**A comparative study to assess the level of depression among pregnant mothers in 1st & 3rd trimester of pregnancy in NMCH at Nellore, Andhra pradesh”.**

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**Abstract:**

**Background:** Being pregnant is a very personal experience for each women. This period poses many new challenges and possible problems. How the women responds to these challenges is dependent on her emotional maturity or lack of it. Depression and anxiety most often begin in pregnancy. Depression include major and minor depression. There is quite a hand full of risk factors that predisposes to depression during pregnancy. **Aim:** The aim of the study was to assess the level of depression among pregnant mothers at 1st trimester and 3rd trimester. **Objectives:** 1**.** To assess the level of depression among pregnant mothers at 1st trimester and 3rd trimester. 2. To compare the level of depression at 1st& 3rd trimester among pregnant mothers. 3. To associate the level of depression among pregnant mothers with selected socio-demographic variables. **Methodology:** 60 antenatal mothers (30 in Ist trimester & 30 in III rd trimester) at Narayana Medical College Hospital, Nellore were selected by using non-probability purposive sampling technique. **Results:** The study reveals that In 1st trimester, 3(10.2%) had normal/border line, 17(56.6%) had mild depression, and 10(33.3%) had moderate depression. In 3rd trimester 4(13.3%) had normal/border line 19(63.3%) had mild depression, and 7(23.7%) had moderate depression.

**Keywords: Depression, pregnant mothers, trimester, pregnancy.**

**SECTION-I: INTRODUCTION**

Being pregnant is a very personal experience for each women. This period poses many new challenges and possible problems. How the women responds to these challenges is dependent on her emotional maturity or lack of it. Depression and anxiety most often begin in pregnancy. Depression include major and minor depression. There is quite a hand full of risk factors that predisposes to depression during pregnancy. A few of them are improper antenatal care,poor nourishment, stressful events in life like economic instability,gender based discrimination and puerperal complication in the past,incidents during pregnancy like prior miscarriages, and the delivery modes like past instrument facilitated or operative delivery2.

Other factors include age of the mother, marital status, gravida, whether pregnancy was planned or is a result of spontaneous conception, previous history of any stillbirth, previous history of prolonged labour, and how well is her level of lack of social support3.

Psychological changes in the first trimester, might be filled with a feeling of anxiety and depression about losing the new baby. Less intense, and in third trimester,women are anticipating childbirth and coping with significant physical changes. Fear of the baby’s arrival worries about labour and birth. These are most common in pregnancy4.

The physical changes in a woman's body during pregnancy receive plenty of attention, but less consideration is given to the emotional changes she could be experiencing. In addition to her physical health, a woman's emotional well being and her mental outlook can also play important roles in pregnancy. During these nine months, a woman's moods and emotions can range from the highs of feeling overjoyed and excited about having a baby to the lows of feeling impatient and scared as the delivery and motherhood approaches.  "Some women are sensitive to changes in estrogens, while others are affected by rising levels of progesterone or stress hormones5.

**NEED FOR THE STUDY:**

Pregnancy and the complication that comes along with it have been a concerning issue of public health around the globe. Depression affects about 20% of women during their lifetime, with pregnancy being a period of high vulnerability. The WHO identifies depression disorders as the second leading cause of global disease burden by 2020. Depression is also the most prevalent psychiatric disorder during pregnancy and several studies have documented prevalence range from 4% to 25% with point prevalence of 15.5% in early and mid pregnancy,11.1% in 3rd trimester, and 8.7% in post –partum period6.

WHO (World Health Organization 2015) Worldwide about 10% of pregnant women and 13%of women who have just given birth experience a mental disorder, primarily depression. In developing countries this is even higher i.e.15.6% during pregnancy &19.8% after child birth7.

**SECTION-II- REVIEW OF LITERATURE**

A Cross sectional study was conducted on prevalence & predictors of depression among pregnant women,at Northwest, Ethiopia. The study was conducted among 527 pregnant women by cluster sampling method. Data were collected by face-to-face interviews; symptoms were assessed by using Edinburgh postnatal depression scale (EPDS). The prevalence of antenatal depression was found to be 11.8 %. Having debt (OR=2.79,95% CI:1.33,5.85) unplanned pregnancy (OR=2.39,95% CI:1.20,4.76), history of stillbirth (OR=3.97,95%CI : 1.67,9.41)history being in the third trimester of pregnancy (OR=1.70, 95% CI:1.07,2.72)8.

A cross-sectional study was conducted in 2011 on eligible women with depression. and other psychological problems are a major health problem during pregnancy and after delivery. Thus, decided to investigate risk factors of depression in different trimesters. Standard questionnaire EPDS was used to screen for depression in the first, second and the third trimesters. Results: The mean age of pregnant women was 26.1 ± 5.12 years. 25.3% experienced depression in the first trimester, 28% in each of the second and third, 23.7% had depression in both first and second trimesters, 22% in all three. A significant relationship in all three trimesters between depression, old age and poor education was showed. Regression analysis showed previous history of depression as the strongest depression risk factor in all trimesters. Considering the well-known role of previous history of depression, its timely treatment can largely prevent its persistence17.

**PROBLEM STATEMENT:**

“A comparative study to assess the level of depression among pregnant mothers in 1st& 3rd trimester of pregnancy in NMCH at Nellore, Andhra Pradesh”.

**OBJECTIVES:**

* To assess the level of depression among pregnant mothers at 1st trimester and 3rd trimester.
* To compare the level of depression at 1st& 3rd trimester among pregnant mothers
* To associate the level of depression among pregnant mothers with selected socio-demographic variables.

**DELIMITATIONS:**

The study is limited to pregnant mothers;

* Admitted in NMCH with 1st and 3rd trimester.
* Who have mild, moderate, or severe depression
* The study is limited to 2 weeks of duration.

**SECTION-III: METHODOLOGY:**

**RESEARCH APPROACH:**

A quantitative approach was adopted to determine the research study.

**RESEARCH DESIGN:**

The present study was conducted by using descriptive design.

**SETTING:**

The study was conducted among pregnant mothers at Narayana Medical College Hospital, Nellore, Andhra Pradesh.

**POPULATION**

**TARGET POPULATION**

Pregnant mothers in 1st & 3rd trimester.

**ACCESSIBLE POPULATION**

All pregnant mothers in 1st & 3rd trimester attending antenatal OPD or admitted in antenatal ward of NMCH, Nellore.

**SAMPLE FOR THE STUDY**

Sample of the present study was pregnant mothers at 1st & 3rd trimester.

**SAMPLE SIZE**

A sample of 60 antenatal mothers i.e. 30 samples of 1st trimester & 30 samples of 3rd trimester.

**SAMPLING TECHNIQUE**

The subjects were selected by using non-probability purposive sampling technique.

**CRITERIA FOR SAMPLE SELECTION**

**INCLUSION CRITERIA**

* Pregnant mothers in 1st trimester & 3rd trimester and admitted in NMCH, Nellore.
* Who can speak & understand Telugu or English.
* Pregnant mothers with depression

**EXCLUSION CRITERIA**

* Pregnant mothers who are not willing to participate
* Pregnant mothers who are in II trimester

**VARIABLES:**

**RESEARCH VARIABLE**

Level of depression among pregnant mothers in 1st& 3rd trimester.

**DEMOGRAPHIC VARIABLES**: Age, occupation, family monthly income, history of abortion, duration of marriage, unplanned pregnancy and obstetric complications.

**DESCRIPTION OF THE TOOL**

**PART-I:-** Demographic data**.**

**PART-II:-** An observational check list of Beck inventory depression scale was used to assess the level of depression among pregnant mothers with 1st & 3rd trimester.

**SCORE INTERPRETATIONS:**

|  |  |
| --- | --- |
| 1- 10 | Normal |
| 11- 20 | Mild |
| 21- 30 | Moderate |
| 31- 40 | Severe |
| >40 | Extreme |

**PILOT STUDY:**

After obtaining formal written permission from the Medical superintendent/ Nursing superintendent of Narayana Medical College Hospital. 6 Antenatal mothers were selected by using non probability purposive sampling technique.

**METHOD OF DATA COLLECTION**

After obtaining formal written permission from the Medical Superintendent/ Nursing Superintendent of Narayana Medical College Hospital. The duration of data collection was 4 weeks in selected wards, at Nellore 60 Antenatal mothers were selected by using non probability purposive sampling technique. The antenatal mothers were informed about the nature and purpose of the study and then written consent was obtained and confidentiality was assured. The procedure took 15 minutes for each mother, 3-5 samples was selected per day from 9.00 AM to 5.00 PM. At first demographic data was collected followed by using beck inventory depression scale depression level among pregnant mother in 1st & 3rd  trimester were assessed.

**SECTION- IV: DATA ANALYSIS AND DISCUSSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Data analysis** | **Methods** | **Remarks** |
| 1. | Descriptive statistics | * Frequency& percentage, distribution, * Mean and Standard deviation. | * Description of demographical variables * To compare the level of depression among pregnant mothers with 1st & 3rd trimesters. |
| 2. | Inferential statistics | * Chi –square | To associate level of depression with socio- demographic variables among pregnant mothers. |

**Data Analysis & DISCUSSION:**

**Table-1: Frequency and percentage distribution of depression level among pregnant mothers in 1st trimester and 3rd trimester. (N=60)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Depression level** | **1st trimester** | | **3rd trimester** | |
| **F** | **%** | **F** | **%** |
| a. Normal/Border line | 3 | 10.2 | 4 | 13.3 |
| b. Mild | 17 | 56.6 | 19 | 63.3 |
| c. Moderate | 10 | 33.3 | 7 | 23.7 |
| **Total** | 30 | 100 | 30 | 100 |

**Fig no -1: Percentage distribution of depression level among pregnant mothers in 1st & 3rd trimester.**

**Table -2: Comparison of mean and standard deviation level of depression at 1st & 3rd trimester among pregnant mothers.**

**(N=60)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **1st trimester** | | **3rd trimester** | |
| **Mean** | **Standard deviation** | **Mean** | **Standard deviation** |
| **Pregnant women** | 17.4 | 5.014462 | 16.3 | 4.251977 |

**Table-3: Association between depression among women in 1sttrimester and demographic variables. (N=30)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.no** | **Socio-demographic variables** | **Normal** | | **Mild** | | **Moderate** | | **Chi square**  **(X2)** |
| **F** | **%** | **F** | **%** | **F** | **%** |
| 1. | **Age**  a. < 20 years  b. 21-25 years  c. 26 – 30 years  d. > 30 years | 1  1  -  1 | 3.33  3.33  -  3.33 | 2  11  3  1 | 6.66  36.66  10  3.33 | 2  5  2  1 | 6.66  16.66  6.66  3.33 | C= 4.4922  T= 12.59  df=6  P<0.05  NS |
| 2. | **Occupation**  a. Home makers  b. Farmers & coolies  c. Business | 1  1  1 | 3.33  3.33  3.33 | 8  4  5 | 26.66  13.33  16.66 | 5  4  1 | 16.66  13.33  3.33 | C=1.899  T= 10.085  df= 4  P<0.05  NS |
| 3. | **Family monthly income**  b. Rs.5000 -10000  c. Rs.10001- 15000  d. Rs.> 15000 | 1  1  1 | 3.33  3.33  3.33 | 13  2  2 | 43.33  6.66  6.66 | 7  1  2 | 23.33  3.33  6.66 | C=3.1118  T= 10.085  df= 4  P<0.05  NS |
| 4. | **Duration of marriage**  a. Less than 1 year  b. More than 1 year | 2  1 | 6.66  3.33 | 14  3 | 46.66  10 | 5  5 | 16.66  16.66 | C=15.548  T= 5.99  df= 2  P<0.05  NS |
| 5. | **Unplanned pregnancy**  a. Yes  b. No | 1  2 | 3.33  6.66 | 3  14 | 10  46.66 | 5  5 | 16.66  16.66 | C=15.548  T= 5.99  df= 2  P<0.05  S\* |
| 6. | **History of abortions**  a.Yes  b. No | 1  2 | 3.33  6.66 | 3  14 | 10  46.66 | 3  7 | 10  23.33 | C =1.381  T= 5.99  df=2  P<0.05  NS |
| 7. | **Any obstetrical complications in pregnancy**  a. Yes  b. No | 2  1 | 6.66  3.33 | 4  13 | 13.33  43.33 | 4  6 | 13.33  20 | C=5.02  T= 5.99  df= 2  P<0.05  NS |

**SECTION-V**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.no** | **Socio-demographic variables** | **Normal** | | **Mild** | | **Moderate** | | | **Chi square**  **(X2)** |
| **F** | **%** | **F** | **%** | **F** | **%** | |
| 1. | **Age**  a. < 20 years  b. 21-25 years  c. 26 – 30 years  d. > 30 years | 1  1  1  1 | 3.33  3.33  3.33  3.33 | 2  16  1  - | 6.66  53.33  3.33 | 1  4  1  1 | 3.33  13.33  3.33  3.33 | | C=6.684  T= 12.59  df=6  P<0.05  NS |
| 2. | **Occupation**  a. Home makers  b. Farmers & coolies  c. Business | 1  2  1 | 3.33  6.66  3.33 | 8  10  1 | 26.66  33.33  3.33 | 3  2  2 | 10  6.66  6.66 | | C=34.516  T= 10.085  df= 4  P<0.05  S\* |
| 3. | **Family monthly income**  b. Rs5000 -10000  c. Rs10001- 15000  d. Rs> 15000 | 1  2  1 | 3.33  6.66  3.33 | 10  8  1 | 33.33  26.66  3.33 | 3  3  1 | 10  10  3.33 | | C= 13.7396  T= 10.085  df= 4  P<0.05  S\* |
| 4. | **Duration of marriage**  a. Less than 1 year  b. More than 1 year | 2  2 | 6.66  6.66 | 17  2 | 56.66  6.66 | 6  1 | 20  3.33 | | C=9.914  T= 5.99  df= 2  P<0.05  NS |
| 5. | **Unplanned pregnancy**  a. Yes  b. No | 3  1 | 10  3.33 | 2  17 | 6.66  56.66 | 2  5 | | 6.66  16.66 | C=4.027  T= 5.99  df= 2  P<0.05  NS |
| 6. | **History of abortions**  a.Yes  b. No | 2  2 | 6.66  6.66 | 2  17 | 6.66  56.66 | 1  6 | | 3.33  20 | C=9.914  T= 5.99  df= 2  P<0.05  S\* |
| 7. | **Any obstetrical complications in pregnancy**  a. Yes  b. No | 2  2 | 6.66  6.66 | 4  15 | 13.33  50 | 2  5 | | 6.66  16.66 | C=0.757  T= 5.99  df= 2  P<0.05  NS |

**Table - 4: Association between depression among women in 3rdtrimester and demographic variables (N=30)**

**MAJOR FINDINGS OF THE STUDY:**

* Regarding the depression level of pregnant mothers, In 1st trimester 3(10.2%) had normal/border line, 17(56.6%) had mild depression, and 10(33.3%) had moderate depression. In 3rd trimester 4(13.3%) had normal/border line 19(63.3%) had mild depression, and 7(23.7%) had moderate depression.
* In 1st trimester, the mean depression score was 17.4, with standard deviation of 5.014462 and in 3rd trimester, the mean depression score was 16.3, with standard deviation of 4. 251977.
* Among all the demographic variables only unplanned pregnancy had significant association with level of depression in 1st trimester and occupation, family monthly income, and history of abortion had significant association with level of depression in 3rd trimester at P < 0.05 level.

**CONCLUSION:**

The study concluded that, majority of the pregnant mothers in 1st trimester had 17(56.6%) had mild depression, and in 3rd trimester 19(63.3%) had mild depression. And most of the pregnant mothers are prone for anxiety, mood liability depression and emotional disturbances due to hormonal effect. There is an immense need for antenatal counseling and preventional psychotherapies in order to prevent the depression related complications on mother and foetus.

**BIBLIOGRAPHY**

1. [Eunice Kennedy Shriver National Institute of Child Health and Human Development](https://en.wikipedia.org/wiki/Eunice_Kennedy_Shriver_National_Institute_of_Child_Health_and_Human_Development). ["What are some common signs of pregnancy?"](http://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/signs.aspx).  12 July 2013. [Archived](https://web.archive.org/web/20150319160741/http:/www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/signs.aspx) from the original on 19 March 2015. Retrieved 14 March 2015.
2. Myles. “Text Book of Midwifes”. 4thedition.Published by Churchil livingstone; pg no 135-136.
3. Oken E, Kleinman KP, Belfort MB, Hammitt JK, Gillman MW. Associations of gestational weight gain with short- and longer-term maternal and child health outcomes. Am J Epidemiol, volume 10, issued 2009. pg.no :170-173.
4. K. Parks.”Essentials of Community Health Nursing”. 3rd edition. Published by M/S Banarasidas Bhanot Publishers; pg no 37-40.
5. Marchi J, Berg M, Dencker A, Olander EK, Begley C. Risks associated with obesity in pregnancy, for the mother and baby: a systematic review of reviews. Obes Rev*.* volume 38, issued 2015. Pg.no. 161:621.
6. BT. Basvanthappas.” Community Health Nursing.” 1st edition. Published by Jaypee Brothers medical publishers(p)Ltd ; pg 206-209.
7. Redinger S, et, al. (2017) a cohort study on first trimester antenatal depression and anxiety; prevalence & associated factors in an urban population in Soweto, south Africa.
8. Tsai-Chung Li, 24 octoberet, al. (2017): a study on obstetric outcomes in pregnant women with and without depression.
9. Zinatossadat Bouzari (2016) cross sectional study on Depression Risk Factors in Different Trimesters of Pregnancy in Iranian Women.