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Postnatal anxiety prevalence, predictors and effects on development: A narrative review

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ABSTRACT

The increasing prevalence of postnatal anxiety highlights the need for summarizing the recent research on this condition to inform screening and intervention efforts. This narrative review of the literature was derived from a search on PubMed and PsycINFO for papers published since 2010. The demographic risk factors for postnatal anxiety include being a young mother, having more education and being employed. Childbirth risk factors include being primiparous in one sample and multiparous in another, caesarean delivery, fear of the birth and of death during delivery, lack of control during labor, low self-confidence for the delivery and the delivery staff, and premature delivery. Social support problems include the lack of family support, marital/family conflict, and social health issues. Psychiatric history risk factors include prenatal depression and anxiety. Postnatal anxiety has negative effects on breast-feeding, bonding, mother–infant interactions, infant temperament, sleep, mental development, health and internalizing behavior and on conduct disorder in adolescents. Unfortunately, only six postnatal anxiety intervention studies could be found including paternal education, music therapy during labor, mothers massaging their infants, cognitive behavior therapy and administering oxytocin. The negative effects of postnatal anxiety and the limitations of the research in this review highlight the need for further research.

1. Introduction

The literature on the prevalence, predictors and effects of postnatal mood states on child development has primarily focused on postpartum depression. As this body of research has developed, researchers have begun to focus on other mood states that are also prevalent including postpartum anxiety. Postnatal anxiety (also called postpartum anxiety) has been noted as having independent effects just as postpartum depression has had notable independent effects. Significant comorbidity has also been noted between postpartum anxiety and postpartum depression. Given the increasing prevalence of postnatal anxiety and the comorbidity of postnatal anxiety and postpartum depression and their negative effects on development, it is surprising that so little research has been conducted on these problems. This narrative review of the recent literature on postnatal anxiety will hopefully help generate new research in this area.

The current review of the literature was derived from a search for publications on postpartum anxiety/postnatal anxiety on the PubMed and PsycINFO databases. Inclusion criteria were survey studies, empirical research, narrative and systematic reviews and meta-analyses that were published between 2010 and 2017. This time frame was selected inasmuch as very few studies on postnatal anxiety were published before 2010 and no narrative reviews to comprehensively cover the research of this time period had been...
published to date. Exclusion criteria for this review were underpowered research (extremely small samples), case studies and non-
English papers (the latter being the most frequently excluded papers). Of the 117 papers found, 73 met criteria and are briefly
summarized here. A few exceptional studies published prior to 2010 are cited as supportive data. As is representative of the literature, 
approximately two thirds of the papers are focused on the prevalence/incidence, onset and course of postnatal anxiety. The other 
third are almost equally distributed across correlates/risk factors and effects/outcomes, and only a few studies are focused on 
treatments/interventions. This distribution is similar to that noted in a recent meta-analysis on 58 studies on anxiety disorders during 
pregnancy (Goodman, Watson, & Stubbs, 2016). Thus, the current review is organized and presented to reflect that distribution,
including prevalence, risk factors, effects and interventions.

2. Prevalence

The prevalence of postpartum anxiety has varied according to the definition, the anxiety scale used, the cut-off scores on the 
scales, the severity of anxiety, the timing of the assessment (postpartum week/month), the recruitment sample (convenience or 
hospitalized sample) and the origin (country) of research. Although some have viewed postpartum anxiety as being pregnancy—
specific anxiety or unique in its etiology and clinical symptoms, others have considered postpartum anxiety as similar to anxiety that 
occur at other non-postpartum times based on the methods of assessment (Table 1).

2.1. Methods of assessment

The lack of consensus on whether postpartum anxiety is different than non-postpartum anxiety was explored in a study on the Depression, Anxiety and Stress Scale scores of 527 inpatients admitted to a psychiatric mother and baby unit (Cunningham, Brown, Brooks, & Page, 2013). Based on a factor analysis of these data, the same factor structure on postpartum anxiety symptoms was noted for the factor structure on non-postpartum anxiety symptoms. The authors suggested that their study is consistent with the position that postpartum anxiety symptoms are similar to those that occur at other times. However, because this study was based on women who were hospitalized for postpartum anxiety symptoms, the data may not be generalizable to other postpartum anxiety samples.

Most of the prevalence data samples have been representative of outpatient care facilities and have been presented as scores on various anxiety scales such as The Depression and Anxiety Stress Scale, The Hospital Depression — Anxiety Scale and The State Anxiety Inventory rather than anxiety disorders that were diagnosed based on a structured diagnostic interview. Other scales that have been used less frequently include the Edinburgh Postnatal Depression Scale that has both depression and anxiety factor scores (Bina & Harrington, 2016) and the Postpartum Worry Scale that was developed specifically to tap postnatal-specific anxiety (Moran, Polanin, & Wendzel, 2014). Based on the recent literature on these scales, the prevalence of postpartum anxiety has widely ranged from 13 to 40%. As already mentioned, this appears to depend on the type of anxiety assessment (interview versus self-report scale), the scale used, the cut-off score for anxiety, the severity of anxiety, the timing of the assessment (week/month postpartum), and the country of origin. The wide variation between countries may reflect the different rates of mental disorders in general across different cultures.

In the state of Qatar, for example, based on the Depression, Anxiety and Stress Scale, the prevalence of postpartum anxiety was 13% (as compared to 19% for depression and 9% for stress) (Bener, Gerber, & Sheikh, 2012). This scale was administered in a face-to-face interview of 1659 women. In a randomized controlled trial on different post discharge care models, baseline-in-person interviews during the hospital stay suggested that 17% of 1123 mothers had State Trait Anxiety Inventory scores greater than 40 (Paul, Downs, Schaefer, Beiler, & Weisman, 2013). Elevated State Trait Anxiety scores occurred more often than elevated depression scores at each assessment (two weeks, two months and six months). In another State Trait Anxiety Inventory study, at one week postpartum 23% of 522 mothers had scores greater than 40 (Dennis, Coglan, & Vigod, 2013). In still another study using the State Trait Anxiety Inventory, as many as 40% had high anxiety scale scores based on interviews (Shlomi-Polacheck, Huller-Harati, Baum, & Strous, 2014). The greater prevalence in this study may relate to the scale being administered by interviews in which “faking good” (denying symptoms) may be more difficult.

2.2. Timing of assessment

When mothers were interviewed at later times during the postpartum period, the prevalence of postnatal anxiety appeared to be lower. For example, in a study based on a small sample (N = 158) and the completion of the Hospital Anxiety and Depression Scale at two months postpartum, 20% of women had severe anxiety symptoms (George, Luz, De Tyche, Thilly, & Spitz, 2013). In a much larger population–based survey of 4366 women who gave birth in Victoria and South Australia, only 13% of women had high anxiety scale scores, but later (at six months postpartum) (Yelland, Sutherland, & Brown, 2010). When repeated measures have been taken, the decrease in anxiety symptoms has appeared to be even more evident. For example, in a study from Vancouver Canada on 522 postpartum women, the prevalence of anxiety symptoms decreased from 23% at one week to 17% at four weeks and 15% at eight weeks postpartum (Dennis et al., 2013). And, in a study on 181 couples, the scores on the State–Trait Anxiety Inventory decreased significantly from 3 to 6 months postpartum for both mothers and fathers (Vismara et al., 2016).

A systematic review on 35 prevalence studies from Africa (N = 10,880) suggested that depression was the most commonly assessed disorder with a prevalence of 18% postpartum depression, while the prevalence rate for postnatal anxiety from a smaller number of studies was 14% (Sawyer, Ayers, & Smith, 2010). These rates are roughly equivalent to those from the U.S., suggesting a similar prevalence at least between these two countries. However, most of the prevalence studies have been derived from
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