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Risk of depression and anxiety in pregnant women in primary care

ABSTRACT | Objective: To identify the risks for depression and anxiety in pregnant women in a Primary Health Care unit. Methods: Descriptive exploratory study with a quantitative approach carried out between February and April 2020 at a Health Unit in Olinda-PE (Brazil); the validated instrument "Babel Card" was used. Data analysis was performed using the Statistical Package for Social Sciences using the Chi-square test with Yates correction (significance of 5% - $p \leq 0.05$). Results: 71 pregnant women were analyzed, among which 32.3% reported having suffered psychological violence. Through the Babel Card, it was found that 49.3% of pregnant women were at high risk for the development of anxiety disorder (p -value: 0.004) and 29.5% had a moderate risk for depression (p -value: 0.004). Conclusion: Preventive initiatives for the occurrence of depression and anxiety during pregnancy, such as monitoring mental health and tracking it during the prenatal consultation are necessary.

Keywords: Pregnancy; Mental Health; Prenatal Care.

RESUMEN | Objetivo: Identificar los riesgos de depresión y ansiedad en gestantes en una unidad de Atención Primaria de Salud. Métodos: Estudio descriptivo exploratorio con abordaje cuantitativo realizado entre febrero y abril de 2020 en una Unidad de Salud de Olinda-PE (Brasil); Se utilizó el instrumento validado "Babel Card". El análisis de los datos se realizó mediante el paquete estadístico para ciencias sociales mediante la prueba de Chi-cuadrado con corrección de Yates (significancia del 5% - $p \leq 0.05$). Resultados: Se analizaron 71 mujeres embarazadas, de las cuales el 32,3% refirió haber sufrido violencia psicológica. A través de la Tarjeta Babel, se encontró que el 49,3% de las mujeres embarazadas tenían alto riesgo de desarrollar trastorno de ansiedad (valor p : 0,004) y el 29,5% tenían un riesgo moderado de depresión (valor p : 0,004). Conclusión: Son necesarias iniciativas preventivas para la aparición de depresión y ansiedad durante el embarazo, como el seguimiento de la salud mental y su seguimiento durante la consulta prenatal.

Palabras claves: Embarazo; Salud mental; Atención Prenatal.

RESUMO | Objetivo: Identificar os riscos para depressão e ansiedade em gestantes de uma unidade de saúde da Atenção Primária. Métodos: Estudo descritivo exploratório de abordagem quantitativa realizado entre fevereiro a abril de 2020 em uma unidade de Saúde de Olinda-PE (Brasil); foi utilizado o instrumento validado "Cartão de Babel". A análise dos dados foi realizada pelo Statistical Package for Social Sciences por meio do teste Qui-quadrado com correção de Yates (significância de 5% - $p \leq 0,05$). Resultados: 71 gestantes foram analisadas, dentre os quais 32,3% referiram já ter sofrido violência psicológica. Por meio do Cartão de Babel verificou-se que 49,3% das gestantes tinham alto risco para o desenvolvimento de transtorno de ansiedade (p -valor: 0,004) e 29,5% apresentou risco moderado para depressão (p -valor: 0,004). Conclusão: Iniciativas preventivas à ocorrência da depressão e ansiedade na gestação, como o monitoramento da saúde mental e o seu rastreamento durante a consulta de pré-natal são necessários.

Palavras-chaves: Gravidez; Saúde mental; Cuidado pré-natal.

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INTRODUCTION

The pregnancy-puerperal cycle is characterized by presenting a set of physiological, psychological, hormonal and social changes that permeate an increased risk for emotional suffering in this period of a woman's life. ⁽¹⁾

Some women receive the gestational period with nostalgia, personal and family satisfaction, however, this moment is of greater vulnerability to the appearance or relapse of a psychological condition, such as anxiety and depression. ^(2, 3)

Scientific evidence about anxiety among pregnant women is still li-

mitted, to the detriment of prenatal depression, but its symptoms are relatively common, ranging from mild to severe. ⁽³⁾

Depression and anxiety can be associated with premature labor, low birth weight and problems in the child's development. In pregnant women, they increase the risk of being exposed to tobacco, alcohol and other drugs, in addition to the risk of malnutrition and the difficulty of following guidelines given in routine prenatal care, including decreasing the frequency of these consultations, which has been associated with risk of neonatal mortality. ^(3, 4, 5, 6)

The concern with assessing the mental health of pregnant women, unfortunately, has attracted little attention among society, because women themselves may be reluctant to share symptoms of sadness and irritability, in addition to a tendency to focus on physical health (maternal and fetal) during pregnancy, not mental health. ⁽³⁾

Therefore, it is essential that there is screening to identify the risk of depression and anxiety in pregnant women and that these signs are detected early, with the aim of referring them to specialized professionals for immediate diagnosis and treatment, thus avoiding future consequences to the binomial "mother - child".

Given the above, it was asked: What are the risks for depression and anxiety among pregnant women monitored in a health unit in Olinda-PE? Thus, this study aimed to identify the risks for depression and anxiety in pregnant women from a Primary Health Care unit in the aforementioned municipality in Northeast Brazil.

METHODS

This is a descriptive-exploratory study with a quantitative approach,



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carried out in a Family Health Unit (USF) in the municipality of Olinda-PE, metropolitan region of Recife (Brazil).

The sample of this research was composed of pregnant women undergoing prenatal care, so that the population was represented by those attended at the FHU of the study from February to April 2020. Pregnant women aged 18 years or over were included and those seen in low-risk prenatal care. Those who had previously diagnosed psychiatric illnesses and/or who were already undergoing pharmacological treatment for mental disorders were excluded.

To conduct the study among pregnant women, two data collection instruments were used: 1) Form of sociodemographic variables and the history of the current pregnancy (developed by the researchers); 2) Babel card. The latter is a validated, screening instrument for evaluating mental health in Primary Care, adapted by the Ministry of Health of Brazil. ⁽⁷⁾ For this study, only the screening variables for depression and anxiety were used.

All data collected were organized and stored in a structured database in Microsoft Excel 2016. Subsequently, they were analyzed in the program Statistical Package for Social Sciences (SPSS), version 23.0. To analyze the independence between the explanatory variables, the Chi-square test with Yates correction was used. The significance level of 5% was considered in all statistical tests and the relationships were considered statistically significant for $p \leq 0.05$.

This study was approved by the Research Ethics Committee of the Catholic University of Pernambuco, according to the guidelines of Resolution 466/12 of the National Health Council (8), with opi-

Table 1: Screening for anxiety disorder among pregnant women, according to the “Cartão Babel” instrument, Olinda, PE, Brazil, 2020 (N: 71)

Variáveis do instrumento sobre Ansiedade	N	%	p-valor*	
Você tem se preocupado demais?				
Sim	51	71,8	0,047	
Não	20	28,2		
Você tem se sentido esgotada ou tensa?				
Sim	33	46,5		
Não	38	53,5		
Você tem se sentido muito irritada?				
Sim	42	59,2		
Não	29	40,8		
Você tem tido dificuldade em relaxar?				
Sim	29	40,8		
Não	42	59,2		
Você tem dificuldade para dormir?				
Sim	28	39,4		
Não	43	60,6		
Você tem sentido dor na cabeça ou pescoço?				
Sim	31	43,7		
Não	40	56,3		
Você tem sentido tontura, suor frio, diarreia, formigamentos ou desconforto no estômago?				
Sim	27	38,0		
Não	44	62,0		
Você está preocupado com sua saúde				
Sim	31	43,7		
Não	40	56,3		
Estes problemas têm prejudicado sua qualidade de vida e relação com outras pessoas?				
Sim	13	18,3		
Não	58	81,7		
Triagem (número de resposta positiva por gestante)				
Nenhum risco (0 – 4)	36	50,7	0,004	
Possível risco forte (≥ 5)	35	49,3		

Note: * Chi-square test with Yates correction

Source: Elaborated by the authors

Table 2: Screening for depression among pregnant women, according to the “Cartão Babel” instrument, Olinda, PE, Brazil, 2020. (N: 41)

Variáveis do instrumento sobre Ansiedade	N	%
(A) Seu apetite mudou de forma significativa?		
Sim	25	60,9

nion number 3.931.267 (CAAE: 29149220.0.0000.5206).

RESULTS

The population of this research was composed of 71 pregnant women; these were predominantly young women aged between 20 and 30 years old (53<5%) and single (80,3%). 46,5% of pregnant women were in the 2nd trimester of pregnancy and had between 2 and 3 children (47,9%).

When anxiety screening was carried out among pregnant women, as shown in Table 1, it was found that 71,8% of pregnant women stated that “they have been overly concerned”. Through the Babel Card, 35 pregnant women (49,3%) had a score equal to or greater than 5 in the score, that is, with a possible strong risk for anxiety. After applying the Chi-square test with Yates correction, there was a significant statistical value on the variables found (p-value: 0,004).

Regarding depression screening, the Babel Card presents two initial questions related to the pregnant woman's emotional state. According to this instrument, at least one answer “Yes” in one of these questions, allowed researchers to continue with questions from “A to G” for the 41 pregnant women (57,7%). Thus, according to Table 2, it appears that 60,9% of pregnant women had a change in appetite and 53,7% reported having sleep problems.

Regarding the risk of depression, after applying the Chi-square test with Yates correction, it was found that 52,1% of the pregnant women were not at risk of depression (p-value: 0,004), however 29,6% had a moderate risk (p-value: 0,004) (Table 3).

DISCUSSION

In light of the results, it was found that a large portion of pregnant

Não	16	39,1
(B) Teve problemas de sono quase todas as noites?		
Sim	22	53,7
Não	19	46,3
(C) Falou ou movimentou-se mais lentamente que de costume ou pelo contrário, sentiu-se mais agitado ou incapaz de ficar quieto?		
Sim	23	56,1
Não	18	43,9
(D) Sentiu-se a maior parte do tempo cansado, sem energia, quase todas os dias?		
Sim	31	75,7
Não	10	24,3
(E) Sentiu-se sem valor ou com culpa, quase todos os dias?		
Sim	10	24,3
Não	31	75,7
(F) Teve dificuldade em tomar decisões, de se concentrar ou problemas de memória quase todos os dias?		
Sim	16	39,1
Não	25	60,9
(G) Teve por várias vezes pensamentos ruins, como seria estar morto, ou fazer mal a si mesmo?		
Sim	25	60,9
Não	16	39,1

Source: Elaborated by the authors

Table 3: Risk of depression among pregnant women, according to the "Babel Card" instrument, Olinda, PE, Brazil, 2020. (N: 71)

Riscos	N	%	p-valor*
Sem risco para depressão	37	52,1	0,004
Grande risco para depressão leve (3 a 4 respostas positivas)	06	08,5	0,003
Grande risco para depressão moderada (5 a 7 respostas positivas)	21	29,6	0,004
Grande risco para depressão grave (8 a 9 respostas positivas)	07	09,8	0,002

Note: * Chi-square test with Yates correction

Source: Elaborated by the authors,

women were in the second trimester of pregnancy. In fact, several evaluations during pregnancy can show differences in the rates of depression and anxiety, with a higher prevalence of these disorders in the third trimester of pregnancy. ⁽³⁾

The analysis of the risks of anxiety showed that almost half of the pregnant women had possible risks of developing it, through a significant

statistical value. This risk condition should be assessed more accurately by health professionals since maternal prenatal anxiety has been associated with increased fear related to childbirth ⁽⁹⁾, a preference for cesarean delivery ⁽¹⁰⁾, at higher rates of eating disorders ⁽¹¹⁾ and an increased risk of suicide. ⁽¹²⁾

In addition to maternal complications, studies have shown possible

important neonatal implications, such as premature births ⁽¹³⁾ e menores escores de Apgar. ⁽¹⁴⁾ In addition, prenatal anxiety is a risk for low child development; in a study conducted in the Netherlands, prenatal anxiety significantly increased the risk of cognitive disorders in children aged 14 and 15 years. ⁽¹⁵⁾

As for the risks of depression, the statistical analysis was also quite significant, although more than half of the pregnant women were not at risk of depression (p-value: 0.004). However, it should be noted that 29.5% had a moderate risk (p-value: 0.004). The overall prevalence of clinically significant maternal perinatal depression ranges from 10 to 20% ^(16, 17); in Brazil this rate varies from 15% to 28%. ⁽¹⁸⁾

Prenatal depressive disorders have been documented to result in postnatal depressive disorders, low child rearing capacity, as well as high recurrent spontaneous abortions, impaired postnatal growth, intrauterine growth retardation, frequent childhood diarrheal diseases, social malfunction and diseases related to the immune system. ⁽¹⁹⁾

It should be noted that the period of data collection occurred during the pandemic period of COVID-19. It is important to note that an apandemic is not only a public health crisis, but also a social, demographic and economic one and has a substantial negative psychosocial effect on everyone, including pregnant women. ⁽²⁰⁾

Since women tend to report more symptoms of anxiety and depression during disease outbreaks than men, women who are pregnant during the COVID-19 pandemic may be especially affected. ⁽²¹⁾

Thus, attention to mental health in Primary Care is important to anticipate the detection of cases and interrupt the disease process early; for this, the mental health training

of professionals becomes necessary. However, despite the high prevalence of mental suffering in patients seen in the primary health care network, there is still no adequate detection. This fact is due to the difficulty presented by professionals in diagnosing correctly and, consequently, performing the due care. (22, 23)

There is therefore a need for continuous research in order to track, identify risk factors and develop effective treatments for pregnant women with anxiety and/or depression. Our results suggest that detecting these disorders during pregnancy can be valuable in helping women access the necessary mental health services.

In interpreting the results of this study, it is important to consider the



The present study showed high levels of risk of anxiety and moderate risk of depression among the pregnant women analyzed, with high statistical significance.



limitation imposed by the sample consisting of pregnant women seen in the public health system and in only one FHU, which prevents the generalization of the results for the universe of pregnant women.

CONCLUSION

The present study showed high levels of risk of anxiety and moderate risk of depression among the pregnant women analyzed, with high statistical significance. It is necessary that primary care health professionals have a broader view of mental health disorders, identifying possible changes early and addressing possible individual coping strategies through the multidisciplinary team. 🐾

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