# *BIRTH OF EXPECTATIONS IN PREGNANCY AND EFFECT OF DEPRESSION ARISING OUT OF PREGNANT WOMEN EDUCATION*

Selma NAMA
PhD student Program «Management in Healthcare»
SOUTHERN UNIVERSITY (IMBL)
selmanama@hotmail.com

## ABSTRACT

The aim of this study was to examine the relationship between birth care in pregnancy with postpartum depression. In the first step of the two studies carried out on a stage Medical Center Maternity concerns of women attending outpatient obstetric characteristics were evaluated by Wije The Birth Expected Experience Scale. 10% of pregnant women were determined to carry clinically significant anxiety birth. This concern with gestational age and there was no significant relationship between the number of pregnancies. These findings suggest that significant delivery of 1 to 10 concern conceived and demonstrated that a stress factor in itself of pregnancy. In the second stage, at least 4 weeks after giving birth than women who participated in the first phase of the study, 77 were evaluated from birth to Edinburgh Postpartum Depression Scale. Born in the small force of fear of violence and the severity of the symptoms of postpartum depression, but a statistically significant relationship was observed.

**Keywords**: Birth Fear, Anxiety Birth, Postpartum Depression, Birth Expected.

## 1.INTRODUCTION

Pregnancy is an important place in the lives of women and brings physical and psychological changes. Most of the concerns of the pregnant woman is seen, but it varies from person to person, the intensity of these concerns. The concerns and fear of childbirth during pregnancy may increase the stress levels of women with high (Subaşı ve ark., 2013: 2).

Normal gestation period lasts 40 weeks. If termination of pregnancy after the 20th week is called birth. To live in the external environment in the 28 weeks in the previous year limit of neonatal (newborn) has been reduced as a result of developments in the next week (Yeşinel, 2006: 21). Obstetric practices perinatal (birth process) and maternal (maternal) is intended to minimum levels of mortality (Gül, 2008: 1).

Regardless of the weight after the birth of the 20th week of pregnancy, which is called birth before 37 weeks of gestation. Preterm birth, the fetus is one of the most important factors in determining the future; The most important cause of morbidity and perinatal mortality (Ünal, 2008: 6). The risk of preterm birth in women with a low socioeconomic level was found to be more than 50% (Lockwood, 1995: 24).

The World Health Organization (WHO) is called born before 37 weeks premature birth. premature birth; previously made preterm labor, urinary or vaginal infections, multiple pregnancy, uterine malformations, the uterus is related to previous general surgery, 18 years old 35 years old to be a great, low body weight of 45 kg, chronic illness, smoking and drug use, baby the absence of congenital anomaly, low socio-economic status is a risk reasons, such as poor nutrition (Çağlar, 2006: 6).

## 2. DEPRESSION IN PREGNANCY

Depression in pregnancy, affecting both the mother and child and showing mental disorders is quite widespread. The prevalence of depressive symptoms seen in pregnancy ranged from 12-36%. Pregnancy depression, suicide attempts, postpartum is a condition that increases the potential risk of depression (Çalık ve Aktaş, 2011: 2).

Although pregnant women are different from the common symptoms of depression and depressive symptoms in pregnancy; nausea, stomach pain, often do not take breath, somatic complaints, such as headache is more often (Bowen ve Muhajarine, 2006: 8).

Leigh and Milgrom (2008), in a study conducted for prenatal depression in; low self-esteem, prenatal anxiety, low social support, negative cognitive style, major life events, factors such as low income and have found that a history of abuse decisive. Postpartum depression is compatible with the risk factors (psychiatric history, low income, relationship with peers, such as dissatisfaction with the pregnancy) seems to be too many factors. low socio-economic status of various research, stress, psychiatric history, chronic diseases, some sedative drugs, low or curettage history, synonymous with a negative relationship, dissatisfaction with the pregnancy, fear of weight gain, poor social support, situations such as in work to have been reported as a risk factor (Çalık ve Aktaş, 2011: 3).

## 4. MATERIALS AND METHODS

### 4.1. Purpose of the Study

This study had two objectives. First, research is aimed at a gynecology and obstetrics expectations related concerns examination of pregnant women who attended the birth clinic. Second, using a prospective design and other factors of anxiety during pregnancy is to examine the relationship between postpartum depression.

### 4.2. The Importance of Research

Postpartum most important benefit of knowing the risk factors for depression in pregnancy is protective of the work can be done in the early stages. Thus, the preventive work before pregnancy, in pregnancy and after which stages including guidance on what types will be made in psychological support.

### 4.3. Research Population and Sample

In this study, a large city with a private Medical Center also were conducted with pregnant women, women who admitted to outpatient birth. The research was conducted in two stages. The first step in the birth of women admitted to clinics and 236 people who agreed to participate Wije The Birth Expected / Experience Scale were applied. The people of one third of the 33 items on the scale were excluded from the analysis because 25 more agents to answer. In the second stage of the first 236 people who participated in the study, 110 people have been identified who have given birth and was invited to the second stage of work after calling four weeks. A total of 77 gebeyl delivery is made after the meeting.

### 4.4. Data Collection Tools

Working Information Form, Wije The Birth Expected / Experience Scale, Edinburgh Postnatal Depression Scale, including three data collection tool was used.

### 4.5. Data Collection

Obstetrics clinic for the consultation to each applicant gebeyl face Wije The Birth Expected / Experience Scale were filled. Wije The Birth Expected / Experience Scale were in the third trimester of pregnancy filled and determined their birth 77 women after childbirth least 4 reached after birth information form via telephone to women who populate the week and Edinburgh postpartum evaluation was made by depression scale.

### 4.6. Data Analysis

Statistical analysis of data was performed with the Statistical Package for Social Sciences SPSS 23.0. frequency for describing the data (n, percentage) and descriptive istatatis Age (mean and standard deviation) were used. skewness of the data in normal distribution (skewness) is determined by considering the value.

Pearson product-moment correlation coefficient for the data are normally distributed relationship between variables was examined by calculating the Spearman's rho correlation coefficient for normally distributed data. independent t-test analysis was performed to compare the two groups.

## 5. RESULTS

Table: Thoughts Towards Chill who will during labor (n = 77) 1

| Thoughts | Average | $(SS)^2$ |
|---|---|---|
| Alone | 3,71 | 1,51 |
| Strong | 2,17 | 1,52 |
| Sure | 2,08 | 1,51 |
| Frightened | 2,67 | 1,58 |
| Above left face | 4,08 | 1,35 |
| Powerless | 3,12 | 1,46 |
| Confidence in | 1,65 | 1,48 |
| Independent | 2,91 | 1,41 |
| Desperate | 3,89 | 1,27 |
| Nervous | 2,34 | 1,67 |
| Satisfied | 1,88 | 1,45 |
| Pleased | 1,83 | 1,46 |
| Abandoned | 4,11 | 1,32 |
| Passionless | 1,98 | 1,60 |
| Comfortable | 2,48 | 1,62 |
| Happy | 1,63 | 1,52 |

Expectations for the Birth Experience Scale Wije second section (Article 3-18) assessed during birth pangs and generally calculated on ideas for how that felt mean and standard deviation are shown in Table 1. The women scale their answers on the questions in this section are outside the normal distribution of two substances. Women were left in the lurch and is abandoned feel less inclined distribution of expectations on this matter have been observed. Women's scores are dependent at birth (n = 184), the inability to be comfortable (n = 180), to fear (n = 178), to be satisfied (n = 164), is weak (n = 159), self inability to make sure no ( n = 164) direction suggests that expectations.

## 6. CONCLUSIONS AND RECOMMENDATIONS

The findings obtained in this study support that is associated to a large number of postpartum depression. Relaxation exercises in coping with stress is known to be quite helpful. Regular relaxation of the appropriate group or individual psychological training to women's needs alongside the exercise is expected to be effective in reducing the risk of postpartum depression. Instead of focusing only on the birth after birth for fear of preventive work as well as adapting to daily life after the birth of psycho education should be given. In addition to education, families in order to create the necessary social support, configuring qualified women to cover their obstetrician and allied health staff will be more functional.

## REFERENCES


Bowen, A., Muhajarine, N. (2006). Antenatal Depression, Canadian Nurse Journal, 102: 26-30.

Çağlar, U. A. (2006). Infants born to mothers in the birth rate and risk factors in our hospital. Published expertise thesis. Istanbul, 18.

Calik, Y. K. Aktas, S. (2011). Depression during pregnancy: prevalence, risk factors and treatment. Current Approaches in Psychiatry, 3 (1): 142-162.

Gül, N. (2008). Normal delivery and cesarean birth of the patients who were compared in terms of postpartum complications, Published expertise thesis. Istanbul, 6, 13.

Leigh, B., Milgrom, J. (2008). Risk Factors for antenatal depression postnatal depression and parenting stress. BioMed Central Psychiatry. 8: 24, doi: 10.1186 / 1471-244X-8-24.

Lockwood, C. J. (1995). The diagnosis of preterm labor and the prediction of preterm delivery. Clinical Ostetrics Gynecology, 38 (4), 675-687

Subasi, B., H. Ozcan, S. Pekçet, Sky B., S. Bronze, Budak, B. (2013). birth anxiety and fear of its impact on education delivery. Selcuk Medical Journal, 2013; 29 (4): 165-167.

Unal, A. (2008). 24-34. Cervical Length Measurement and Evaluation of Cervical Length in Pregnant Women with ≥ 15 MM Applied tocolitic Treatment Efficacy in pregnant women hospitalized with the diagnosis of preterm labor between weeks, Published expertise thesis, Istanbul, 4.

Yeşinel, S. (2006). Very low birth weight risk factors affecting the development of somatic premature. Thesis, Istanbul, 4.