Women and Birth 27 (2014) 179–184

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

Qualitative insights into women's personal experiences of perinatal depression and anxiety

Nicole Highet [a,*], Amanda L. Stevenson [b], Carol Purtell [a], Soledad Coo [c]

[a] Centre of Perinatal Excellence, COPE, Melbourne, Australia
[b] Centre for Excellence in Child and Family Welfare, Melbourne, Australia
[c] Melbourne School of Psychological Sciences, The University of Melbourne, Australia

ARTICLE INFO

Article history:
Received 1 August 2013
Received in revised form 1 May 2014
Accepted 10 May 2014

Keywords:
Perinatal
Postnatal depression
Anxiety
Symptoms
Personal experiences

ABSTRACT

Background and aim: Symptoms of perinatal depression and anxiety are usually described and understood from a nosological perspective. This research sought to gain insight into women's lived experience of postnatal depression and anxiety, the factors that contribute to these symptoms and the context in which they develop.
Method: Face to face and telephone interviews were conducted with 28 women from metropolitan and rural areas across Australia, who had experienced postnatal depression and/or anxiety within the last five years. Analysis was conducted from a grounded theory perspective.
Findings: Particular symptoms of anxiety and depression develop in the context of the numerous changes inherent to the transition to motherhood and contribute to a common experience of frustration and loss. Symptoms were also associated with feelings of dissatisfaction with the pregnancy and motherhood experience.
Conclusions: The findings provide useful insights into women's experiences of mental health symptoms during the perinatal period, how these symptoms present and the factors involved in their development and maintenance. The need to consider women's perspectives to develop resources and health promotions strategies, as well as within the context of relationships with health professionals is highlighted. The study emphasizes the need for greater, more accurate information surrounding perinatal depression and the need to increase the profile and awareness of anxiety disorders.

1. Introduction

Mood disorders arising during pregnancy and in the postpartum period are serious conditions which have long-term negative consequences for mothers and infants. Although research has predominantly focused on postnatal depression, anxiety has been recently acknowledged as a significant component of maternal distress,[1,2] and attention has been called to the role of antenatal mood as a significant predictor of both depression and anxiety after childbirth.[3–6]

The prevalence of anxiety and depression during perinatal periods varies. Andersson and colleagues[7] found that in a large Swedish community sample of 1465 women at 16–18 weeks of pregnancy, 11.6% met the criteria for a depressive disorder and 5.9% presented an anxiety disorder. Postnatal depression has been described to have a prevalence of 13%,[8] whereas in an Australian community sample of 408 mothers at 6 weeks postpartum, anxiety disorders were observed in 16.2% of the women.[9]

The diagnostic criteria for antenatal and postnatal depression do not differ from the diagnostic criteria for these disorders in non-reproductive periods; however, the clinical presentation of the symptoms of perinatal depression and anxiety may have characteristics inherent to this particular stage/phase. For instance, symptoms of anxiety experienced by expectant and new mothers have been suggested to be infant and motherhood-related, as opposed to anxiety disorders in the non-pregnant population. Accordingly, new mothers who present with anxiety disorders have been described as having symptoms focused on issues such as infant safety and wellbeing, infant care and performance as a mother.[10,11]

Studies focused on the experience of distress during the transition to motherhood and the factors contributing to it have described the role of discrepancies between women's expectations

* Corresponding author at: Centre of Perinatal Excellence, COPE, 38 Wellington Street, Flemington, VIC 3031, Australia. Tel.: +61 43880235.
E-mail address: nicole.highet@cope.org.au (N. Highet).

http://dx.doi.org/10.1016/j.wombi.2014.05.003
1871-5192/

and the actual experience of motherhood,[12,13] as well as feelings of inadequacy derived from the perceived inability to meet the social ideal of a perfect mother.[14,15] From a different perspective, the perception of insufficient or inadequate support from family and friends[16] have been described as contributing to postnatal maternal distress in first-time mothers. Attention has also been paid to the feelings of ambivalence towards motherhood due to the tension between women's perceptions of its positive and negative aspects, and the challenge to redefine personal goals and the sense of identity to encompass the demands of acquiring a new maternal role.[17,18]

Though qualitative research provides descriptions of the subjective experiences of women suffering from depression and anxiety during the transition to motherhood, the particular experience and presentation of the symptoms in the context of the factors seen as contributing to them has not been addressed. Symptoms of depression and anxiety are usually described in terms of the nosological classification of mental health disorders and its associated diagnostic criteria. However, the clinical presentation of these symptoms in perinatal periods may have particular characteristics that do not comply with the description of these disorders as they present in non-perinatal populations, as is the case of anxiety. Also, though some studies refer to the factors contributing to the experience of perinatal distress, the particular presentation of symptoms of perinatal depression and anxiety has not been described in the context of these factors. This study aimed to explore the experiences of women who had suffered from perinatal depression and/or anxiety in the context of the particular factors contributing to these conditions. The specific symptoms that characterise these disorders and the particular ways in which they present and are communicated to others are presented. This qualitative review may provide useful insights for health professionals working with perinatal women and may inform the way information, services and interventions are delivered.

2. Methods

Ethics approval for this study was provided by a *beyondblue* clinical and research advisory panel. *Beyondblue* is a national Australian organisation dedicated to raising awareness of depression and anxiety across the lifespan and providing information to the community. Twenty-eight in-depth interviews were conducted with women from across Australia who self-reported having experienced postnatal depression and/or anxiety in the last five years (to enhance recollection of experiences and relevance of current policy and services) and identified themselves as being in a state of recovery. Twenty-four of these interviews were conducted face to face, and 4 were completed over the telephone. Interviews were 1.5–2 h in duration. Face to face interviews were conducted at the participants' homes, with the exception of one interview, which was conducted at that particular woman's workplace.

Participants were recruited via the *beyondblue* website and contact lists where people had registered their details and expressed interest in participating in research projects. Among the women who had expressed interest a total of 28 were successfully contacted, all of them agreed to be involved in this study. Participants were recruited from the larger population states of Australia (i.e. Victoria and New South Wales) and represented participants from metropolitan and rural areas.

Written consent was obtained to undertake and record the interviews and respondents were assured all information would be de-identified. All interviews were conducted by one researcher. Participants were asked six key open-ended questions about their experience of motherhood and with their experience with depression/anxiety, treatments and recovery. All interviews were transcribed; analysis was conducted by two of the authors. This article will focus specifically on participants' symptomatology and the context in which it develops implications for information and healthcare provision will also be considered.

A qualitative perspective was used to analyse the data, since this approach allows the development of rich explanations from individual experiences. Specifically, the data were analysed according to the principles of the Grounded Theory Model,[19,20] which aims to discover and develop emergent theories through an active and dialectical process of data collection and analysis. This approach was selected for data analysis because its characteristic use of systematic comparisons and ongoing revision of the emerging hypotheses allow the development of valid theoretical models that are grounded in actual phenomena and experiences.

According to this framework, incidents or phenomena are identified in the data to develop categories with particular dimensions and characteristics; regular comparison between the emerging categories and the data is needed to achieve greater precision and consistency in the coding process. Hypotheses about relationships among categories are developed and constantly revised during the course of the analysis, later; all categories are unified around a central category or phenomenon.

Following this model, common patterns and themes were identified across women's narratives and particular dimensions within each theme were developed that described the theme's central characteristics. The patterns and themes were connected and related to establish a central phenomenon to answer the research question. Continuous comparisons and revisions were made during the analysis. The key themes and its associated dimensions were identified and supported with relevant quotes from the interviews, which are presented in the text with the corresponding participant's code in brackets. Transparency in analysis and reporting is achieved by providing verbatim quotes.[21] Interviews were analysed until saturation of the data was obtained.

3. Results

3.1. Participants

Face to face interviews were conducted in metropolitan areas ($N = 24$), and across the larger population states of Australia (Victoria and New South Wales). Telephone interviews included participants from metropolitan ($N = 1$) and rural areas ($N = 3$) across four states. At the time of the interview most of the women were under 35 years of age ($N = 14$), with ten indicating that they were over 35. Eight participants indicated having a single child at the time of the research whilst 20 had two or three children. Most of the women had children who were all under the age of five years ($N = 20$). Twenty six of the participants were married or in a relationship and two identified themselves as single parents. Almost two-thirds of the sample was in employment ($N = 18$) whilst 10 were not in formal employment. In terms of mental health, nine women reported having experienced perinatal depression only and one woman reported having an anxiety disorder without symptoms of depression. The remaining twenty participants reported having experienced symptoms of both depression and anxiety.

3.2. Main themes

The central phenomenon emerging from the analysis was called "Loss and Frustration". Three themes were found to contribute to this experience, namely *pregnancy and motherhood-related changes*, *disappointment about the pregnancy and motherhood experience* and *experience of symptoms of depression and anxiety*. The central phenomenon and its associated themes, as well as the interactions between them are described in the following section and are presented in Fig. 1.