

## ANTENATAL AND POSTPARTUM DEPRESSION IN WOMEN

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**Abstract:** Perinatal depression is a major mental health problem that includes depression during pregnancy (antenatal) and after childbirth (postnatal) and affects a significant proportion of women worldwide. This condition poses a threat not only to the mental and physical well-being of the mother, but also to the development of the fetus and infant. The prevalence, risk factors, and consequences of perinatal depression are closely related to socioeconomic conditions, psychological status, and cultural factors. This article reviews the available scientific literature on perinatal depression, analyzing its prevalence, risk factors, and impact on maternal and infant health. It also discusses the importance of early detection, screening, and effective intervention for perinatal depression.

**Keywords:** Perinatal depression, antenatal depression, postnatal depression, maternal mental health, risk factors, prevalence, early intervention.

#### Introduction

Perinatal depression is a mood disorder that occurs during pregnancy or within one year of giving birth. According to the Diagnostic and Statistical Manual of Mental Disorders—DSM-5-TR, postpartum depression is included under the term “perinatal depression.” A major depressive episode that begins during pregnancy or within 4 weeks after giving birth is classified as peripartum depression. This term includes prenatal (before giving birth) and postnatal (after giving birth) depression.

The prevalence of perinatal depression varies worldwide. Studies have shown that approximately 10% of pregnant women and 13% of women who have recently given birth experience a mental disorder, mainly depression. In developing countries, these rates are even higher, reaching 15.6% during pregnancy and 19.8% after giving birth.

#### Analysis and Discussion

Perinatal depression is a complex mental health disorder that occurs during pregnancy and the postpartum period, with significant impacts on women’s psychological, physical, and social well-being. Its etiology is multifactorial and involves the interaction of biological, psychological, and socio-environmental factors. A thorough understanding of these factors is essential for prevention, early diagnosis, and effective treatment.

#### Prevalence and Global Context

Perinatal depression is recognized as a serious public health problem worldwide. Epidemiological studies indicate that approximately 10–20% of women experience depression during pregnancy, and 13–25% experience depressive symptoms after delivery [1]. These rates are higher in developing countries due to poverty, limited health services, and social pressures [2].

In the United States and Europe, antenatal depression is reported to affect 7–20% of women, and postpartum depression is reported to affect 10–15% of women [3]. The differences in prevalence are likely due to diagnostic methods, cultural attitudes toward mental health, and access to health services. Perinatal depression often goes undiagnosed due to stigma, low awareness, and lack of

mental health services. Women may be afraid to talk about their depression because of social pressure to “be a good mother” [4].

#### **Biological and Hormonal Factors**

Biological changes during pregnancy and the postpartum period play an important role in the development of depression. Rapid changes in estrogen and progesterone levels affect the serotonin and dopamine systems, which regulate mood [5]. The sharp decline in these hormones after childbirth can lead to mood disorders in some women.

Hereditary factors also increase the risk. If a woman has a close relative with depression, she is more likely to develop perinatal depression [6]. Changes in the function of the hypothalamic-pituitary-adrenal (HPA) axis, which regulates stress, may also increase vulnerability during this period [7].

#### **Psychological and Emotional Risk Factors**

Psychological factors, including a history of depression or anxiety disorders, low self-esteem, increase the risk of depression [8]. Fear of childbirth, doubts about being ready for motherhood, and unrealistic expectations can increase psychological distress.

Childhood trauma or family violence also significantly increases the risk [9].

#### **Social and Environmental Factors**

The presence or absence of social support has a strong influence on perinatal health. Support from family and spouses reduces the risk of depression, while social isolation increases it [10]. Financial difficulties, unemployment, and limited access to health services are also risk factors [11].

Cultural context also plays an important role. In some societies, mental illness is considered a “sham” condition, making it difficult for women to seek help [12].

#### **Impact on Maternal and Infant Health**

Untreated perinatal depression negatively impacts maternal self-care, nutrition, and adherence to medical recommendations [13]. The consequences include:

- preterm birth,
- low birth weight,
- fetal growth retardation

[14].

Maternal depression negatively impacts the emotional bond between mother and infant, which is essential for normal infant development. Infants of depressed mothers may exhibit increased irritability, poor emotional regulation, and delays in cognitive and language development [15]. Perinatal depression also increases the risk of internalizing and externalizing behavior disorders in children [16]. The intergenerational transmission of mental health risks emphasizes the need for early identification and intervention.

#### **Screening and Early Detection**

Early detection of perinatal depression is essential to reduce its consequences. Standard assessment tools such as the Edinburgh Postpartum Depression Scale (EPDS) and the Patient Health Questionnaire (PHQ-9) are widely used in clinical practice [17]. Regular screening during prenatal and postpartum visits can facilitate early detection and treatment. Studies have shown that structured screening programs increase the detection rate of depression and lead to earlier intervention and better clinical outcomes [18].

Health care providers should also consider cultural and individual differences in the expression of symptoms. For example, some women may report physical complaints such as fatigue, sleep disturbances, or headaches instead of symptoms of depression. Understanding these differences is important for making an accurate diagnosis.

#### **Intervention Strategies**

A combination of pharmacological and non-pharmacological approaches is recommended for the treatment of perinatal depression. Psychotherapeutic approaches, particularly cognitive behavioral therapy (CBT) and interpersonal therapy (IPT), have been shown to be effective in

reducing depressive symptoms in the antenatal and postnatal periods [19]. These therapies help women manage negative thoughts, develop coping strategies, and strengthen their social support systems.

Pharmacotherapy, primarily selective serotonin reuptake inhibitors (SSRIs), is used for severe depressive symptoms. Although the use of medications during pregnancy should be carefully evaluated, studies show that SSRIs are safe and effective when used under appropriate supervision [20]. Social support programs, including peer support groups, active spousal involvement, and community-based programs, can further help improve maternal mental health. Increasing awareness of perinatal depression among family members, healthcare providers, and the community can improve early detection and reduce stigma [21].

### Prevention Approaches

Prevention of perinatal depression requires early identification and intervention of women with high risk factors. Psychological support, stress reduction programs, and regular mental health assessments during pregnancy are effective. Improving socioeconomic conditions, increasing social support, and ensuring active participation of the spouse reduce the likelihood of developing depression [22].

Integrating mental health services into maternal health care is essential. Collaboration between obstetricians, psychiatrists, and psychologists can improve diagnostic accuracy, improve treatment adherence, and increase patient satisfaction [23].

### Future Research Directions

Despite extensive research, some aspects of the biological, psychological, and social determinants of perinatal depression remain poorly understood. Future studies should focus on long-term follow-up, exploring early warning signs, the effectiveness of culturally appropriate interventions, and the potential of digital psychological support and telepsychiatry.

There is also growing research on the epigenetic mechanisms underlying the transgenerational effects of perinatal depression. Clearly understanding how maternal stress and depression affect gene expression in the offspring could help improve prevention and treatment strategies [24].

### Conclusion

Perinatal depression is a common and serious mental health problem among women in many parts of the world. It negatively impacts the physical and mental well-being of both the mother and the baby. Identifying and addressing risk factors, early screening for depression, and effective interventions are essential in managing perinatal depression. Increasing public awareness of the problem and improving access to psychological support can reduce the negative consequences of perinatal depression. This can help to achieve healthy and positive outcomes for mothers and their babies.

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