
Proceedings

Antenatal worries, anxiety and depression in three prenatal centers in Benin City, Nigeria

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Abstract

Purpose: To determine the prevalence of worries, anxiety and depression in pregnancy and their risk factors.

Methods: A cross-sectional study among 540 antenatal women in three antenatal clinics in Benin City using validated questionnaire.

Results: About half (44.4%) of the participants had high level of worries. Major concerns for worries were about giving birth 122(24.3%) and fear of

something being wrong with their babies 95(19.5%). Depressive symptoms were found in 161 (29.8%) of participants.

Conclusion: Prevalence of antenatal worries, anxiety and depression in this study is of concern.

Keywords: Antenatal, worries, anxiety, depression, antidepressants

Indexing: Index Copernicus, African Index Medicus

Background

Worries, anxiety and depression are not uncommon in pregnancy. They are implicated in antenatal and postnatal depression and negative outcomes for the fetus [1]. Little attention is paid to excessive worries and symptoms of anxiety and depression in pregnancy as they are often misconstrued by healthcare providers, and may wrongly be linked to hormonal and physical changes that occur during pregnancy. This has resulted in under diagnosis of antenatal depression and treatment with either supportive therapy or use of antidepressants.

Aim/Objectives

The objective of this study is to determine the prevalence of worries, anxiety and depression in pregnancy and their risk factors.

Materials and Methods

This was a cross-sectional study among 540 antenatal women conducted in three antenatal

clinics in Benin City. Outcome measures were worries, anxiety and depression using the Cambridge worry Scale (CWS) and the Edinburgh Postnatal Depression Scale (EPDS) respectively. Data were analyzed both descriptively and inferentially with Chi square and Anova using SPSS version 20 and Graphpad Instat version 3. P-values <0.05 were considered significant.

Results

About half (44.4%) of the participants had high level of worries with a mean worry score of 38.13 ± 7.838 . A little below three-quarter (70.2%) of women scored between 0-12 on the EPDS, while 16 (29.8%) scored above the cut off (≥ 13) for major depression, with 19 being the highest score, and a total mean score of 10.19 ± 4.934 . Half of the study participants scored above 4 in the EPDS anxiety subscale, while 46 (8.5%) scored above 4 in the depression subscale. Half (52.2%) of the respondents were anxious or worried for no good reason, 244 (48.8%) felt unhappy that they had

difficulty sleeping, 200 (42%) were scared or panicky for no good reasons, 106 (23.4%) felt sad or miserable and 40 (8.2%) of respondents sometimes had thoughts of harming themselves in the past seven days.

Figures from this study are similar to that conducted among Greek population where about 44% of women had high anxiety score, while 32.7% had significant depression score using the Center for Epidemiological Scale for Depression [2]. Anxiety has been linked to sleep deprivation. More women reported having difficulty in sleeping in this study compared to 20.6% of pregnant women reported in previous study. This symptom has been linked to childbirth fear which appeared to be part of a complex picture of women's emotional experiences during pregnancy with a positive correlation with anxiety [3]. It is said that depression among pregnant women is higher in low income countries/populations, studies from Australia and the United states reported 16.9% and 9% respectively of antenatal depression; while in a high-risk population in Canada 21% was reported, however, in South Africa, 38.5% was reported [4,5]. About one in eight pregnant women had thought of self-harm in the prior seven days in this study. This is higher than 2.6% reported among participants in the study in Canada and 38.3% from that conducted in South Africa [4].

In this study, major concern for worries were about giving birth 122(24.3%), fear of something being wrong with their babies 95(19.5%), employment problems 82(17%), and coping with the baby after delivery 80(16.3%). These were rated more than worries about money problems 73(15.6%), their own health 55(11.8%) and possibility of miscarriage 50(10.3%). Depressive symptoms were found in 161 (29.8%) of participants, with a total mean score of 10.19 ± 4.934 . about half (47.6%) of the participants had score ≥ 4 in the anxiety subscale of the EPDS, while 40(8.2%) had thoughts of harming themselves in the past seven days. None of the socio-demographic factors were associated with worries. Women who were younger than 24 years and older than 45 years had higher scores ($p=0.02$), those of less than 12 years of education ($p=0.003$), and those who earned less than ₦20,000 or were not employed

were more depressed than other respondents ($p=0.02$). Higher education is believed to be protective against depression, although a few studies do not agree with this relationship [5,6]. Some studies report that younger pregnant women experience more depression, while those in the second or third trimester of pregnancy are more at risk [4,7]. This study however found that older women above 45 years also had significant depression, but did not find any relationship with the stage of pregnancy.

Conclusion

Prevalence of antenatal worries, anxiety and depression in this study is of concern. Routine screening of antenatal patients is essential to identify women that need non-drug therapy or antidepressant in order to prevent negative effects of these mental states.

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