



## The experience of psychological distress, depression, and anxiety during pregnancy: A meta-synthesis of qualitative research



Aleksandra A. Staneva, BA(Hons), MRes Psychology (PhD Scholar)<sup>a,\*</sup>, Fiona Bogossian, RN, RM, PhD (Associate Professor and Director of Research Higher Degrees)<sup>b</sup>, Anja Wittkowski, BSc(Hons), MPhil, Clin Psy D (Senior Lecturer in Clinical Psychology)<sup>c</sup>

<sup>a</sup> The School of Psychology, St. Lucia Campus, McElwain Building, QLD 4072, The University of Queensland, Brisbane, Australia

<sup>b</sup> School of Nursing and Midwifery, The University of Queensland, Herston Campus, Edith Cavell Building, Level 2, Brisbane, QLD 4029, Australia

<sup>c</sup> School of Psychological Sciences, Clinical Psychology, University of Manchester, 2nd Floor Zochonis Building, Brunswick Street, Manchester M13 9PL, UK

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### ABSTRACT

**Objective:** to systematically review qualitative research that explores the experience of maternal antenatal psychological distress, such as depression, anxiety and stress during pregnancy.

**Method:** a meta-synthesis was conducted to integrate the findings of qualitative studies. Eight final eligible studies were scrutinised, recurring themes were extracted and compared across studies, and core themes were identified.

**Findings:** five core themes of the experience of pregnancy distress were identified: *Recognising that things are not right*, *Dealing with stigma*, *Negotiating the transformation*, *Spiralling down*, and *Regaining control*. In the interpretation of these concepts the experience of maternal antenatal distress was depicted as a process similar to the one of grief and loss, as a result of women's inability to situate their experience within the 'perfect mother' discourse.

**Key conclusions:** women who experience psychological distress undergo a specific process of transformation towards motherhood that begins during pregnancy. This process is exacerbated by their interpretation of their experience as deviant and often as inadequate.

**Implications for practice:** this review will assist health professionals in translating and negotiating the transformation towards motherhood for women experiencing pregnancy distress, in a timely and meaningful manner.

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\* Corresponding author.

E-mail address: [a.staneva@uq.edu.au](mailto:a.staneva@uq.edu.au) (A.A. Staneva).

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## Introduction

Despite the expansion of roles that contemporary women undertake, pregnancy and motherhood remain central to women's identity. The experience of psychological distress, defined as depression, anxiety and/or perceived stress, is prevalent in women during the perinatal period especially pregnancy (Bennett et al., 2007): 7–20% women report antenatal/postnatal depression (Gavin et al., 2005) and around 15% report antenatal anxiety (Rubertsson et al., 2014). While psychological distress is a broad term, there is a general consensus that pregnancy itself is a stressful life event for women because it challenges them to adapt to various psychosocial and physiological changes (Hodgkinson et al., 2014). The study of increased levels of pregnancy-related stress, understood as stressful life events and their psychological appraisal, including fear of childbirth and labour, has been introduced as an important antenatal risk factor, specifically in the understanding of adverse birth outcomes (Lobel et al., 1992).

Antenatal depression is characterised by prolonged low mood, a sense of inadequacy, guilt, and hopelessness, accompanied by loss of interest in usually enjoyable activities, crying, changes in appetite, decreased energy, lack of motivation and a sense of isolation and withdrawal (usually for at least two weeks) (Bennett et al., 2004). While antenatal anxiety is often comorbid with depression, symptoms cluster around experiences of unmanageable fears, worries and concerns about the infant, birth or parenting, rumination, irritability and inability to relax. Definitions of psychological distress (depression, anxiety and perceived stress) differ, especially in view of the recent debates over the usability of the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria that informs the assessment and diagnosis of mental disorders. These DSM labels have been argued to contradict the formulations informed by participants' lived experience (Johnstone and Dallos, 2013), with the latest being evidenced as useful and practical both in the understanding of users' problems and experiences, and in informing assessment and successful treatment. Therefore, the term 'pregnancy distress' in this paper refers to depression, anxiety and perceived stress during pregnancy through both self-reported accounts of women and through diagnostic criteria of mental health disorders. Furthermore, combining the three most common mental health problems during pregnancy under the 'pregnancy distress' umbrella is said to have important implications in better understanding the negative affective states during pregnancy because it provides an overarching criteria for the identification of various potential factors contributing to the increase of pregnancy distress (Rallis et al., 2014).

Untreated antenatal depression is evidenced to bear far-reaching implications for both the mother and the infant individually, presenting an increased risk of developing postnatal depression (O'Hara and Gorman, 2004), affecting the couple's relationship (Zelkowitz and Millet, 1996), the attachment to the infant (Carter et al., 2001), and adding to parenting stress (Leigh and Milgrom, 2008). Furthermore, untreated psychological distress during pregnancy can affect birth outcomes, such as preterm birth, low birth weight, intrauterine growth restriction, and various birth complications (Staneva et al., in press; Grote et al., 2009); thus, highlighting pregnancy as an important marker for exploration of women's mental health and their experiences.

Most recent research, however, originates from bio-medical perspectives (Beijers et al., 2014), with fewer studies reporting on

women's accounts of their lived experience of psychological distress, specifically during pregnancy. Previous reviews have focused on systematically exploring the incidence, risks, and the effects of depression, anxiety and stress during pregnancy (Bennett et al., 2004; Lancaster et al., 2010; Lee et al., 2004); however, our searches failed to identify a meta-synthesis on the *experience* of pregnancy distress, inclusive of depression, anxiety and/or stress.

Therefore, the current review aimed at addressing this knowledge gap, foregrounding women's lived experience rather than a clinical perspective and providing a new analytical framework of interpretation of women's experiences of antenatal distress, in order to advance a more meaningful understanding of the experience of psychological distress for pregnant women and healthcare professionals. Three specific objectives informed the design of this meta-synthesis:

- First, it was critical to describe, understand and interpret women's experiences, how they formed an understanding of these and how they chose to share them.
- The second objective was to interpret and synthesise data from qualitative studies that describe the story as a process, including; women's views about the cause of their psychological distress, how they react to it, how they cope, the implications of experiencing a rather *different* pregnancy due to their mental state, and to understand how psychological distress impacts on their health and potentially on birth outcomes.
- Finally, it was essential to interpret and discuss the findings in light of the wider social implications, including how women make sense of depression within dominant narratives of the 'perfect woman' (Stoppard, 2014).

## Methods

This meta-synthesis is informed by a theoretical framework, underpinned by the feminist interpretations of motherhood (Stoppard, 1998; Chodorow, 1999; Nicolson, 1999; Lafrance and Stoppard, 2006), and by a social constructionist ontology that considers the individual situated within a specific social, historical and cultural context (Burr, 2003). Conducting research from a feminist perspective entails an understanding that builds on women's experiences, already intrinsically related to the study of motherhood, and invites a different interpretation of the social construction of health and of illness.

Meta-synthesis is an interpretative, qualitative research approach for the synthesis of qualitative data (Paterson and Canam, 2001), which had been theoretically informed by Noblit and Hare's (1988) meta-ethnographic framework. A step-wise approach including procedures of critical scrutiny of the theory, method and data-analysis, culminating in a synthesis, was employed in view of generating a new understanding of the phenomenon of antenatal distress (Paterson and Canam, 2001). In the interpretation of emerging themes, studies were collated and contrasted according to the design they used and the sub-type of psychological distress. Subsequently, each study was juxtaposed against the rest to ensure applicability of themes and metaphors across studies, and to explore any potentially refutational data. Using a meta-synthesis method to identify qualitative research about women's experiences of pregnancy distress, it was critical to

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