

# ANTENATAL DEPRESSION: A CONCEPT ANALYSIS USING THE WALKER AND AVANT METHOD

Mahe-Kamil Qureshi Hashmi <sup>a\*</sup>

<sup>a</sup>Assistant Professor, Bahria University College of Nursing, Islamabad, Pakistan

\*Correspondence to: Mahe-Kamil Qureshi Hashmi, Bahria University College of Nursing, Islamabad, Pakistan. E-mail: mahekamil3@gmail.com. ORCID: 0009-0008-3443-6212

## KEYWORDS:

Antenatal Depression, Concept Analysis, Walker and Avant, Pregnancy, Nursing

## CITE THIS ARTICLE:

Hashmi, M. K. Q. (2026). Antenatal depression: A concept analysis using the Walker and Avant method. *Pakistan Journal of Positive Psychology*, 3(6), 211-216.

## ABSTRACT

Antenatal depression is an important mental health problem of pregnancy whose symptoms are often masked by the physiological changes of pregnancy, and it can adversely affect both the mother and the baby. The concept is used inconsistently in the literature and is often interchanged with related terms such as prenatal, antepartum and perinatal depression. This concept analysis aimed to clarify antenatal depression, distinguish its common use from its scientific use, and develop an operational definition for future research. The method of Walker and Avant was followed. Dictionaries and the literature were reviewed to identify the uses of the concept and related concepts, and model, borderline and contrary cases were constructed to illustrate it. The defining attributes were depressed mood, loss of interest, feelings of guilt or worthlessness, disturbed sleep and appetite, fatigue, poor concentration, crying episodes and thoughts of death or suicide. Antecedents included a personal or family history of depression, unplanned pregnancy, lack of social and partner support and previous miscarriages, while consequences included low birth weight, preterm birth, postpartum depression and mental health disorders in the infant in later life. Prenatal and antepartum depression were the terms most closely related to the concept. Antenatal depression is operationalized as depression during pregnancy and before childbirth, characterized by sadness, worthlessness, inactivity, loss of appetite, disturbed sleep, crying spells, loss of interest and extreme fatigue lasting for almost two weeks. Further research is needed to separate antenatal from postpartum depression.

## I. INTRODUCTION

Pregnancy is a phase which has combined effects on physical, mental and psychological health of women. Approximately 10% of pregnant women suffer from mental health issues as stated by World Health Organization WHO (Wang et al., 2022). Antenatal depression is one of the few important mental health problems faced by women with a range of symptoms which are often masked due to physiological changes of pregnancy. Women are expected to suffer from depression at different phases of life starting from adolescence to post menopause (Albert, 2015). A systematic review was done to see the prevalence of depression during pregnancy. It showed difference in prevalence during the three trimesters of pregnancy with 7.4%, 12.8% and 12.0% women with depression in first, second and third trimesters respectively (Bennett et al., 2004). Antenatal depression, which not only effects pregnancy but also poses a great risk for the baby, is the leading cause of postnatal depression (Míguez & Vázquez, 2021).

According to Kołomańska et al., (2019), the incidence of antenatal depression ranges from 6-25%. In first trimester, some women have a fear of miscarriage due to previous experience and this fear is somewhat balanced during the second trimester. However, third trimester again resumes the symptoms of depression due to an uncertainty of the outcome. There are multiple treatment options available including pharmacotherapy and psychotherapy depending upon the level and symptomatology of depression, but only 1 in 5 women have been found to taking treatment as per their medical record (Marcus et al., 2003). Negative consequences result when there is a lack of education and support for the child-bearing women during antenatal depression AND. This concept analysis aimed to define the attributes, antecedents and consequences of AND along with model, borderline and contrary cases as described by Walker and Avant.

## II. METHOD OF CONCEPT ANALYSIS

According to Walker and Avant (2019), a thoughtful examination and elaboration of a term is referred to as concept analysis where the examination focuses on understanding the unique characteristics of that concept and elaboration focuses on finding out how the concept is related to other concepts or terms. The concept of ante-natal depression was analyzed by Walker and Avant's method which consists of the following steps:

1. Select a concept.
2. Determine the aims or purposes of analysis.
3. Identify all uses of the concept that you can discover.
4. Determine the defining attributes.
5. Identify a model case.
6. Identify borderline, related, contrary, invented, and illegitimate cases.
7. Identify antecedents and consequences. (p. 172)

### Selection of Concept

The concept "Ante-natal Depression" was selected for analysis. After a personal past experience of ante-natal depression, I developed interest to study this concept. This analysis is critical to future research needs and it will strengthen the theoretical foundations of the concept.

### Purposes of Analysis

The purpose of this concept analysis was to find out the difference between the common use of the concept and its use in scientific terms. Previously, an analysis had been done on maternal distress but it entailed multiple other aspects with depression during pregnancy being one of them. The purpose was to define the sole characteristics of this concept and explain its relation to other similar concepts. Formation of an operational definition of 'ante-natal depression' for further research was also an additional aim of this analysis.

## III. RESULTS

### Identification of All Uses of Concept

It was essential to review the dictionary definitions for exploring the concept in depth. Moreover, the synthesis of the definitions in a structured way was done afterwards.

### Definition from Dictionaries

Since the term 'antenatal depression' is composed of two words 'antenatal' and 'depression', the dictionary meanings of the separate words and the collective term 'antenatal depression' were sought from different dictionaries and literature which are mentioned below:

#### *Antenatal*

- "Relating to the medical care given to pregnant women" (Oxford Learner's Dictionaries, n.d.).
- "Having to do with the time a female is pregnant, before birth occurs. Also called prenatal" (NIH-National Cancer Institute, 2024).
- "Occurring or present before birth; during pregnancy" (Collins Dictionary, 2024).

## Depression

- “A mood disorder that is marked by varying degrees of sadness, despair, and loneliness and that is typically accompanied by inactivity, guilt, loss of concentration, social withdrawal, sleep disturbances, and sometimes suicidal tendencies” (Merriam-Webster Dictionary, 2024).
- “A mental condition marked by ongoing feelings of sadness, despair, loss of energy, and difficulty dealing with normal daily life” (NIH-National Cancer Institute, 2024).
- “A mental state in which you are sad and feel that you cannot enjoy anything, because your situation is so difficult and unpleasant” (Collins Dictionary, 2024).

## Antenatal Depression

- The Diagnostic and Statistical Manual of Mental Disorders-5th edition (DSM-5) defines antenatal depression as Major Depressive Episode during pregnancy (Dadi et al., 2020).
- “Antepartum depression happens only during pregnancy. It’s also sometimes called maternal depression, prenatal depression, and perinatal depression” (Health Line, 2020).
- “Women having significant depression determined by screening tools or clinical diagnosis during pregnancy or a chronic concurrent depression” (Jornal of Psychiatric Research, 2023).
- “Prenatal depression is depression that happens during pregnancy. Depression symptoms include extreme or ongoing sadness, anxiety, fatigue and changes in sleeping and eating habits. In severe cases, prenatal depression can cause people to harm themselves or their baby. Treatments include therapy and medications (Cleveland Clinic, 2022).
- “Perinatal depression includes depression that occurs during pregnancy (prenatal depression) and in the weeks after childbirth (postpartum depression)” (National Institute of Mental Health, 2023).

## Uses of Concept

The concept of antenatal depression has been used in different areas like healthcare, research, psychiatry, development of assessment tools, diagnostic and therapeutic measures. Multiple researches including cross sectional, quasi experimental, randomized controlled trials, systematic and meta reviews have been done on different aspects of antenatal depression (Fatori et al., 2023; Goetz et al., 2020; Luong-Thanh et al., 2021; Sheeba et al., 2019). Previous researches primarily focused on postpartum depression; however, there has been a shift to perinatal depression in past years. The concept of antenatal depression has an immense importance in nursing as nurses are the direct providers of care and support. A mixed method study was done using Peplau’s Theory of Interpersonal relations as a framework. It concluded that a telephone support intervention delivered by nurse could be beneficial for treating women with antenatal depression living in rural areas (Evans et al., 2017). A meta-analysis was done to see the effectiveness of mid-wives supported psychotherapy which concluded that this psychotherapy improved the depression and anxiety faced by women during pregnancy (Han et al., 2020).

## Related Concepts

The concepts similar to the one being analyzed are the related concepts and they can have obvious or hidden differences (Walker & Avant, 2019). For example, the concept analysis on interactive teaching showed that the concept related to it was active learning and both were used interchangeably in previous literature (Ridley, 2007). Different terms have been used in place of ante-natal depression which include prenatal stress, maternal distress, prenatal depression, perinatal depression, depression during pregnancy, maternal depression, depressive disorders of pregnancy, pregnancy related depression and antepartum depression (Adeoye et al., 2022; Emmanuel & St John, 2010; Kołomańska et al., 2019; Prenatal Depression: Causes, Symptoms & Treatment, n.d.). However, the most related terms to antenatal depression are prenatal and antepartum depression.

## Defining Attributes

The characteristics of the concept that differentiate it from surrounding concepts are the defining attributes (Walker & Avant, 2019). The attributes of antenatal depression according to different sources (American College of Obstetricians and Gynecologists, 2020; Cleveland Clinic, 2022; National Institute of Mental Health, 2023) are as follows:

- Depressed mood nearly every day
- Loss of interest in daily activities

- Feeling guilty, hopeless, or worthless
- Sleeping more than normal or having trouble sleeping
- Loss of appetite, losing weight, or eating much more than normal and gaining weight
- Feeling very tired or without energy
- Having trouble paying attention, concentrating, or making decisions
- Lack of sexual drive and interest
- Crying episodes
- Being restless or slowed down in a way that others notice
- Thinking about death or suicide.

### Model Case

The pure example of the concept exhibiting all the attributes is called as model case (Walker & Avant, 2019). The following case of antenatal depression includes all the characteristics: Ms. H is expecting her first baby and is in the first trimester of pregnancy. She has been feeling low and fatigued for two weeks. This is an unexpected pregnancy and she is feeling stressed due to her inability to cope with her new married life. She is apprehended as she had an attack of depression two years ago and she thinks that symptoms are more severe than previous attack. She feels no energy to dress up and meet people who come to visit the new bride. She tried to continue her job but was unable to keep her interest as she used to have previously and that has led her to resign. She has a very low appetite and frequent episodes of vomiting. She is losing weight and looks so lethargic that people notice and ask her about her health. She also does not feel any desire to be with her husband and becomes disturbed with intimacy. Most of the time, she is found crying and questioning her condition. She finds no interest in her hobbies and house chores anymore. She feels guilty to be a burden on everyone and prefers to be alone. She keeps awake late at night and thinks of suicide due to loss of control.

### Borderline Case

The case exhibiting some of the attributes or most of the attributes but with varied intensity is called as borderline case (Walker & Avant, 2019). Following is the example of borderline case of antenatal depression: Ms. W is fifteen weeks pregnant. She experiences occasional mood swings, feelings of sadness, and loss of appetite during her pregnancy, but these symptoms do not hinder her daily functioning or well-being. Despite going through some spans of lethargy related to pregnancy, she is able to socialize and manage her relationships, fulfill her responsibilities, and cope with the challenges of pregnancy.

### Contrary Case

The case exhibiting exactly the opposite characteristics of a model case is called as contrary case (Walker & Avant, 2019). Following example shows no characteristic of the model case: Ms. U is pregnant for the second time and has a history of gestational diabetes. She is happy, excited and always in a good mood. She regularly visits her antenatal clinic and takes her medicine and supplements on time. She continues her job and shows enthusiasm towards it. She is balancing her personal and professional life very efficiently. She has a strong libido and enjoys spending time with her husband. She is optimistic about her pregnancy and has a high self-esteem. She has a good appetite with a good quality sleep. She is enjoying her time and managing everything easily.

### Antecedents

There should be few necessary events that lead to the occurrence of concept (Walker & Avant, 2019). Following are the antecedents or essential conditions that lead to ante-natal depression (Corona et al., 2022; Emmanuel & St John, 2010; Kołomańska et al., 2019):

- Personal history of depression or any other related psychological illness
- Physiological symptoms
- Expected role changes
- Family history of depression
- Pregnancy at a young age
- Unplanned pregnancy
- Lack of social and partner support
- Lack of physical activity

- Previous miscarriages
- History of sexual abuse
- History of postpartum depression
- Low educational level of female.

### Consequences

Events which occur or may occur as a result of the concept occurrence are referred as consequences (Walker & Avant, 2019). Antenatal depression often leads to consequences like “low birth weight, preterm birth, intrauterine growth restriction, pregnancy complications, post-partum depression, infant developing mental health disorders in later life” (Dadi et al., 2020, p.2). However, timely treatment improves the prognosis.

### Definition

Antenatal depression is operationalized as depression during pregnancy and before child birth characterized by symptoms including sadness, worthlessness, inactivity, loss of appetite, disturbed sleep pattern, crying spells, loss of interest in activities and extreme fatigue lasting for almost two weeks.

## IV. CONCLUSION

Antenatal depression is an important nursing and medical concern as it directly effects the well-being of the expectant mother as well as the baby. This concept analysis has shown that there are different terms related to antenatal depression. Dictionaries and literature show the evidence of two terms that are pre-natal and ante-partum depression, which are used interchangeably with antenatal depression with the same attributes as mentioned above. An in-depth analysis and research are still needed to specifically focus on the unique attributes of antenatal depression to identify and separate it from post-partum depression. Nursing studies should also be broadened to include this concept in making interventions for psychotherapy and adjuvant treatment.

### Acknowledgment

The author would like to acknowledge Dr. Muhammad Ishtiaq for his academic feedback and for reviewing the original assignment on which this work was based.

## V. REFERENCES

- Adeoye, I. A., Sogbesan, A., & Esan, O. (2022). Prevalence, associated factors and perinatal outcomes of antepartum depression in Ibadan Nigeria. *BMC Pregnancy and Childbirth*, 22(1). <https://doi.org/10.1186/S12884-022-04549-7>
- Albert, P. R. (2015). Why is depression more prevalent in women? In *Journal of psychiatry & neuroscience: JPN* (Vol. 40, Issue 4, pp. 219–221). <https://doi.org/10.1503/jpn.150205>
- American College of Obstetricians and Gynecologists. (2020). Definitions. <https://doi.org/10.32388/3hgbar>
- Bennett, H. A., Einarson, A., Taddio, A., Koren, G., & Einarson, T. R. (2004). Prevalence of Depression During Pregnancy: Systematic Review. *Obstetrics & Gynecology*, 103(4). [https://journals.lww.com/greenjournal/fulltext/2004/04000/prevalence\\_of\\_depression\\_during\\_pregnancy\\_16.aspx](https://journals.lww.com/greenjournal/fulltext/2004/04000/prevalence_of_depression_during_pregnancy_16.aspx)
- Cleveland Clinic. (2022). <https://my.clevelandclinic.org/health/diseases/22984-prenatal-depression>
- Collins Dictionary. (2024). <https://www.collinsdictionary.com/dictionary/english/antenatal>
- Corona, K., Chavez, T., Stewart, K., Toledo-Corral, C. M., Farzan, S. F., Habre, R., Grubbs, B., Al-Marayati, L., Lurvey, N., Lerner, D., Eckel, S. P., Lagomasino, I., Breton, C. V., & Bastain, T. M. (2022). Adverse childhood experiences and prenatal depression in the maternal and development risks from environmental and social stressors pregnancy cohort. *Journal of Obstetrics and Gynaecology: The Journal of the Institute of Obstetrics and Gynaecology*, 42(7), 3014–3020. <https://doi.org/10.1080/01443615.2022.2125298>
- Dadi, A. F., Miller, E. R., Bisetegn, T. A., & Mwanri, L. (2020). Global burden of antenatal depression and its association with adverse birth outcomes: An umbrella review. *BMC Public Health*, 20(1). <https://doi.org/10.1186/s12889-020-8293-9>

- Emmanuel, E., & St John, W. (2010). Maternal distress: A concept analysis. *Journal of Advanced Nursing*, 66(9), 2104–2115. <https://doi.org/10.1111/j.1365-2648.2010.05371.x>
- Evans, E. C., Deutsch, N. L., Drake, E., & Bullock, L. (2017). Nurse–Patient Interaction as a Treatment for Antepartum Depression: A Mixed-Methods Analysis. *Journal of the American Psychiatric Nurses Association*, 23(5), 347–359. <https://doi.org/10.1177/1078390317705449>
- Fatori, D., Zuccolo, P., Xavier, M. O., Matijasevich, A., & Polanczyk, G. V. (2023). Smartphone-assisted online brief cognitive behavioral therapy to treat maternal depression: findings of a randomized controlled trial. *Revista Brasileira de Psiquiatria (Sao Paulo, Brazil: 1999)*, 45(1), 50–53. <https://doi.org/10.47626/1516-4446-2022-2679>
- Goetz, M., Schiele, C., Müller, M., Matthies, L. M., Deutsch, T. M., Spano, C., Graf, J., Zipfel, S., Bauer, A., Brucker, S. Y., Wallwiener, M., & Wallwiener, S. (2020). Effects of a Brief Electronic Mindfulness-Based Intervention on Relieving Prenatal Depression and Anxiety in Hospitalized High-Risk Pregnant Women: Exploratory Pilot Study. *Journal of Medical Internet Research*, 22(8), e17593. <https://doi.org/10.2196/17593>
- Han, Q., Guo, M., Ren, F., Duan, D., & Xu, X. (2020). Role of midwife-supported psychotherapy on antenatal depression, anxiety and maternal health: A meta-analysis and literature review. *Exp Ther Med*, 20(3), 2599–2610. <https://doi.org/10.3892/etm.2020.9011>
- Health Line. (2020). <https://www.healthline.com/health/pregnancy/antepartum-depression>
- Jornal of Psychiatric Research. (2023). <https://www.sciencedirect.com/topics/neuroscience/antenatal-depression#definition>
- Kołomańska, D., Zarawski, M., & Mazur-Bialy, A. (2019). Physical activity and depressive disorders in pregnant women-a systematic review. *Medicina (Lithuania)*, 55(5), 1–16. <https://doi.org/10.3390/medicina55050212>
- Luong-Thanh, B.-Y., Nguyen, L. H., Murray, L., Eisner, M., Valdebenito, S., Hoang, T. D., Phuc Do, H., & Vo, T. Van. (2021). Depression and its associated factors among pregnant women in central Vietnam. *Health Psychology Open*, 8(1), 2055102920988445. <https://doi.org/10.1177/2055102920988445>
- Marcus, S. M., Flynn, H. A., Blow, F. C., & Barry, K. L. (2003). Depressive symptoms among pregnant women screened in obstetrics settings. *Journal of Women's Health*, 12(4), 373–380. <https://doi.org/10.1089/154099903765448880>
- Merriam-Webster Dictionary. (2024). <https://www.merriam-webster.com/dictionary/depression>
- Míguez, M. C., & Vázquez, M. B. (2021). Risk factors for antenatal depression: A review. *World Journal of Psychiatry*, 11(7), 325–336. <https://doi.org/10.5498/wjp.v11.i7.325>
- National Institute of Mental Health. (2023). <https://www.nimh.nih.gov/health/publications/perinatal-depression>
- NIH-National Cancer Institute. (2024). <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/antenatal>
- Oxford Learner's Dictionaries. (n.d.). <https://www.oxfordlearnersdictionaries.com/spellcheck/english/?q=antenatal+depression>
- Prenatal Depression: Causes, Symptoms & Treatment. (n.d.). Retrieved April 19, 2024, from <https://my.clevelandclinic.org/health/diseases/22984-prenatal-depression>
- Ridley, R. T. (2007). *Interactive Teaching: A Concept Analysis*. 46(5).
- Sheeba, B., Nath, A., Metgud, C. S., Krishna, M., Venkatesh, S., Vindhya, J., & Murthy, G. V. S. (2019). Prenatal Depression and Its Associated Risk Factors Among Pregnant Women in Bangalore: A Hospital Based Prevalence Study. *Frontiers in Public Health*, 7, 108. <https://doi.org/10.3389/fpubh.2019.00108>
- Walker, L. O., & Avant, K. C. (2019). *Strategies for THEORY CONSTRUCTION IN NURSING* (A. Dodge (Ed.); Sixth). Pearson Education.
- Wang, N., Mu, M., Liu, Z., Rehemani, Z., Yang, J., Nie, W., Shi, Y., & Nie, J. (2022). Correlation between primary family caregiver identity and maternal depression risk in poor rural China. *Hong Kong Medical Journal = Xianggang Yi Xue Za Zhi*, 28(6), 457–465. <https://doi.org/10.12809/hkmj219875>