

Mental Health Trajectories and Related Factors Among Perinatal Taiwanese Women



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PURPOSE

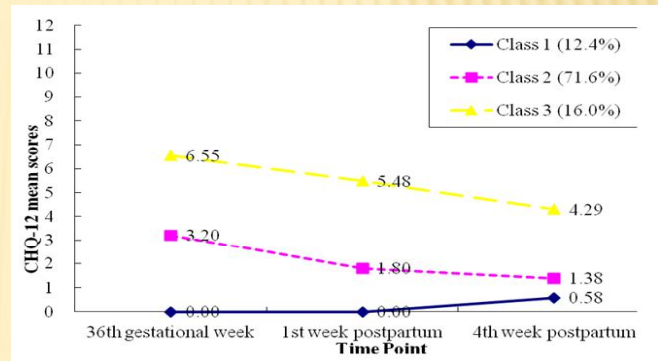
To investigate mental health trajectories from the third trimester of pregnancy through four weeks postpartum in Taiwanese women and the correlations of these trajectories with perceived social support and demographic characteristics.

METHODS

This study is a repeated measures design. 194 Taiwanese women completed the Chinese Health Questionnaire and Social Support Scale at the 36th gestational week and 1st and 4th weeks postpartum. Latent class growth analysis was used to identify the change tendency and major classes of mental health status among perinatal women. Multinomial logistic regression was then used to determine if demographic characteristics and social support were associated with the classes of mental health trajectories among perinatal women.

RESULTS

Three linear mental health trajectories for perinatal women were identified. The three classes of mental health trajectories among perinatal women were identified as Class 1 (“consistently good perinatal mental health,” 12.4%); Class 2 (“improved perinatal mental health after childbirth,” 71.6%); and Class 3 (“consistently poor perinatal mental health,” 16.0%).



Multinomial logistic regression was used to examine correlations of the three classes of mental health trajectories with demographic characteristics and social support. Class 1 served as the control group. Social support was significantly related to the three classes of perinatal mental health trajectories. Less social support was associated with lower prenatal mental health scores. Younger age was a risk factor for consistently poor perinatal health. Vaginal delivery was associated with improved mental health after childbirth.

CONCLUSIONS

Mental health was worse in the third trimester of pregnancy than postpartum. Less social support was associated with lower prenatal mental health scores, and similarly distributed between women with consistently poor and improved mental health after birth. Health care providers should assess women’s mental health status and provide timely interventions during the perinatal period. Social support intervention should be carried out for pregnant women, especially for those with younger age or lower perceived social support.