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INTRODUCTION

Pregnancy and the postnatal periods are psychologically distressing times for women due to large and varied range of physiological changes that are associated with these processes.[1] Unless dealt with in a timely manner, such distressing periods are likely to culminate in the development of life-long mental illnesses.

Globally maternal mental health problems are considered as a major public health challenge .Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Unfortunately, despite being highly prevalent, maternal mental health problems remain significantly under-recognized and therefore under-treated.[2] Improving mental health of women should be one of the top priorities of any nation. Depressive disorders are ranked fourth in terms of global burden of disease. It is estimated that 10–15% of women in developed countries and 20–40% of women in developing countries experience depression during pregnancy or after childbirth.[3] Although the worldwide prevalence of postnatal depression is around 13%, it stands between 28-63% in the Pakistani women.[4]

Women maternal mental health is deserving of special and urgent attention here in Pakistan. There is a dire need to develop appropriate protocols for early identification, treatment and prevention of adverse effects of antenatal depression particularly in low resource settings.

In our department we want to establish proper protocol for evaluation of women at risk of antenatal depression. So, we conducted this study to screen the women by using EPDS and to identify the risk factors responsible for the development of depression.

OBJECTIVE

The overarching goals of this study are as follows:

1. Screening woman in antenatal clinic for perinatal depression.
2. Identify potential risk factors for perinatal depression

METHODS AND MATERIALS

Study Design: Cross-sectional study

Study Duration: 6 months : October 2024 – March 2025

Ethical Approval: SMDC-IRB/AL/2024-115

Inclusion Criteria: All Pregnant women age between 18 to 40 years presenting for antenatal care between 12 to 32 weeks of gestation coming to antenatal clinic during the study period.

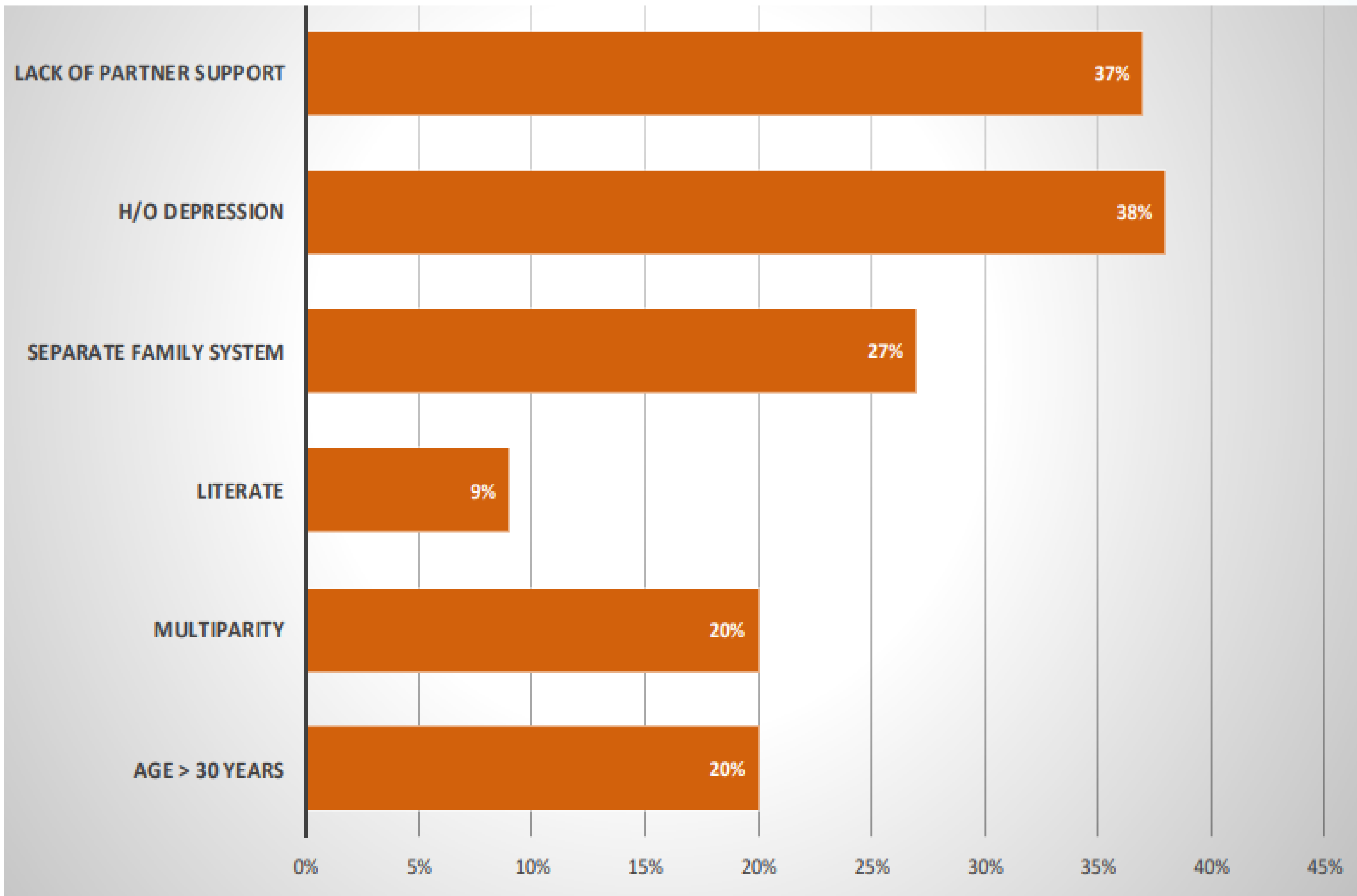
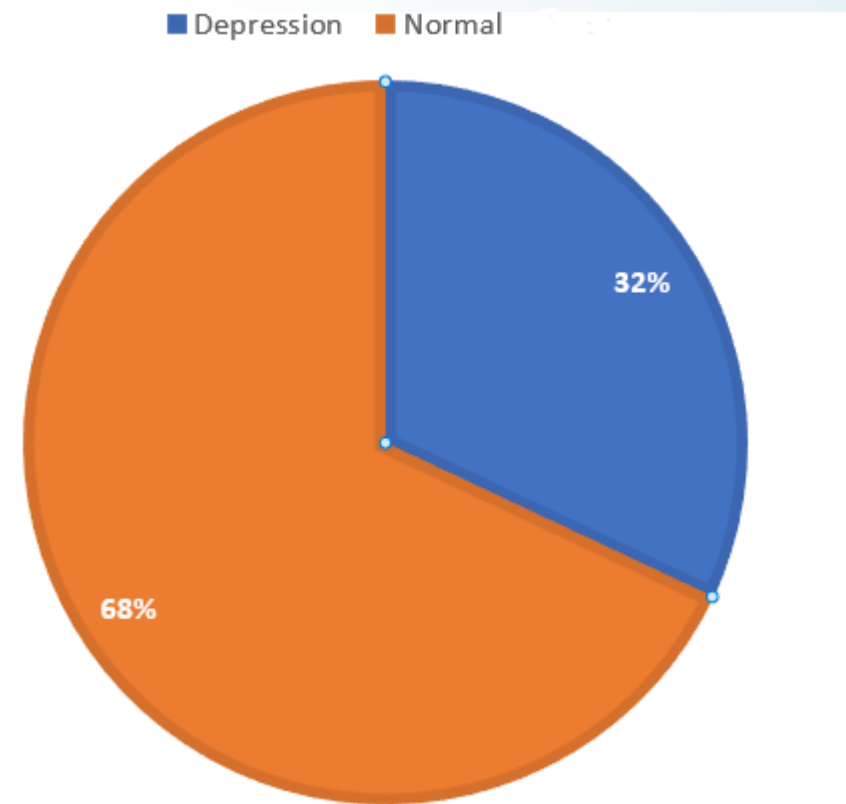
Exclusion Criteria: Women diagnosed with psychotic illnesses, receiving antidepressants, benzodiazepines, mood stabilizers and anti-epileptic medications, or those who have poor pregnancy outcome in current pregnancy like intrauterine death or lethal congenital abnormality in foetus.

Scales : Whooley Questionnaire and Edinburgh Postnatal Depression Scale (EPDS)

Study Population : 300 Pregnant women presenting for antenatal care in the Woman Health Centre

RESULTS

Characteristics	Mean
Age	29.5 years
Parity	2.5
Gestational Age	26.5 weeks



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DISCUSSION

Factors that predispose women to antenatal and postpartum depression include age, history of postpartum depression, bipolar disorder or any other mental illness that includes medical complication during childbirth, lack of support from family and mixed feelings about their pregnancy.[5,6] One study conducted in Lahore (Pakistan) identified fear of childbirth and separation from husband served as significant risk factors for development of antenatal depression.[7] During antenatal period women are in regular contact with their health-care professionals (e.g., physicians and midwives) who are well-positioned to not only educate them about their mental health and well-being but also identify those at risk. Integration of this type of much-needed service into antenatal care clinics is likely to have a positive outcome in terms of improving mental health of pregnant women

CONCLUSION

- Our study concludes that all pregnant women must be screened for postnatal depression for which EPDS is an effective tool.
- Major risk factors include women over 30 years of age, multiparous , literate, those living in separate family system, those with history of depression in previous pregnancy and without supportive partner.

There is a dire need to develop appropriate protocols for early identification, treatment and prevention of adverse effects of antenatal depression particularly in low resource settings

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