

LETTERS

Antenatal anxiety and association with epidemiological factors: a prospective questionnaire-based study

Dear Editor,

As mental disorders make up around 12 % of public health disorders worldwide, mental health during pregnancy is important. Maternal stress and anxiety have long been identified as risk factors for several unfavorable outcomes, such as shorter pregnancy duration, increased risk for miscarriage and preterm labor, and later emotional and mental disorders both for mother and infant¹. This study aimed to distinguish women whose profile may contribute to an increased risk for anxiety and stress during pregnancy and labor, assess the value of antenatal care programs, and potentially identify preventive measures to reduce maternal morbidity related to mental disorders. The Antenatal Care Program is a training program run by midwives for future parents. Its main goal is to educate and support women and their partners on pregnancy, labor, breastfeeding, and the postnatal period in general. The study included 207 low-risk pregnant patients followed in the Antenatal Care Program of the Department of Obstetrics and Gynecology of Hippokratia General Hospital in 2017-2018. Patients were given a questionnaire based on the Beck Anxiety and Depression Inventory and a form with epidemiological data to complete during their pregnancy. We used retrospective data from a similar group that did not participate in the Antenatal Care Program as a control, and we conducted a statistical analysis of the obtained data. Our study's results demonstrated low anxiety levels in 91.7 % of the population and moderate in 8.3 %, with no pathological levels observed. The anxiety levels of women attending the Prenatal Care Program were significantly lower than non-attendees. Antenatal anxiety was significantly associated with most epidemiological and socioeconomic factors identified in global literature². Higher stress levels were observed in maternal age extremes (<25 and >40 years) ($p = 0.04$), in low education level ($p = 0.03$), low income ($p < 0.001$), unemployment ($p < 0.001$), as well as other characteristics of pregnancy (higher anxiety levels noted in unplanned pregnancies and pregnancies achieved through in vitro fertilization. No differences in stress levels were noted regarding religious beliefs or place of residence (urban or rural). These results are consistent with those reported by other studies and systematic reviews³. However, it is remarkable that these studies concerned populations in which no antenatal intervention had been made. This study's unique characteristic is that antenatal anxiety was measured on a population of women fully attending a Prenatal Care Program, with regular visits and counseling by midwives. This may explain the relatively low results of maternal melancholy or depression observed in our population. In other words, the parameters affecting antenatal stress are identical; however, their impact on stress may be mediated by the support of antenatal counseling programs.

In conclusion, although attending an organized, midwife-led Antenatal Care program may likely reduce anxiety levels in pregnant women, further research, including high-risk populations, is warranted in order to assess a greater spectrum of parameters that impact prenatal anxiety and help shape targeted, effective interventions and support for the patients in need.

Keywords: Mental health, pregnancy, antenatal anxiety, prenatal care

Conflict of interest

None.

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Arvanitidou O¹, Dalakoura D², Daniilidis A³

¹Family Planning Department

²2nd University Department of Obstetrics and Gynaecology

Hippokratia General Hospital

³1st University Department of Obstetrics and Gynaecology, Papageorgiou General Hospital

School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece

Corresponding author: Daniilidis Angelos, 1st University Department of Obstetrics and Gynaecology, School of Medicine, Aristotle University of Thessaloniki, Greece, email: angedan@auth.gr