

## Stress before and during pregnancy increased risk antepartum depression

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### Abstrak

Makalah ini menyajikan risiko depresi antepartum (DAP) di antara wanita hamil, khususnya faktor stress sebelum hamil, stress selama hamil, kesesuaian perkawinan, dukungan sosial, status mental suami dan pengeluaran per-bulan. Subjek terdiri dari 580 wanita hamil triwulan ketiga yang melakukan pemeriksaan antenatal di Bagian Kebidanan Rumah Sakit Persahabatan (RSP) Jakarta. Sampel diambil sejak 1 Nopember 1999 – 15 Agustus 2002. Depresi antepartum ditapis dengan Edinburgh postnatal depression scale (EPDS), titik potong (cut-off score) <sup>3</sup> 13, penilaiannya dilakukan oleh psikiater. Informasi yang diperoleh melalui wawancara adalah data demografi dan karakteristik individu, hasil lembar pertanyaan terstruktur untuk data stres sebelum dan selama hamil, sedangkan kuesioner KDS, KHSI dan SCL-90 berturut-turut untuk mengukur dukungan sosial, kesesuaian hubungan perkawinan dan status mental suami (SCL-90). Prevalensi DAP di antara wanita hamil sebesar 18%. Depresi antepartum tidak terbukti berkaitan dengan faktor umur, tingkat pendidikan, pekerjaan, pengeluaran per-bulan, jumlah kehamilan, jumlah anak, jumlah persalinan, kesehatan fisik ibu, dan riwayat sindroma premenstruasi. Wanita hamil yang mengalami stres sebelum hamil berisiko dua kali lipat mengalami DAP [odds ratio (OR) suaian = 2,04; 95% interval kepercayaan (IK): 1,12 – 3,74] dibandingkan dengan yang tidak mengalami stres sebelum hamil. Demikian pula wanita hamil yang mengalami stres saat hamil dibandingkan yang tidak mengalami stres saat hamil berisiko 2,2 kali lipat mengalami DAP (OR suaian = 2,13, 95% IK: 1,27-3,74). Dapat disimpulkan stres sebelum dan selama hamil meningkatkan risiko depresi antepartum. Oleh karena itu faktor risiko tersebut harus mendapat perhatian bagi yang menangani ibu hamil. (Med J Indones 2003; 12: 81-6)

*This paper presents the risk of antepartum depression (APD) among pregnant women. In particular stress before pregnancy, stress during pregnancy, marital relationship, social support, husband's mental status and monthly expenditure. The subjects consisted of 580 pregnant women in the third trimester, who attended antenatal care at the Department of Obstetrics of the Persahabatan Hospital Jakarta from November 1, 1999 to August 15, 2001. Antepartum depression was screened by a psychiatrist using the Edinburgh Postnatal Depression Scale (EPDS). Information on demographic and personal characteristics were collected from fill-in form. Through this form, the respondent gave information on stress before and during pregnancy, and from questionnaires Kuestioner Dukungan Sosial (KDS), Kesesuaian Hubungan Suami Istri (KHSI) and the Symptom Check List-90 (SCL-90) information about social support, marital relationship, and husband's mental status were collected respectively. The prevalence of APD was 18%. Antepartum depression and non-antepartum depression were similar in terms of age groups, level of education, occupations, monthly expenditures, number of pregnancies, number of children, number of deliveries, physical health condition, and history of premenstrual syndromes. Pregnant women with stress before pregnancy had a two-fold risk of APD [adjusted odds ratio (OR) = 2.04; 95% confidence intervals (CI): 1.12 – 3.74] compared to pregnant women without stress before pregnancy. In addition, when compared to pregnant women without stress during pregnancy, those with stress during pregnancy had 2.2-fold risk of*

developing APD (adjusted OR=2.13, 95% CI: 1.27-3.74). In conclusion, stress before and during pregnancy increased the risk antepartum depression. Therefore, attention should be paid to pregnant women with these risk factors. (Med J Indones 2003; 12: 81-6)</i>