



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكرو فيلم

بسم الله الرحمن الرحيم



HANAA ALY



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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس التوثيق الإلكتروني والميكروفيلم

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HANAA ALY

Prenatal Screening for Risk Factors of Depression during Pregnancy

Thesis

Submitted for Partial Fulfillment of the Requirement of
the Master Degree in Maternity and Gynecological Nursing

By

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**Faculty of Nursing
Ain Shams University
2021**

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 *Researcher*
Marwa Mahmoud

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List of abbreviations

ECG	Electrocardiograph
EPDS	Edinburgh prenatal depression scale
HCG	Human chorionic gonadotropin
HPA	Hypothalamic pituitary adrenal
IUGR	Intrauterine growth retardation
PRAM	Psychological risk assessment model
SD	Standard deviation
SPSS	Statistical package for social sciences version
SSRIS	Selective serotonin reuptake inhibitors
TCA	Tricyclic antidepressants

ABSTRACT

The present study aimed to : assess prenatal screening for risk factors of depression during pregnancy. **Research Design:** Descriptive study design was used for this study. **Setting:** This study was conducted at the antenatal clinic at Ain Shams University Maternity Hospital. **Sample:** A purposive sample of 500 pregnant women. **Tools:** two tools were used in this study as structured interviewing questionnaire sheet and Edinburgh prenatal depression scale **Result:** The results of the present study presented that 38.8% of the studied women had possible depression with associated the following risk factors (66.4%.) of studied women did not had enough family income, (52.8% of them were working, (66%) of studied women had undesired baby sex, (40%) of studied women in first pregnancy, (60.8%) of studied women during third trimester, (47.4%) unplanned for the current pregnancy, (85.6%) expose to life stress during current pregnancy and (78.3%) not receive support **Conclusion:** The findings of the present study concluded that more than one third of the studied women had possible depression during pregnancy and the main risk factors for developing possible prenatal depression were exposed to psychological stress during current pregnancy, did not receive support, marital problems, did not had enough family income, had undesired baby sex and unplanned for current pregnancy. **Recommendation:** Periodic prenatal screening for depression among pregnant women.

Key words: Prenatal screening, Risk factors, Depression

Introduction

Perinatal depression is a significant mental and public health problem and may be one of the most disabling disorders among women of childbearing age. Several professional organizations now recommend routine screening for prenatal depression (**National Perinatal Association, 2019**). Depression during pregnancy is associated with unhealthy behaviors including poor self-care, poor nutrition, increased use of tobacco and alcohol, lower prenatal care seeking, and poorer maternal-fetal bonding. Postpartum depression may lead to difficulties with infant care, a decrease in breastfeeding initiation, and poor-quality mother-child interactions including mutual touching, smiling, and vocalizations, and compromised mother-child bonding (**Parlakian and Kinsner, 2019**).

Negative outcomes for infants and mothers with prenatal and postpartum depression may also include preterm delivery, lower birth weight, cognitive, emotional, social, neural functioning, or developmental delay (**Smorti, Ponti and Tani, 2019**) Also, women with depression during pregnancy are at extra risk for postpartum depression, which may be a risk factor for the health and well-being of both mothers and infants (**Ohara et al., 2017**).

Depression during pregnancy can have serious implications for all family members. Relationship conflicts, decreased ability to care for other children and loss of employment are examples. Uncontrolled maternal depression puts the developing fetus at harm due to substance abuse, poor prenatal care, and suicide attempts (**Nosrati et al., 2019**).

Nurses, along with other health care professionals, serve a critical role in the early identification of depression, education, provision of information about local and national support groups, and referral to psychiatric resources. By doing so, the incidence and/or duration of this major health threat may be decreased, protecting the health and wellness of women as well as their infants and significant others (**Coates, Saleeba & Howe, 2018**).

Therefore, attentive nurses should assess for depression during the mid-trimester as well. During the postpartum period, an assessment should be targeted during the first few postpartum days, then again at one to two weeks, six to eight weeks, and four to six months postpartum (**Smorti, Ponti and Tani, 2019**).

Nurses can assist to identify interventions that are acceptable within the family's cultural framework. Nursing interventions can include education about self-care activities such as maintaining a healthy diet, improvement of physical activity, increased rest, development of a support network, and maintaining realistic parenting expectations (**Smorti, Ponti and Tani, 2019**).

Nurses also have multiple opportunities to assess, treat, and follow-up with patients, as obstetric visits are recurring during a several-month. Although effective interventions to reduce the effects of depression exist, individuals need to be identified to benefit from nursing interventions to deal with depression during pregnancy to improve the lives of pregnant females (**Connell, Barnett & Waters, 2017**).