A systematic review of face processing and the effect of depression and anxiety during pregnancy.

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Pregnancy causes significant physical and emotional changes, as well as an increased risk of mental illness. While increasing social support is a common recommendation for lowering such mental health risks, no systematic review or meta-analysis has yet examined the relationship between social support and mental problems during pregnancy. Pregnancy is a life-changing event for women of reproductive age. It is accompanied by hormonal changes and can represent a period of increased risk for the development of mental illnesses such as depression, anxiety, and self-harm. Good social support for the pregnant mother reduces this risk and helps to prevent pregnancy complications and adverse birth outcomes. However, no systematic review or meta-analysis has been conducted to investigate the links between social support and mental illness (depression, anxiety, and self-harm) in pregnant women. As a result, the purpose of this systematic review and meta-analysis was to investigate the relationship between social support and mental illness during pregnancy. From the PubMed, Psych Info, MIDIRS, SCOPUS, and CINAHL databases, the review found 67 relevant articles involving 64,449 pregnant women. The narrative review included 45 articles, and the meta-analysis included 45 articles. The majority of the studies included in the narrative synthesis found significant positive associations between low social support and antenatal depression, anxiety, and self-harm during pregnancy. Furthermore, the meta-pooled analysis’s estimates show that low social support has a significant positive association with antenatal depression and anxiety. As a result, maternal health professionals must engage pregnant women in discussions about the level and source of social support they receive. Maternal health professionals may also want to consider encouraging pregnant women’s social networks in order to improve the social support they receive. Policymakers and those involved in maternity care should consider developing targeted social support programmes to aid in the reduction of mental health problems among pregnant women. They are more likely to develop mental health problems such as depression, anxiety, and self-harm; a risk that can be exacerbated by factors such as financial and relationship problems, as well as low social class. Anxiety, depression, and self-harm are the most common mental health issues that pregnant women face. Excess worries, concerns, and fears about pregnancy, childbirth, infant health, and future parenting roles are referred to as antenatal anxiety. Individual studies have reported antenatal anxiety prevalence ranging from 14 to 59 percent, while a meta-analysis estimating the global prevalence of antenatal anxiety found that the pooled prevalence of antenatal anxiety symptoms across all trimesters was 34.4 percent in low to middle-income countries and 19.4 percent in high-income countries. The current systematic review and meta-analysis included 67 articles with 64,449 pregnant women from the 3760 articles identified. The narrative analysis and meta-analysis included 22 and 45 articles, respectively, out of a total of 67 articles. The narrative analysis included 20 articles that reported a significant relationship between low social support and the risk of developing mental health problems during pregnancy. After adjusting for publication bias, the pooled odds ratio of low social support was for studies investigating the relationship between low social support and antenatal depression and for studies investigating the relationship between low social support and antenatal anxiety. Low social support has been linked to an increased risk of depression, anxiety, and self-harm during pregnancy. Policymakers and those involved in
maternity care should consider developing targeted social support programmes to aid in the reduction of mental health problems among pregnant women.

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Conflict of Interest

None