

Abstract

Introduction: Pregnancy is a special time in every woman's life. Regardless of whether it is a dream come true of having children or a surprise – it is considered as a situation resulting in stress. Childbirth is accompanied by a number of emotions, for some women it is perceived as positive and joyful event, while others perceive it as something negative, that should be forgotten and never experienced again. The period after the childbirth may also bring the expected joy, satisfaction or euphoria, but also numerous problems, reflection and passivity of the new mother, and, consequently, emotional disorders. Nowadays, pregnancy and childbirth more and more often do not resemble normal physiological processes, because women are treated more often than before for reduced fertility and they more often decide to deliver by caesarean section. These circumstances have a social and emotional impact on the mother's life, environment, and the behavioural and emotional health of her children. The ongoing changes related to the entire perinatal period, including those running correctly, are the time when a woman expects support from the environment. Despite the progress in medical science, in recent years an increase in the incidence of disorders in the perinatal period has been observed all over the world. Antenatal education is aimed at the theoretical and practical preparation of both partners for parenthood, which is why it plays a special role in the prevention of emotional disorders in the perinatal period.

Aim: The aim of the study is to assess the emotional state of pregnant and postpartum women, including studying the factors determining the emotional state of women participating and not participating in the antenatal classes.

Material and method: The study group consisted of 200 inhabitants of Rzeszów city and powiat, who were divided into two equal groups. Group I consisted of participants of the Antenatal classes ($n = 100$), group II – women not participating in the Antenatal classes ($n = 100$). The study was carried out in 3 time stages: 1st stage – during pregnancy, 2nd stage – on the second day of puerperium, 3rd stage – in late postpartum. The study used the method of diagnostic survey, the technique of a questionnaire using standardized questionnaires: the inventory developed to assess the different coping strategies – Mini-COPE, the Orientation to Life Questionnaire – SOC-29, the risk factors for mental disorders in pregnancy, the Edinburgh Postnatal Depression Scale – EPDS and surveys developed by the author. The original questionnaires contained questions about i.e. socio-demographic data, medical data related to the course of labour and puerperium, preparation for childbirth and childcare. The research was conducted from October 2016 to December 2018.

Results: The course of the present pregnancy in the entire study group allowed 91.5% of the surveyed women to participate in the antenatal classes ($N = 183$), however, participation in these classes was more often declared by women who were pregnant for the first time. For participants of the antenatal classes, the current pregnancy was more often planned and aroused positive emotions ($p = 0.02$). In almost 3/4 of the total number of respondents ($N = 147$, i.e. 73.5%) the labour was at term, and in over half of the respondents ($N = 138$, i.e. 69.0%) it was the cephalic delivery. For group I, the duration of the second stage of labour was significantly longer (mean 54.27 ± 42.19 minutes) than in group II (mean 34.94 ± 32.97 minutes; $p = 0.0228$). There were no statistically

significant differences between the groups in the remaining periods of labour ($p > 0.05$). Skin-to-skin contact after delivery was slightly more common in group II ($p = 0.05$). The occurrence of nursing problems in the first days after childbirth concerned 74.5% of all respondents ($N = 149$). Participation in the antenatal classes did not significantly affect the feelings/emotions in the first days after childbirth ($p = 0.7742$), as well as the occurrence of nursing problems in women in the first days after delivery ($p = 0.8711$). The choice of coping strategies in difficult situations did not depend significantly on the participation of the surveyed women in the antenatal classes. The sense of coherence was equally high in both groups ($p > 0.05$). The factors that should prompt the doctor in charge of the pregnancy to contact the patient's psychiatrist were most often the use of sedatives and antidepressants. In the group of factors that suggested a more careful observation of the patient and checking her mental state at subsequent visits, there were: family history of the mental illness ($N = 19$), family history of suicide ($N = 14$) or the appearance of emotional problems in previous pregnancies ($N = 10$). Participation in the antenatal classes to a small extent influenced the risk factors of mental disorders, it was only shown that the lack of a permanent job was a risk factor for disorders in women who did not participate in the antenatal classes ($p = 0.01$). The ESDP scale revealed that symptoms of depression before delivery concerned 13.0% of women ($N = 26$), and after delivery 17.5% of the respondents ($N = 35$; $p = 0.08$). There was a higher rate of severity of depression symptoms before childbirth in women who have ever used drugs (13.67 ± 2.52 points) and after delivery in those who have recently received psychiatric treatment (16.50 ± 8.27 points). The level of depression after the childbirth was significantly influenced by the number of previous pregnancies ($p = 0.01$). Higher severity of depression symptoms, both before delivery ($p = 0.0001$) and after delivery ($p = 0.0155$), was observed in women who definitely not coped or not always coped with care problems in the first days after delivery. Being in contact with the family significantly reduced the severity of depression symptoms before and after delivery ($p < 0.0001$). In general, the influence of the strategy of coping with difficult situations on the severity of depression symptoms among women before and after childbirth was visible and was most often manifested by the choice of a strategy based on helplessness ($p < 0.0001$). The sense of coherence significantly influenced the severity of depression symptoms: the higher result of the general coherence index, the lower the level of depression symptoms before delivery ($\rho = -0.416$; $p < 0.0001$) and after delivery ($\rho = -0.378$; $p < 0.0001$).

It was shown that in group I the influence of dependent variables on the severity of depression before delivery was not noticeable. On the other hand, in group II, the severity of depression symptoms before childbirth was significantly related to the feelings/emotions in the first days after delivery ($p = 0.00$). After childbirth, the severity of postpartum depression symptoms in group I was significantly associated with the choice of coping strategies through helplessness ($p = 0.03$) and the sense of acceptance by the husband/partner, family and society ($p = 0.00$). The more often these behaviours were observed in group I with greater intensity of depression symptoms. In group II, the severity of postpartum depression symptoms was slightly related to the sense of acceptance ($p = 0.04$). The independent variables affecting the severity of depression symptoms during pregnancy in group I are: the impact of worse living conditions ($p = 0.0129$), the negative impact of pregnancy on the professional career ($p = 0.0393$), reduced sense of coherence ($p = 0.0010$). In group II, these were: negative feelings in the first days after delivery ($p = 0.0001$), helplessness in difficult situations ($p = 0.0052$), and to a lesser extent with active coping ($p = 0.0306$). On the other hand, the severity of postpartum depression symptoms in group I increased with the lack of a sense of acceptance by the husband/partner, family, society ($p = 0.0012$) and coping with helplessness

($p = 0.0117$), and decreased with increased sense of coherence ($p = 0.0216$) and coping with a sense of humour ($p = 0.0461$). In group II, the severity of postpartum depression symptoms was higher when the women experienced more negative effects of pregnancy on partnerships ($p = 0.0161$) and more often used the helplessness strategy ($p = 0.0132$).

An additional in-depth analysis related to the verification of the hypothesis: a significant influence of depression before childbirth on the severity of depression symptoms after childbirth was not confirmed for all respondents ($p = 0.07$). However, it was shown in group II that the occurrence of depression before childbirth significantly influenced the occurrence of depression symptoms after childbirth ($p = 0.00$). Interestingly, the willingness to take part in the antenatal School during the next pregnancy was expressed by women with higher severity of postpartum depression symptoms (11.38 ± 4.42 points; $p = 0.000$).

Conclusions: When caring for a woman during pregnancy and puerperium, special attention should be paid to her emotional state, because early interventions in the field of assessing the emotional state of pregnant and postpartum women will contribute to minimizing or eliminating emotional problems and their long-term consequences. Individualized, systematic antenatal education, provided by appropriate specialists and based on interaction, can be an essential element in the psychoprophylaxis of women in terms of coping with negative emotions. The analysis of the emotional state of pregnant and postpartum women is an empirical value and is important not only in the context of preparing an individual to perform the maternal function, but can and should be used to plan healthcare services, especially in a dynamically changing reality.

Postulates: Continuation of the research, taking into account the SOOP guidelines, a proposal to measure the emotional state of women twice during pregnancy, several days after childbirth and several months after delivery. The project should take into account the impact of the SARS-Cov19 epidemic on the modification of the forms of antenatal education – assess and compare groups subjected to traditional and distance education. Practical application of research results in developing a strategy to promote the emotional health of women in the procreative period.

Key words: antenatal school, women's emotional state, pregnancy, puerperium