



Objective:

The purpose of this study is to identify risk factors related to antenatal depression and generalized anxiety disorder (GAD) among pregnant women and to improve health care facilities to the affected women.

Background:

Depression and Generalized Anxiety Disorder (GAD) are common health concerns that affect women globally, especially during the antenatal period. In Pakistan, these issues are underemphasized and considered stigma when compared to developed countries. This can hit any pregnant woman. Some epidemiological studies have shown the prevalence of lifetime depression to be 10-20% and GAD to be in the range of 2.8-6.6%. These increased rates have been observed twofold in women than in men [3]. Among these women, those who fall pregnant are at far more risk of developing depression and GAD due to gradual physical and emotional changes occurring during the period of gestation [4].

Design & Methodology:

This is a cross-sectional study with non-probability sampling conducted on pregnant women visiting antenatal clinics. The eligibility criteria was to be a pregnant woman and giving consent.

The study is conducted in four Tertiary Care Hospitals of Lahore, Pakistan over the period of six months. A pre-designed questionnaire was filled after written informed consent. A validated GAD-7 scoring was used to objectify the frequency of depression and anxiety among participants. The data was analyzed by SPSS 23.



Results:

Among 500 women, according to PHQ-9, 74% had minimal depression, 14% had mild depression, 8% had moderate depression, 6% had moderately severe depression and 2% had severe depression. Out of moderately severe and severely depressed women 10% were in first trimester of pregnancy, 38% in second trimester and 52% were in third trimester. 78% women with depression had ≥ 4 factors present in their history. The most common factors associated with depression were physical violence (54%) and lack of partner support (52%). According to GAD-7 scoring, 82% had minimal anxiety, 10% had mild anxiety, 6% had moderate anxiety and 2% were severely anxious. Out of moderately and severely anxious women, 58% were in their first trimester, 28% were in second trimester and 14% were in third trimester. The most common factors associated with moderate and severe GAD were past history of abortion (34%) and past history of still birth (32%). Lack of partner support and In-Laws support was present in 28% and 22% of women with GAD. The best coping methods used by the women with depression and GAD were offering prayers and Exercise/Yoga.

Conclusion:

Pregnant women experience depression more in their second and third trimester with leading factors of physical violence and lack of partner support while anxiety hit them in their first and second trimester more often. The most common risk factors were previous bad obstetrical history and lack of spouse support. Screening methods and establishment of counselling sessions for anxiety and depression should be incorporated in existing antenatal programs for detection and treatment of early symptoms of these psychiatric issues.

Keywords:

Generalized Anxiety Disorder (GAD), Antenatal Depression, Pregnancy, Physical violence.

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