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# Prevalence and characteristics of women reporting poor mental health during pregnancy: Findings from the 2010 French National Perinatal Survey

*Santé mentale perçue des femmes enceintes – données de l'Enquête nationale périnatale de 2010*

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## Abstract

**Background.** – Self-rated mental health is a useful indicator to examine the positive dimension of mental health and psychological well-being. The primary objective of this study was to estimate the prevalence of poor self-rated mental health during pregnancy in a nationally representative population in France. The second objective was to assess the sociodemographic and medical characteristics associated with this condition and with a health professional's consultation for psychological problems.

**Methods.** – The study was based on the 2010 French National Perinatal Survey, which included all singleton live births in French maternity units during a 1-week period ( $n = 14,326$  women). Self-rated mental health was assessed using the following single-item question: “During your pregnancy, how did you feel from a psychological point of view: good – fairly good – rather poor – poor?” Women were also asked if they had visited a healthcare professional for psychological problems. They were interviewed between delivery and discharge to collect information on mental health, sociodemographic and medical characteristics, the context of their pregnancy, and their prenatal care.

**Results.** – Of the women interviewed, 8.9% [95% CI, 8.5–9.5%] reported poor self-rated mental health during pregnancy. Among them, 18.7% consulted a healthcare professional for psychological problems. Sociodemographic characteristics indicative of social disadvantage were associated with a higher-risk of poor self-rated mental health, and a social gradient was observed. However, more favorable social characteristics were associated with consultation with a healthcare professional for these psychological difficulties. The reaction to the discovery of pregnancy and prenatal care differed significantly depending on self-rated mental health. Women with poor mental health had more complicated pregnancies.

**Conclusion.** – This study showed strong associations between many socially disadvantaged characteristics and a positive dimension of mental health. The findings suggest that well-being measures such as self-rated mental health should be routinely assessed during pregnancy so that women can be offered more appropriate support.

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**Keywords:** Mental health; Pregnancy; Social determinants of health; Health services

## Résumé

**Position du problème.** – La santé mentale perçue est une mesure de la dimension positive de la santé mentale. L'objectif principal de l'étude a été d'estimer la prévalence d'un mal-être psychologique pendant la grossesse au sein d'une population nationale représentative en France. Les objectifs secondaires ont été d'analyser les caractéristiques sociodémographiques et médicales associées à cet état, ainsi que celles associées à la consultation d'un professionnel de santé.

**Méthodes.** – Les données proviennent de l'Enquête nationale périnatale de 2010, qui a inclus toutes les naissances uniques vivantes en France survenues au cours d'une semaine ( $n = 14\ 326$  femmes). La santé mentale perçue a été mesurée par la question suivante : « Sur le plan psychologique, comment vous sentiez-vous pendant votre grossesse ? Bien – assez bien – assez mal – mal ». On demandait également aux femmes

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si elles avaient consulté un professionnel de santé pour leurs difficultés psychologiques. Ces femmes ont été interrogées en suites de couches sur leurs caractéristiques sociodémographiques et médicales, leur santé mentale et leur suivi prénatal.

**Résultats.** – Au total, 8,9 % des femmes [IC 95 %, 8,5–9,5 %] ont ressenti un mal-être psychologique au cours de leur grossesse. Parmi elles, 18,7 % ont consulté un professionnel de santé pour ces difficultés psychologiques. Les femmes en situation sociale défavorisée avaient un risque accru de mal-être psychologique, avec un gradient social. En revanche, des caractéristiques sociales plus favorables étaient associées à la consultation d'un professionnel de santé pour ces difficultés. Les femmes en mauvaise santé mentale avaient un suivi prénatal moins conforme aux recommandations françaises et plus de complications médicales au cours de leur grossesse.

**Conclusion.** – Ces résultats suggèrent qu'une mesure de bien-être au cours de la grossesse pourrait être un moyen simple et pertinent d'évaluer la santé mentale des femmes et d'accompagner les femmes en difficultés psychologiques au cours de leur grossesse.

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*Mots clés* : Santé mentale ; Grossesse ; Déterminants sociaux de la santé ; Services de santé

## 1. Introduction

The World Health Organization (WHO) declares that health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [1]. These positive and negative dimensions of health vary from one person to another along a continuum [2]. Common mental health disorders include depression and anxiety [3]. The prevalence of common mental health disorders during pregnancy has been estimated at between 8% and 13% in the United States (USA) [4,5]. Common mental health disorders have been associated with disadvantaged social position, as shown by indicators such as low educational level, low income, or absence of social support [6]. Moreover, these disorders are risk factors for poor pregnancy outcome such as preterm birth or low birthweight [7–9]. They may also have negative postpartum consequences on maternal psychological health and children's behavior and neurodevelopment [10,11].

The positive dimension of mental health is less well known on the part of health professionals [12]. It is nonetheless essential to overall mental health because it reflects cognitive and emotional reactions to life circumstances [13]. This dimension has recently become a central focus of international policy, e.g., in Canada and the United Kingdom [12,14,15]. New approaches recommend promoting well-being rather than only treating illnesses [16]. Well-being is subjective and is therefore typically measured with self-reports – self-rated mental health (SRMH), self-rated health or self-esteem [17–19] – which examine perceptions, states, or factors not usually included in specific mental health measures [20–22]. Poor well-being has been indicated in a range of outcomes including chronic illnesses and disabilities [23,24]. In this study, we focus on one indicator of well-being: the SRMH. A strong association of SRMH with common mental health disorders has been demonstrated [25,26]. Moreover, it has been validated as an efficient mental health indicator [21]. SRMH measures have recently been used as an indicator of population well-being in several national health surveys [19,27,28]. In the literature on SRMH, most attention has been paid to its predictors in different populations [29–31]. Nonetheless, little is known about women's SRMH during pregnancy and its associated factors.

The primary objective of this study was to estimate the prevalence of poor SRMH during pregnancy in a representative national population in France. The second objective was to assess the sociodemographic and medical characteristics associated with this condition and with consultation with a health professional for psychological issues.

## 2. Material and methods

### 2.1. Participants

The study was based on the 2010 French National Perinatal Survey [32], which included all births in French maternity units during a 1-week period. These births included livebirths and stillbirths that had reached at least 22 weeks of gestation or weighed at least 500 g. This study focused on the singleton livebirths in metropolitan France ( $n = 14,326$  women). Women were interviewed between delivery and discharge to collect information on sociodemographic and medical characteristics, the context of their pregnancy, and their prenatal care. Data on pregnancy complications were abstracted from medical records. The National Council on Statistical Information (Conseil National de l'Information Statistique) and the French Commission on Information Technology and Liberties (Commission Nationale de l'Informatique et des Libertés) both approved this survey, and all participants provided informed consent.

### 2.2. Measures and procedures

SRMH was measured with the following question: “During your pregnancy, how did you feel from a psychological point of view: good – fairly good – rather poor – poor?” The answers were dichotomized for these analyses: “rather poor” or “poor” defined poor SRMH, and “good” or “fairly good” defined good SRMH. Women were also asked if they had visited a healthcare professional for psychological problems and, if so, the type of specialist visited. The context of the pregnancy was assessed by the women's self-reported reaction to discovering they were pregnant (happy or wanted to be pregnant earlier, wanted to be pregnant either later or not at all).

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