

The Unspoken Journey: Antenatal Depression in First-Time Mothers

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Abstract: Antenatal depression is a major public health issue that impacts women during pregnancy, especially those who are giving birth for the first time. Although pregnancy is commonly seen as a time of happiness and excitement, many women also face emotional distress, anxiety, and depressive symptoms that can negatively impact both maternal and fetal health. This review examines the concept, frequency, contributing factors, outcomes, detection approaches, and non-pharmacological interventions associated with antenatal depression in first-time mothers. The review emphasizes the need for early detection and prompt interventions to enhance maternal mental health and pregnancy outcomes. New evidence shows that antenatal depression is shaped by biological, psychological, social, and obstetric factors, highlighting the importance of offering comprehensive mental health care during pregnancy. In conclusion, integrating routine mental health screening and evidence-based psychosocial interventions into antenatal care is essential for improving maternal well-being, optimizing pregnancy outcomes, and promoting holistic maternal healthcare.

Keywords: Antenatal Depression; Primigravid Women; Maternal Mental Health; Risk Factors; Screening; Non-Pharmacological Interventions; Pregnancy Outcomes; Early Detection.

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I. INTRODUCTION

Pregnancy is a significant life event marked by deep physical, emotional, and social transformations. Historically, pregnancy has been seen as a time that shields women from mental illness; yet, modern research shows that pregnant women are especially susceptible to emotional disorders, especially depression. Antenatal depression involves depressive symptoms that arise during pregnancy and is among the most prevalent mental health conditions experienced by expectant mothers. Women who are pregnant for the first time encounter distinct challenges as they navigate pregnancy, childbirth, and motherhood for the very first time. Worries regarding labor pain, the baby's health, parenting duties, shifts in body image, and uncertainty about the future may lead to psychological distress. If these concerns become persistent and overwhelming, they may progress to antenatal depression. Untreated depression during pregnancy can have significant consequences for both the mother and the baby, such as inadequate self-care

complications during childbirth, premature delivery, low birth weight, postpartum depression, and weakened bonding between mother and infant. Thus, recognizing antenatal depression in first-time mothers is crucial for creating effective preventive and treatment strategies.¹

➤ Prevalence of Antenatal Depression

Depression during pregnancy is common around the world and impacts women from various cultural and economic backgrounds. Systematic reviews indicate that about 10-20% of pregnant women develop clinically significant depressive symptoms during pregnancy. It is significantly more common in low- and middle-income countries than in high-income countries.²

In India, reported prevalence rates vary between 3.8% and 65%, depending on the assessment methods used, geographic regions, and the characteristics of the population studied. Differences can be explained by cultural factors, stigma, socioeconomic status, and the screening tools

employed. In first-time mothers, prevalence rates are typically higher due to increased uncertainty and fear about pregnancy and childbirth. Worries over work and parenting duties can greatly worsen depressive symptoms.³

➤ *Risk Factors for Antenatal Depression*

Antenatal depression in first-time mothers is multifactorial, arising from the interplay of sociodemographic, obstetric, psychological, and social determinants.

• *Sociodemographic Factors:*

Low socioeconomic status, limited education, unemployment, and young maternal age increases vulnerability by limiting resources, coping skills, and social support.

• *Obstetric Factors:*

Unplanned pregnancy, medical complications (e.g., gestational hypertension, diabetes), and fear of childbirth are strong predictors of depression. A history of pregnancy loss may also heighten anxiety and depressive symptoms.

• *Psychological Factors:*

Prior episodes of depression, chronic stress, low self-esteem, and poor coping mechanisms significantly elevate risk.

• *Social Factors:*

Lack of partner or family support, marital conflict, domestic violence, and cultural pressures such as son preference in India are consistently associated with antenatal depression.⁴

II. IMPACT OF ANTENATAL DEPRESSION ON PREGNANCY OUTCOMES

Antenatal depression exerts wide-ranging effects on maternal, fetal, and child health, with consequences that often extend beyond pregnancy.

➤ *Maternal Outcomes*

Depressed mothers frequently experience poor nutrition, sleep disturbances, reduced antenatal care utilization, substance misuse, heightened risk of postpartum depression, and suicidal ideation. These factors compromise maternal health and quality of life, while also perpetuating psychological distress into the postnatal period.²

➤ *Fetal and Neonatal Outcomes*

Maternal depression is associated with preterm birth, low birth weight, intrauterine growth restriction, and poor neonatal adaptation. Elevated maternal stress hormones, particularly cortisol, may disrupt placental function and fetal Neuro development, adversely influencing birth outcomes.²

Antenatal depression has implications beyond maternal psychological health. Evidence from an umbrella review involving more than 877,000 participants found that antenatal depression was associated with increased risks of adverse birth outcomes. Infants of mothers with antenatal depression

had approximately 1.49 times greater risk of low birth weight and 1.40 times greater risk of preterm birth.

Possible pathways include altered maternal stress physiology, behavioural changes, inadequate nutrition, sleep disturbance, reduced antenatal-care engagement, and associated substance use or other health-risk behaviours⁸

➤ *Long-Term Child Outcomes*

Children exposed to untreated maternal depression in utero are at risk of cognitive delays, behavioral problems, emotional difficulties, and impaired social adjustment. These effects often persist into adolescence, reflecting the intergenerational transmission of vulnerability.²

➤ *Concept and Clinical Features*

Antenatal depression may develop at any stage of pregnancy and may range from mild depressive symptoms to a major depressive episode. It is characterized by persistent emotional, cognitive, behavioral, and physical symptoms that interfere with daily functioning.

Common clinical manifestations include:

- Persistent sadness or low mood
- Loss of interest or pleasure in usual activities
- Feelings of guilt, hopelessness, worthlessness, or inadequacy
- Fatigue and reduced energy
- Sleep disturbances, including insomnia or excessive sleeping
- Changes in appetite or weight
- Difficulty concentrating, thinking, or making decisions
- Psychomotor agitation or slowing
- Irritability and social withdrawal
- Reduced interest or emotional engagement during pregnancy
- Thoughts of death or suicide, particularly in severe depression.

Importantly, several symptoms of depression, such as fatigue, sleep disturbance, and appetite changes, can overlap with normal physiological changes of pregnancy. Therefore, symptoms should be assessed in terms of their persistence, severity, associated emotional and cognitive symptoms, and impact on daily functioning. ACOG recommends screening pregnant women for depression and anxiety using standardized, validated instruments and ensuring appropriate follow-up assessment and treatment when screening is positive.⁵

➤ *Screening and Assessment*

Early detection of antenatal depression is critical for preventing adverse outcomes. Several validated tools are widely used:

• *Edinburgh Postnatal Depression Scale (EPDS)* –

A 10-item self-report questionnaire, globally validated and quick to administer.

- *Patient Health Questionnaire (PHQ-9)* – Diagnostic-based, effective in clinical settings.
- *Beck Depression Inventory (BDI)* – Measures cognitive and emotional symptoms with strong reliability.
- *Clinical Interviews* – Remain the gold standard, offering comprehensive evaluation beyond self-report.^{6,7}

III. NON-PHARMACOLOGICAL INTERVENTIONS FOR ANTENATAL DEPRESSION

Given concerns about medication use during pregnancy, psychosocial and behavioral interventions are preferred for mild to moderate depression.

- *Motivational Counselling:*
Enhances self-efficacy, reduces anxiety, and improves coping particularly relevant for primigravid women fearful of childbirth.
- *Cognitive Behavioral Therapy (CBT):*
Evidence shows CBT effectively reduces depressive symptoms and strengthens emotional resilience.
- *Interpersonal Therapy (IPT):*
Improves communication and social support, useful in cases linked to relationship conflict or role transitions.
- *Psycho Education:*
Provides knowledge on pregnancy changes, childbirth expectations, parenting, and stress management, and reducing uncertainty.
- *Mindfulness-Based Interventions:*
Promote present-moment awareness, improving mood, sleep, and emotional regulation.
- *Relaxation techniques:*
Breathing exercises, progressive muscle relaxation, guided imagery, and meditation reduce physiological stress responses.
- *Physical Activity:*
Walking, prenatal yoga, stretching, and swimming improve mood through hormonal and psychological mechanisms.

➤ *Social Support Interventions:*

Peer groups, partner education, and family involvement reduce isolation and lack of support is a strong predictor of depression.⁸

➤ *Implications for Nursing Practice*

Nurses are central to the early identification and management of antenatal depression, particularly among primigravid women. Their continuous interaction with

expectant mothers positions them to integrate mental health assessment and support into routine antenatal care.

➤ *Key Responsibilities Include:*

• *Routine Screening:*

Incorporating validated screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire-9 (PHQ-9) into antenatal care enables early identification of depressive symptoms and facilitates timely assessment and intervention. Current recommendations support screening for depression and anxiety during pregnancy using standardized, validated instruments, with appropriate systems for follow-up and treatment.^{9,10}

• *Emotional Support:*

Nurses can establish trust through empathetic communication, active listening, and non-judgmental interactions. Such approaches can reduce stigma, facilitate disclosure of psychological distress, and encourage women to seek appropriate mental health support.^{11,12}

• *Health Education and Psycho Education:*

Nurses should provide education regarding normal emotional changes during pregnancy, childbirth expectations, preparation for parenthood, stress management, and available sources of psychological support. Psycho education and culturally responsive communication are important components of integrated perinatal mental health care.^{10,11}

• *Referral and Multidisciplinary Care:*

Nurses play an important role in identifying women who require further assessment and ensuring timely referral to psychiatrists, psychologists, counsellor, social workers, or other appropriate professionals. Positive screening results should be followed by clinical assessment, treatment planning, and continued monitoring rather than screening alone.^{9,10}

• *Counselling and Skill-Building:*

Brief supportive counselling, motivational approaches, problem-solving, relaxation techniques, and other appropriate psychological interventions can be incorporated into antenatal care, particularly when women experience barriers to accessing formal mental health services.^{11,13}

• *Promotion of Healthy Coping Mechanisms:*

Nurses can encourage adaptive coping strategies such as relaxation, mindfulness, appropriate physical activity, adequate sleep, social support, and participation in supportive family or community networks. Addressing social determinants and strengthening social support are particularly relevant in the Indian context.^{12,14}

• *Culturally Sensitive Care:*

Antenatal depression in India is influenced not only by individual psychological factors but also by social circumstances such as intimate partner violence, marital conflict, poor relationships with husbands or in-laws,

inadequate social support, and pressure or preference for a male child.^{12,14,15} Nurses should therefore assess psychosocial circumstances sensitively and provide culturally appropriate support and referral.

Integrating mental health assessment into routine antenatal care promotes holistic maternal well-being, facilitates early intervention, and may help reduce adverse maternal and neonatal consequences associated with untreated antenatal depression.^{10,14,16} A coordinated model involving screening, assessment, counselling, referral, treatment, and follow-up can strengthen the integration of maternal mental health services within routine maternity and primary healthcare.^{9,10}

➤ Research Gaps

Despite increasing attention, several gaps remain:

- Limited longitudinal studies among primigravid women.
- Insufficient evidence from rural Indian settings.
- Lack of standardized screening practices.
- Need for culturally sensitive interventions.
- Limited research on motivational counselling effectiveness.

Addressing these gaps will strengthen maternal mental health services and improve pregnancy outcomes.

IV. CONCLUSION

Antenatal depression is a common yet under recognized mental health condition affecting pregnant women worldwide. Primigravid women are particularly vulnerable due to fear of childbirth, uncertainty regarding motherhood, and limited prior experience. Multiple sociodemographic, psychological, obstetric, and social factors contribute to its development. Untreated depression adversely affects both maternal and fetal outcomes. Early screening using tools such as the EPDS and implementation of non-pharmacological interventions, including motivational counselling, cognitive behavioral therapy, mindfulness, and social support programs, can significantly improve maternal well-being. Integrating mental health services into routine antenatal care is essential for promoting positive pregnancy experiences and healthy maternal-child outcomes.

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