ASSESSING THE PRESENCE OF ANXIETY AND DEPRESSION AMONG PREGNANT WOMEN

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OBJECTIVES

Antenatal depression and anxiety are the two most common psychological disorders during pregnancy, affecting nearly one-fifth of gravidas. Our aim was to assess the level of anxiety and depression of pregnant women in Hungary.

METHODS

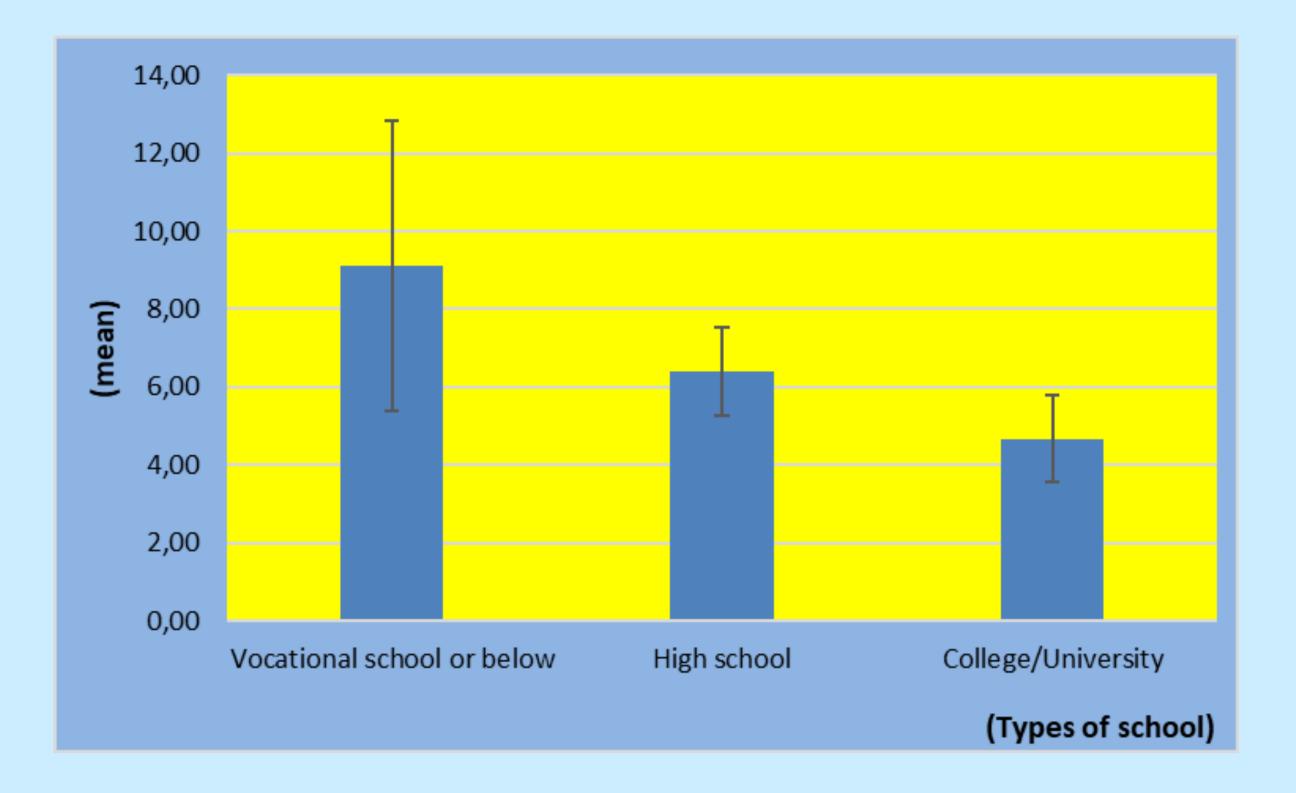
Our quantitative, cross-sectional descriptive study was conducted in a Health Visitor Service in the 3rd district of Budapest, Hungary between October and December of 2023. Gravidas in their 10th to 40th gestational week were selected through non-random targeted sampling method. Those diagnosed with psychological disorders were excluded (N=105). A self-administered questionnaire was used for data collection, measuring sociodemographic data and parity. In addition, EPDS (Edinburgh Postnatal Depression Scale) and BAI (Beck Anxiety Inventory) were used. Both descriptive (mean, standard deviation, minimum, maximum, absolute and relative frequencies) and inferential (ANOVA, t test, $\chi 2$ test) were calculated with SPSS for data analysis (p<0.05).

RESULTS

Mean age of the sample was 30 ± 6.15 years (min=18, max=44). Mean EPDS score was $5,95\pm4,33$, while the mean BAI score was $18,05\pm8,50$. Those with lower educational attainment showed higher level of depression (p<0.05). However, EPDS score did not associate with trimesters or prior miscarriages (p>0.05). A higher income level is associated with lower levels of anxiety among pregnant women (p<0.05). Also, single individuals show higher scores on the EPDS scale than those in a relationship (p<0.05).

CONCLUSIONS

The likelihood of depression during pregnancy may increase the occurrence of postpartum depression, emphasizing the importance of recognizing and timely referring high-risk gravidas to professionals. Offering appropriate care pathways for the high-risk group contributes to improving the well-being of the mother and the infant as well in the future.



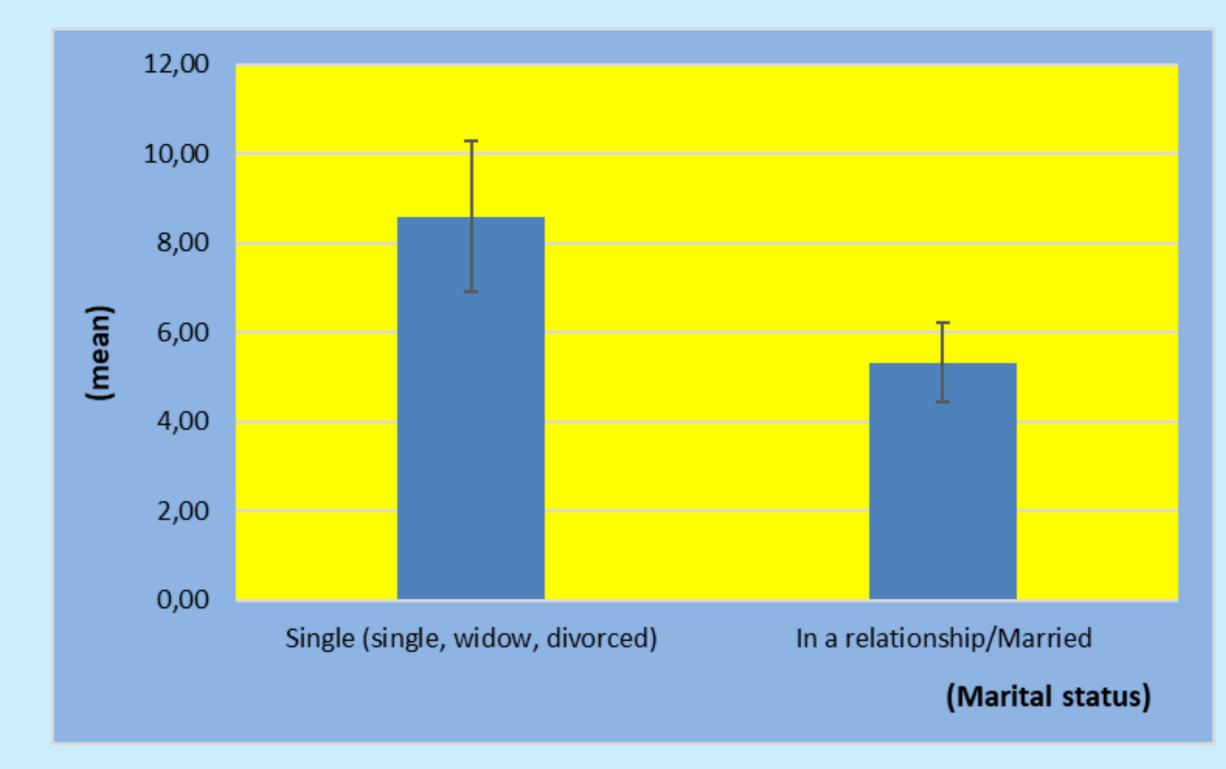


Figure 1.

Association of mean EPDS scores with educational status (N=105)

Figure 2.

Association of mean EPDS scores with marital status (N=105)

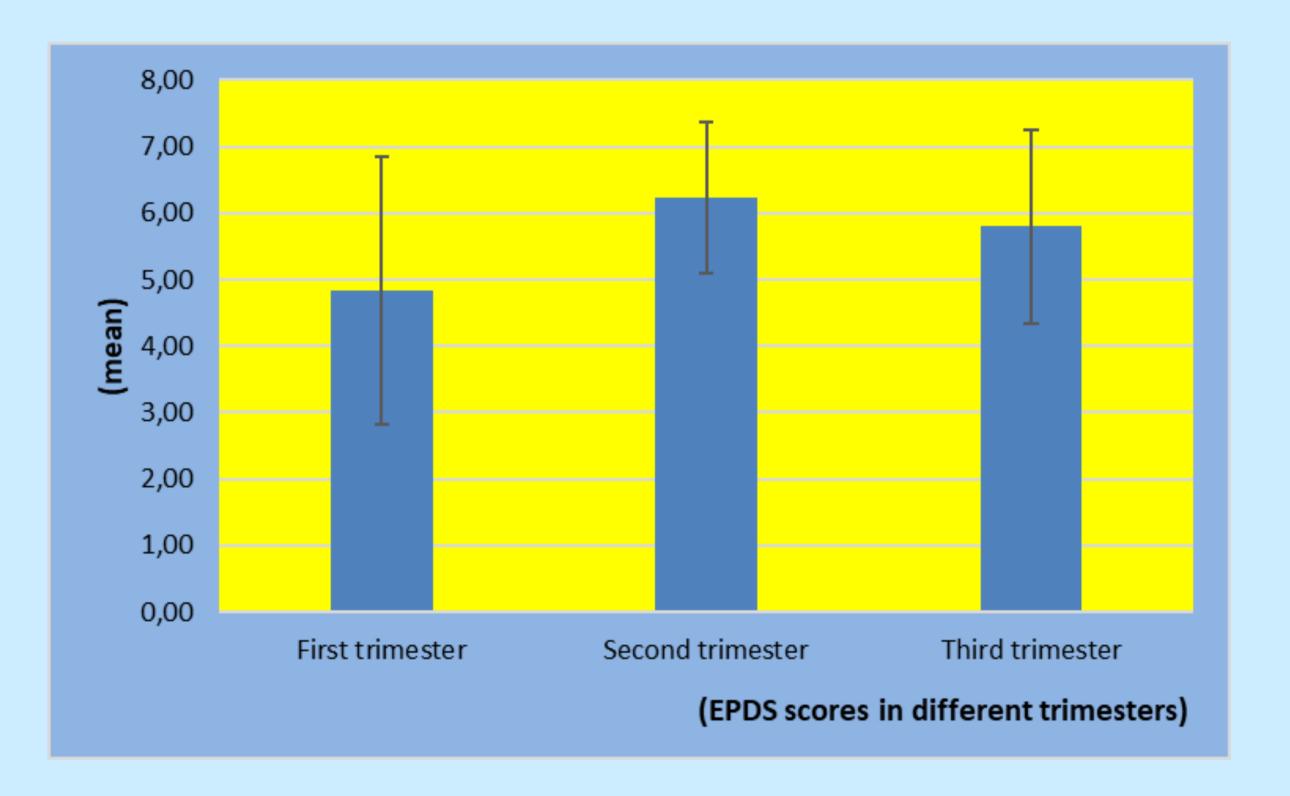


Figure 3.

Mean EPDS scores in different trimesters (N=105)

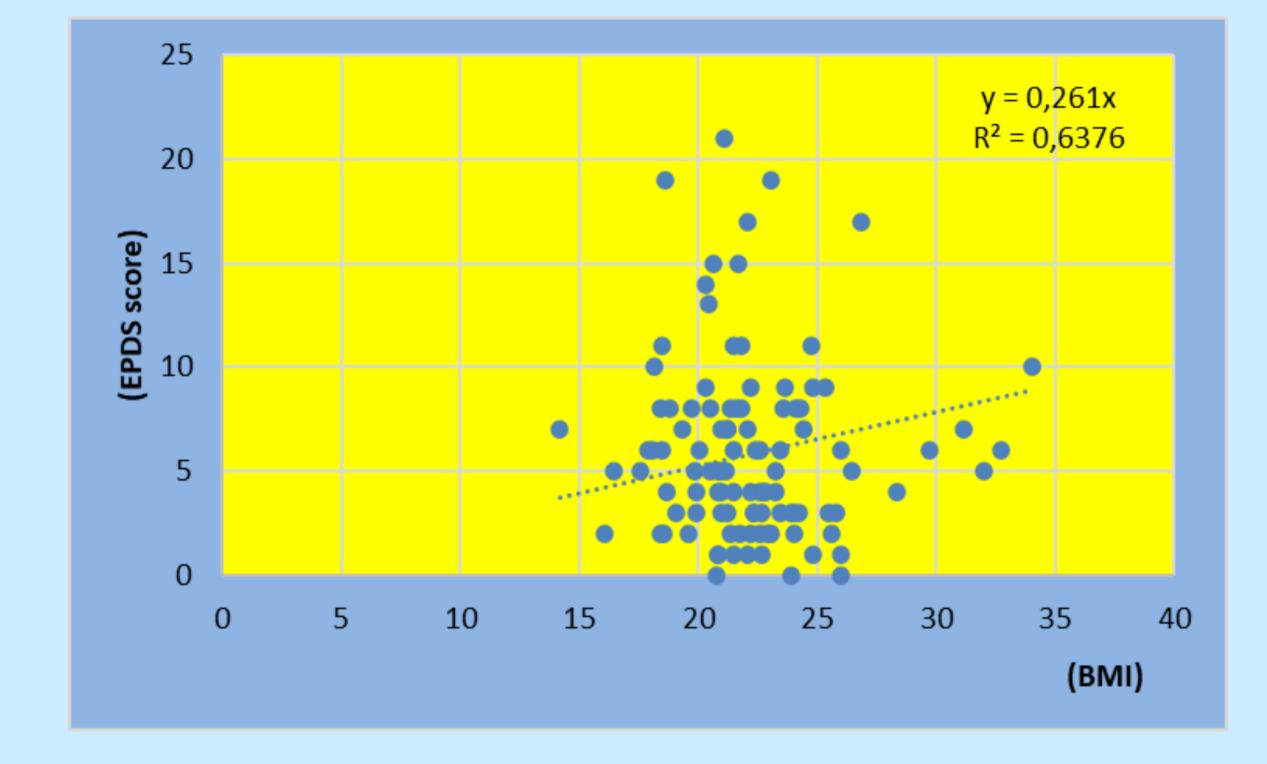


Figure 4.

Relationship between BMI and EPDS (N=105)

(p=0.7398)

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