant Ladies during Antenatal, Intranatal and Postnatal period

Aim: The present study determined the prevalence of anxiety and depression among pregnant women during pregnancy and postnatal period. The Investigator also developed and administered a compact Childbirth Education Programme for pregnant women and evaluated its effectiveness in combating anxiety and depression.

Background of the problem

A woman’s ability to adapt to the changes and challenges of pregnancy is important to the outcome of pregnancy and is affected by her outlook and the level of stress she experiences. The prevalence rate of anxiety is high and that of depression during pregnancy ranges from 3.5%-16%. Postpartum non-psychotic depression is the most common complication of childbearing, affecting approximately 10-15 % of women.

Pınar Serçekuş and Hülya Okumuş (2009) reported that nulliparous pregnant women experience more childbirth fear and are liable to request caesarean section. These nulliparous pregnant women wanted to know how to prepare for delivery and look forward for professional help. Health professionals have long felt that education and preparation were key ingredients to successful pregnancy and birth experiences.

Objectives of the Study:

1. To determine prevalence of pregnancy specific anxiety during pregnancy and postnatal period.
2. To determine prevalence of depression during pregnancy and postnatal period.
3. To determine association between pregnancy specific anxiety and knowledge regarding antenatal care.
4. To identify the relationship between pregnancy anxiety and outcome of labour

5. To compare anxiety of nulliparous pregnant women in experimental and control group before and after planned childbirth education.

6. To compare the knowledge gain between control and experimental group

Methodology: Includes Two Phases

Research design:

Phase I: - A prospective explorative cohort survey
Phase II: - Quasi-experimental Intervention study using Childbirth Education with pre-test post test control group design

Sample size:

Phase I: - 500 pregnant women
Phase II: - 100 first time (nulliparous) third trimester pregnant women

Population: Pregnant women attending all government hospitals in Kerala

Setting of the Study: Government Victoria Hospital, Kollam.

Tools

1. Pregnancy Specific Anxiety Inventory (PSAI) - Prepared by the Investigator
2. Knowledge Questionnaires (Prepared by the Investigator)
3. State Trait Anxiety Inventory (STAI)
4. Beck Depression Inventory – II (BDI-II)
5. Checklist of Labour Outcome (Prepared by the Investigator)

Intervention programme

a) Planned Childbirth Education Programme (PCEP) - Prepared by the Investigator
b) Video on Childbirth Education Programme - Prepared by the Investigator
Procedure of Data collection

After obtaining permission to collect the data, a pilot study was conducted among 100 pregnant women to test the adequacy of newly developed tools and the feasibility. These women were not included in the final study.

**Phases I** - Anxiety scale (STAI), Depression scale (BDI-II) and Pregnancy Specific Anxiety Inventory (PSAI) were distributed to 500 pregnant women in their first trimester (8-16 weeks) who met the selection criteria and willing to participate for self-rating. It took 15 to 20 minutes to fill in. Knowledge regarding antenatal care was assessed by the interview lasting for 8-10 minutes using Knowledge Questionnaire. In the second trimester (20-28 weeks) and third trimester (30-38 weeks) same procedure was repeated using the same tools except the knowledge. Their labour records were analysed for the labour outcomes. Postnataley before discharge PSAI and STAI was rated. Finally at 2nd - 4th week postnataley BDI was reassessed.

**Phase II** - Selected 100 third trimester (30-38 weeks) nulliparous pregnant women. The purpose of the study was explained and consent taken. STAI, BDI, PSAI and the knowledge scores were assessed. Only experimental group (n=50) was imparted with Planned Childbirth Education Programme (PCEP) for 2 sessions and after two weeks at 38-40 weeks before delivery post-tests were done among (n=100) using PSAI and also assessed their knowledge. Labour Outcomes were recorded for all 100 samples from their labour records. All 100 samples were followed postnatally before discharge for PSAI and STAI. At 2 – 4 weeks following delivery BDI was re-administered and scored.

**Major Findings**

1. Highest prevalence of pregnancy-specific anxiety was found among nulliparous during third trimester of pregnancy (99 %), the major part of which was found related to severe childbirth anxiety (93.8%).
2. In 12-16% of the subjects, mild to moderate degrees of depression were found mostly during first and third trimester period of pregnancy.

3. The study revealed that nulliparous pregnant women’s knowledge of preparation for childbirth was low (1.4%).

4. Abnormal labour outcomes were more among expectant mothers with high levels of pregnancy-specific anxiety.

5. Childbirth Education programme was found effective in reducing childbirth anxiety of nulliparous pregnant women.

6. Childbirth Education programme was found effective in improving the knowledge of antenatal care especially childbirth preparation.

**Conclusions:**

The present study highlights the high prevalence of pregnancy-specific anxiety; especially childbirth anxiety in nulliparous pregnant women. It also revealed that among nulliparous pregnant women the knowledge regarding preparation for childbirth was low. There is an indication that abnormal labour outcomes were also more frequent in these women with high pregnancy-specific anxiety and poor knowledge. The intervention phase of the study showed that Childbirth Education Programme is an effective method to impart knowledge regarding preparation for childbirth and to reduce pregnancy-specific anxiety.

The newly designed Childbirth Education Programme can be integrated to the routine antenatal care for pregnant women. Specially designed web-sites or mass media programmes can also contribute to Childbirth Education Programme. The details of methodology, analysis, discussion of results and limitations of the study are given in the thesis.