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Short Communication

Global burden of Antenatal Depression and its Effect on Birth Outcomes: A Systematic Review of Reviews

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Abstract

Background: Childbearing age is the time of the highest risk of developing depression and antenatal depression is one of the most common mood disorders. Additionally, depression in the childbearing age-group has been under-investigated and undertreated. The current systematic review of reviews provides useful evidence regarding the burden of antenatal depression for health policy development and planning.

Methods: We searched CINAHL(EBSCO), MEDLINE (via Ovid), PsycINFO, Emcare, PubMed, Psychiatry Online, and Scopus databases for systematic reviews that based on observational studies published between January 1st, 2007 and August 31st, 2018. We used the Assessment of Multiple Systematic Reviews (AMSTAR) checklist scores to assess the quality of the included reviews. Vote counting and narrative review were used to summarize the prevalence of antenatal depression and its associated factors, while statistical pooling (meta-analysis) was conducted to estimate the effect of antenatal depression on low birth weight and preterm birth. We used Funnel plot and Egger's regression to test for potential publication bias and Higgins to test for heterogeneity. The data were imported and analyzed using Stata 14 software. This systematic review of reviews was registered on PROSPERO with protocol number CRD42018116267.

Results: We included ten reviews (of 306 studies with a total of 877,246 study participants) on antenatal depression prevalence and six reviews (of 39 studies with 75,451 study participants) on the effect of antenatal depression on preterm and low birth weight. Globally the antenatal depression prevalence ranged from 15 – 65% with the highest prevalence observed in low and middle-income countries. Based on their degree of influence, the most important risk factors were: current or previous exposure to different forms of abuse and violence (in six reviews and 73 primary studies); lack of social or partner support (in four systematic reviews and 47 primary studies); personal or family history of any common mental disorder (in three reviews and 34 primary studies); unplanned or unwanted pregnancy (in three reviews and 36 primary studies); low economic status or financial difficulties (in three reviews and 32 primary studies); and having poor obstetric history (in four reviews and 33

primary studies). The risk of preterm birth and low birth weight 1.49 (95%CI: 1.32, 1.68; $I^2= 0.0\%$) and 1.39 (95%CI: 1.22, 1.58; $I^2= 35.2\%$) times higher among infants born to depressed mothers.

Interpretation: Our findings highlight the high prevalence of antenatal depression as an important public health problem globally. We found that the association between antenatal depression and low birth weight and preterm birth was significant although relatively modest. However, its public health relevance is significant, particularly in low and middle-income countries, given their large and increasing populations with a high prevalence of antenatal depression and poor quality health care services – especially mental health services. Prevention strategies such as targeted antenatal screening for depression of pregnant mothers are critical for early identification and effective management of the identified risk factors.

Biography

Abel Fekadu Dadi; Global burden of Antenatal Depression and its Effect on Birth Outcomes: A Systematic Review of Reviews ; Webinar on Personalized Medicine and Health Care; May 28, 2021

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