

Anxiety and Depression in Pregnant Women with Preterm Labor in Ramathibodi Hospital



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Introduction

Anxiety and depression in early pregnancy were associated with risk for subsequent preeclampsia, giving birth to low birth weight and preterm infants. Medical complications associated with preterm birth include respiratory distress syndrome, chronic lung disease, injury to the intestines, immune system compromise, cardiovascular disorders, hearing and vision problems, and neurologic injury including cerebral palsy. Therefore preterm birth was major public health problem.

Purpose

This study aimed at investigating: 1) the rate and level of anxiety and depression in pregnant women with preterm labor and 2) the relationship between the selected factors, including ages, educational levels, occupations, family incomes with anxiety and depression in pregnant women with preterm labor.

Methods

This study was descriptive cross-sectional study. The research participants consisted of 60 pregnant women with preterm labor were recruited between 24-36 weeks of gestation in Ramathibodi Hospital from September 2013 to March 2014 by purposive sampling. The inclusion criteria were pregnant women who had at least one symptom: 1) regular uterine contraction more than four times in twenty minutes or eight times in one hour or every ten minute related to the progression of cervix. 2) cervical dilatation more than one centimeter. 3) cervical effacement more than eighty percents and agreed to participate. With regard to human rights, the researcher collected all data by using the two part questionnaires. Participants completed the Demographic Questionnaire and Thai HADS Questionnaire (to assess anxiety and depression) within 24 hours after admission. The Demographic Questionnaire consists of ages, educational levels, occupations and family incomes. Thai HADS Questionnaire was developed by Thana Nilchaikowit, et al. (1996). The reliabilities of anxiety sub-scale and depression sub-scale, using Cronbach's alpha coefficient, were 0.8551 and 0.8259. The data were analyzed using descriptive statistics and Pearson's product moment correlation.

Results

The results revealed that the participants 48.3% were mild anxiety scores, 33.3% moderate anxiety scores, and 18.3% severe anxiety scores, but the depression scores 70.0% were mild, 30.0% moderate, and 10.0% severe. The selected factors were not correlated with anxiety and depression.

Table 1: Demographic data of the samples (n = 60)

Personal factors	Number	Percentage	
Age (mean = 28.78, S.D. = 6.72, min-r	nax = 14-42 years)		
Less than 20	7	11.7	
20-34 years	35	58.3	
More than 34	18	30.0	
Education level			
Primary school	5	8.3	
Junior high school	9	15.0	
Senior high school	14	23.3	
High vocational certificate	5	8.3	
Higher education	27	45.0	
Occupation			
Employed worker	8	13.3	
Business owner	5	8.3	
Government officer	5	8.3	
Company employee	20	33.3	
Housewife	21	35.0	
Student	1	1.70	
Family income (mean = 36,025.00, S.)	D. = 22,255.91, min-max = 8,00	0-100,000, mode = 30,000 Baht	
per month)			
Less than 15,000	11	18.3	
15,001-50,000	38	63.3	
More than 50,000	11	18.3	

Table 2: Number, percentage, range, mean and standard deviation of anxiety and depression of the samples (n = 60)

Variable	Number	Percentage	Possible	Actual	Mean	S.D.	Skewness
			range	range			
Anxiety					7.80	0.47	0.46
Mild	29	48.3	0-7	0-7			
Moderate	20	33.3	8-10	8-10			
Severe	11	18.3	11-21	11-17			
Depression					5.90	0.43	0.74
Mild	42	70.0	0-7	0-7			
Moderate	12	20.0	8-10	8-10			
Severe	6	10.0	11-21	11-15			

Conclusion

This study suggests that nurses should have a screening and assessment of anxiety and depression among pregnant women at antenatal clinic. To provide proper management before preterm labor pain and develop the guideline for effective nursing intervention in this group.