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孕妇不良情绪、生活事件与妊娠结局以及分娩方式的关系研究 *

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摘要 目的：探讨孕妇不良情绪、生活事件对妊娠结局以及分娩方式的影响。**方法：**选择 2017 年 3 月至 2018 年 7 月在海南省三亚市人民医院进行分娩的孕妇 232 例，搜集孕妇的基本资料，调查孕妇的生活事件及抑郁、焦虑状态，并记录孕妇的妊娠结局以及分娩方式，分析孕妇不良情绪、生活事件与妊娠结局以及分娩方式之间的关系。**结果：**在 232 例孕妇中，焦虑情绪孕妇有 24 例，占 10.34%；抑郁孕妇有 86 例，占 37.07%；发生生活事件的孕妇有 69 例，占 29.74%。受到生活事件刺激、存在抑郁及焦虑的孕妇出现不良妊娠结局的概率均高于正常孕妇（$P<0.05$）。剖宫产孕妇负性生活事件发生次数高于自然分娩的孕妇，而正性生活事件发生次数低于自然分娩的孕妇（$P<0.05$）。剖宫产孕妇焦虑、抑郁的发生率均高于自然分娩的孕妇（$P<0.05$）。**结论：**孕妇的不良情绪及生活事件普遍存在，可导致不良妊娠结局的发生并且对分娩方式产生一定的影响，应引起家庭及社会的重视。

关键词：孕妇；焦虑；抑郁；生活事件；妊娠结局；分娩方式

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Relationship between Adverse Emotion, Life Events, Pregnancy Outcomes and Delivery Mode of Pregnant Women*

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ABSTRACT Objective: To investigate the impact of adverse emotion, life events, pregnancy outcomes and delivery mode of pregnant women. **Methods:** 232 cases of pregnant women who were proposed childbirth in Sanya People's Hospital of Hainan Province from March 2017 to July 2018 were selected. The basic data of pregnant women were collected, and the survey of anxiety, depression and life events in pregnant women were investigated. The pregnancy outcomes and delivery mode of pregnant women were recorded. The relationship between adverse emotion, life events, pregnancy outcomes and delivery mode were analyzed. **Results:** In 232 cases of pregnant women, 24 cases were anxious, accounted for 10.34%.86 cases were depressed, accounted for 37.07%. Life events in the stress state of pregnant women were 69 cases, accounted for 29.74%. Pregnant women with anxiety and depression and those with life events were more likely to have adverse pregnancy outcomes than normal pregnant women($P<0.05$). The incidence of negative life events in cesarean section pregnant women were higher than that in natural delivery pregnant women, while the incidence of positive life events in cesarean section pregnant women were lower than that in natural delivery pregnant women ($P<0.05$). The incidence of anxiety and depression in cesarean section were higher than that in natural delivery pregnant women($P<0.05$). **Conclusion:** Adverse emotional and life events were common in pregnant women, it can lead to adverse pregnancy outcomes and have a certain effect on the mode of delivery,should cause family and social attention.

Key words: Pregnant women; Anxiety; Depression; Life events; Pregnancy outcomes; Delivery mode

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前言

妊娠是女性特有的一个生理阶段，在这个阶段中有较强的情感和身体体验，在孕妇生理变化的同时，心理也会出现一定程度的改变，容易出现焦虑及抑郁等不良情绪，如果不能进行及时有效的治疗，不仅影响孕妇自身的身心健康，而且还会影响胎儿的正常生长过程[1-3]。近年来，随着医学技术的发展，孕妇的死亡率明显下降，胎儿的出生质量显著提高，加上医学模式的改变，孕妇的心理健康问题已经受到人们的广泛关注[4-6]。焦虑是孕妇常见的不良情绪之一，这是一种无明显客观原因的心理恐惧，是人们对于突发事件或困难的正常心理反应，并且随着预产期的临近，这种情绪加重[7,8]。除了焦虑外，有的孕妇还存在抑郁情绪，主要是受到生理、心理及周围环境的影响而产生，有学者研究发现，产前抑郁可能会加重疼痛程度，降低通阈值，

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影响产程的进展,甚至可能会出现难产及产后出血等并发症[9,10]。另外,处于妊娠期的孕妇也会受到生活事件的干扰,生活事件指的是日常生活中的社会活动的变动,诸如升职、升学、亲人亡故等[11]。本研究通过研究孕妇不良情绪及生活事件对其分娩方式、自身及新生儿的影响,为临床改善孕妇的妊娠结局提供理论参考。

1 资料与方法

1.1 临床资料

选择 2017 年 3 月至 2018 年 7 月在海南省三亚市人民医院进行分娩的孕妇 232 例,纳入标准:① 初次在我院建立个人档案者;② 在我院进行分娩者;③ 精神系统正常,可以自行或由他人帮助填写问卷调查者。排除标准:① 具有焦虑和抑郁等精神疾病史或家族遗传者;② 合并患有心、肝、肾等重大脏器病变者;③ 孕期使用抗焦虑等药物者;④ 胎儿畸形及胎位异常孕妇。本研究征得孕妇及其家属同意,并签署知情同意书,孕妇临床资料如表 1 所示。

表 1 孕妇的临床资料

Table 1 Clinical data of pregnant women

Indexes		n	Proportion(%)
Age(years old)	<25	37	15.95
	25~30	132	56.90
	>30	63	27.16
Gestational weeks(weeks)	<37	61	26.29
	37~40	171	73.71
Childbearing history	Primipara	191	82.33
	Parturient	41	17.67
Infection history during pregnancy	Yes	27	11.64
	No	205	88.36
Medication history during pregnancy	Yes	22	9.48
	No	210	90.52
Postpartum pain	Yes	15	6.47
	No	217	93.53
Postpartum hemorrhage	Yes	12	5.17
	No	220	94.83
State of delivery	Premature delivery	25	10.78
	Full-term	189	81.47
	Be overdue	18	7.76
Weight of newborn(g)	<2500	17	7.33
	2500~4000	183	78.88
	>4000	32	13.79
Apgar scores(scores)	<7	20	8.62
	≥ 7	212	91.38

1.2 方法

采用医院自制的《孕妇焦虑、抑郁和生活事件与妊娠结局的关系问卷》进行调查,搜集孕妇的基本病历资料和妊娠结局信息。调查内容主要分为 3 部分:① 搜集孕妇的孕周、年龄、孕期用药史、孕期感染史、生育史等基本资料;② 调查孕妇的生活事件(正性生活事件与负性生活事件)及抑郁、焦虑状态;③ 统计孕妇的妊娠结局:包括孕妇和新生儿两方面,其中孕妇不良妊娠结局中包括剖宫产、产后疼痛及产后大出血,新生儿包括早产(28 周 < 孕周 <37 周分娩)、低体重(<2500 g)、低 Apgar 评分(<7 分)。④ 记录各组的分娩方式,包括自然分娩、剖宫产。由专业的调查员对受试者讲解研究的意义,征得同意后,按照问卷要求,指导孕妇进行填写,一般资料可以通过查阅病历记录及询问患者。现场发放问卷 232 份,当场全部收回,问卷回答均完整,有效回收率为 100%。

1.3 评价标准

1.3.1 焦虑评价标准[12] 采用状态 - 特质焦虑量表(State-Trait Anxiety Inventory,STAI)评价孕妇的焦虑状态,各项目共分为 4 个等级进行评分,得分越高,则焦虑状态越严重。

1.3.2 **抑郁评价标准** [13] 孕妇的抑郁状态评价标准参考由美国国立精神研究所于 1977 年制定的流调用抑郁自评量表（Center for Epidemiological Survey,Depression Scale，CES-D），其中包括 20 个项目：心情郁闷、无助、精神状态迟缓、食欲不佳及睡眠困难等，根据过去一周之内的出现对应症状的频率进行评估：0 分：没有或基本没出现；1 分：很少有；2 分：经常出现；3 分：出现频率很高，得分范围在 0~60 之间，分数越高，表明抑郁程度越严重。

1.3.3 **生活事件评价标准** [13] 孕妇妊娠期受到的精神刺激采用孕妇生活事件量表（Life events scale for pregnant women，LESPW）进行评价，量表包含 53 个条目，分为正性生活事件与负性生活事件，负性生活事件发生次数越多，表明孕妇受到刺激越严重。

1.4 统计学方法

应用 SPSS21.0 软件对数据进行统计分析，采用[n(%)]表示计数资料，实施 x^2 检验，正、负性生活事件发生次数等计量资料以（$\bar{x}\pm s$）表示，实施 t 检验，检验水准为 α=0.05。

2 结果

2.1 研究中孕妇不良情绪及生活事件调查结果

研究中共有 232 例孕妇，根据 STAI 量表评价标准，焦虑情绪孕妇有 24 例，占比为 10.34%；根据 CES-D 量表评价标准，研究中抑郁孕妇有 86 例，占比为 37.07%。根据孕妇生活事件评价标准，发生生活事件的孕妇有 69 例，占比为 29.74%。

2.2 孕妇生活事件、不良情绪与妊娠结局的关系

出现不良妊娠结局的孕妇有 54 例，其中包括剖宫产 27 例、产后疼痛 15 例及产后大出血 12 例；出现不良妊娠结局的新生儿有 62 例，其中早产 25 例、低体重 17 例及低 Apgar 评分 20 例。结果表明，受到生活事件刺激、存在抑郁、焦虑的孕妇出现不良妊娠结局的概率均高于正常孕妇（P<0.05），如表 2 所示。

表 2 孕妇不良情绪及生活事件与妊娠结局的关系[n(%)]

Table 2 Relationship between pregnant women's negative emotions and life events and pregnancy outcomes[n(%)]

Indexes		Adverse pregnancy outcomes					
		Pregnant women	x^2	P	Newborn	x^2	P
Anxious	Yes(n=24)	15(62.50)	10.873	0.015	19(79.17)	12.156	0.012
	No(n=208)	39(18.75)			43(20.67)		
Depressed	Yes(n=86)	32(37.21)	5.114	0.028	30(34.88)	3.865	0.041
	No(n=146)	22(15.07)			32(21.92)		
Life events	Yes(n=69)	28(40.58)	7.091	0.021	26(37.68)	4.231	0.033
	No(n=163)	26(15.95)			36(22.09)		

2.3 孕妇生活事件发生次数与分娩方式的关系

剖宫产孕妇负性生活事件发生次数高于自然分娩的孕妇，而正性生活事件发生次数低于自然分娩的孕妇（P<0.05），如表 3 所示。

表 3 孕妇生活事件发生次数与分娩方式的关系（$\bar{x}\pm s$，次）

Table 3 Relationship between number of life events and mode of delivery in pregnant women($\bar{x}\pm s$, times)

Mode of delivery	n	Negative life events	Positive life events
Cesarean section	27	2.15± 0.43	0.87± 0.16
Natural labor	205	1.67± 0.39	1.29± 0.35
t		12.021	6.142
P		0.000	0.000

2.4 孕妇不良情绪与分娩方式的关系

剖宫产孕妇焦虑、抑郁的发生率均高于自然分娩的孕妇（P<0.05），如表 4 所示。

表 4 孕妇不良情绪与分娩方式的关系[n(%)]

Table 4 Relationship between bad mood and delivery mode of pregnant women[n(%)]

Mode of delivery	n	Anxious	Depressed
Cesarean section	27	11(40.74)	21(77.78)
Natural labor	205	13(6.34)	65(31.71)
x^2		30.439	21.707
P		0.000	0.000

3 讨论

孕妇的身心健康直接关系到下一代的生存质量,有研究认为妇女在孕期的心理处于最脆弱的时期，容易产生不良情绪,危害作用不仅体现在孕妇自身,而且体现在对新生儿的出生状况上,甚至会影响下一代的远期发育情况[14,15]。孕妇最常见的不良情绪主要有焦虑和抑郁,具有不良情绪的孕妇临床表现主要有食欲不振、睡眠质量差、经常性感到疲乏,伴有悲痛的负面情绪[16-18]。另外,生活事件的刺激因素也可以调节心理状态从而影响妊娠及后代的近远期状态,近期包括早产、新生儿出生体重较低、胎龄小及影响神经系统发育,而远期效果主要包括后代的智力、情绪等方面[19,20]。本研究通过对孕妇不良情绪及生活事件现状资料的搜集,并对其妊娠结局进行跟踪分析,探讨孕妇不良情绪、生活事件与不良妊娠结局以及分娩方式的关系。

本研究发现在 232 例孕妇中,焦虑情绪孕妇有 24 例,占比 10.34%,抑郁孕妇有 86 例,占比 37.07%,表明孕妇的焦虑及抑郁情绪普遍存在,应该引起人们的足够重视。此外,对生活事件进行调查发现,发生生活事件的孕妇有 69 例,占比为 29.74%,提示生活事件对于孕妇的影响也是比较重要的,孕妇在妊娠期情绪处于不稳定状态,容易受到客观生活事件的影响,因此应对孕妇进行相关的家庭关爱及社会支持，多关注其情绪变化[21,22]。通过对孕妇不良情绪与不良妊娠结局的发生率之间的关系及相关性研究发现,存在焦虑和抑郁的孕妇出现不良妊娠结局的概率高于正常孕妇($P<0.05$),提示不良情绪可以影响不良妊娠结局的发生及发展。焦虑和抑郁等不良情绪是一种长期的负面情绪,不仅可能会影响不良妊娠结局的发生,还可能会导致女性激素分泌下降而不孕[23,24]。不良情绪主要是通过调节下丘脑 - 垂体 - 肾上腺(HPA)轴和交感神经肾上腺髓质系统从而调节神经内分泌功能的变化，调节促肾上腺皮质激素释放激素(CRH)、促肾上腺皮质激素(ACTH)和促进肾上腺合成分泌糖皮质激素 (GC)[25,26]。存在不良情绪的孕妇的 CRH、ACTH 和 GC 失调,不仅影响孕妇自身营养的摄入,而且会导致胎盘供血不足,从而导致胎儿出现异常[27,28]。长期的不良情绪影响,使得孕妇在分娩时呼吸渐快,导致宫缩乏力,宫口扩张慢,阻碍胎儿下降,同时分娩过程中兴奋孕妇的交感神经系统,血压升高,收缩血管,胎儿出现缺血缺氧等症状,因此还可能增加剖宫产的概率[29]。家庭及社会的支持对于处于应激状态的孕妇具有重要作用,有助于其保持良好的心理状态。研究结果证实,受到生活事件刺激的孕妇出现不良妊娠结局的概率高于正常孕妇($P<0.05$),表明生活事件影响处于应激状态的孕妇的正常心理状态,进而影响妊娠结局。分娩过程不仅影响孕妇的生理状况,还会对其心理状态产生较大影响,生活事件以及情绪对孕妇的分娩方式产生一定的影响,孕妇负性生活事件的发生以及孕期产生过大的压力,可导致不良情绪的出现,容易导致焦虑、抑郁等情绪。负面情绪的产生会使大脑皮层长期处于抑郁状态,导致去甲肾上腺素分泌减少,不利于自然分娩的顺利进行[30]。本研究中，剖宫产孕妇负性生活事件发生次数高于自然分娩的孕妇,且剖宫产孕妇焦虑、抑郁的发生率均高于自然分娩的孕妇,这也提示我们应该对受到生活事件刺激的孕妇进行心理疏导,尽量降低生活事件对其心理状态的影响,使得她们保持健康的心理状态面对分娩。

综上所述,孕妇容易产生焦虑和抑郁等不良情绪,同时这些不良情绪会对孕妇和新生儿产生严重影响,另外,负性生活事件及不良情绪对孕妇的分娩方式也会有不良影响,因此需要家庭及社会提高对不良情绪及生活事件危害性的认识,积极开展有效的心理疏导，最大限度地消除这些因素造成的影响,提高孕妇和新生儿的生存质量。

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