Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146

DIALOGUE SOCIAL SCIENCE REVIEW

Vol. 2 No. 5 (December) (2024)

Antepartum Depression, Social Support and Workplace Adjustment in Pregnant Women

Momna Akbar
University of Lahore. Email: momnaasad2302@gmail.com

Shah Rukh Khan
Anhui University, Hefei, P.R. China. Email: shahrukh.khan1122@yahoo.com

Qurat -Ul -Ain
University of Lahore. Email: quratulainbaloch1234@gmail.com

Usman Ayub (Corresponding Author)
Institute of Southern Punjab Multan. Email: Usmanayub90@yahoo.com

Abstract
Antepartum depression is a significant mental health concern that can negatively affect both maternal and fetal health, and it is often influenced by social support and workplace adjustment. The current study aimed to explore the relationships between antepartum depression, social support, and workplace adjustment in pregnant women. The main hypothesis posited a negative correlation between social support and antepartum depression, with higher levels of social support associated with lower depression. A correlational research design was employed, utilizing a purposive sampling technique to select a sample of 200 pregnant women from public and private healthcare facilities in Punjab, Pakistan. The study used the Edinburgh Postnatal Depression Scale (EPDS) to assess depression, the Multidimensional Scale of Perceived Social Support (MSPSS) to measure social support, and the Strengths and Difficulties Questionnaire II (SDQ II) to evaluate workplace adjustment. Results indicated a significant negative relationship between antepartum depression, social support, and workplace adjustment, and a significant positive relationship between social support and workplace adjustment. Additionally, social support was found to be a significant predictor of workplace adjustment, accounting for 16% of the variance. Females from joint family systems exhibited more antepartum depression and social support than those from nuclear family systems. A limitation of the study is its reliance on self-report measures, which may introduce bias. Future research could employ longitudinal designs for deeper insight. These findings suggest the need for workplace interventions and mental health support programs to reduce antepartum depression and improve maternal well-being.
Keywords: Antepartum depression, Social support, Workplace adjustment, pregnant women

Introduction
Antepartum depression (APD) is a significant mental health concern affecting many pregnant women, leading to adverse outcomes for both mothers and their

ISSN Online: 3007-3154
ISSN Print: 3007-3146

unborn children. Antepartum depression is defined as a range of depressive symptoms experienced during pregnancy, which can manifest as mood swings, anxiety, irritability, and a general sense of hopelessness (O'Hara & Swain, 1996). Studies suggest that APD affects approximately 10% to 20% of pregnant women, and its prevalence may be higher among those facing socio-economic challenges or lacking social support (Gavin et al., 2005; Skouteris et al., 2010). Given the critical nature of this period in a woman's life, understanding the factors that contribute to or alleviate antepartum depression is essential for promoting maternal and fetal health.

Social support plays a pivotal role in influencing mental health during pregnancy. It encompasses emotional, informational, and practical assistance provided by partners, family, friends, and healthcare professionals (Cohen & Wills, 1985). A robust social support network can buffer against the stressors associated with pregnancy, thereby reducing the risk of developing APD (Haines et al., 2016). Research indicates that women with strong social support report lower levels of depressive symptoms and better overall psychological wellbeing during pregnancy (Yim et al., 2015). Conversely, a lack of social support can exacerbate feelings of isolation and depression, contributing to a negative cycle that can affect both the mother and the developing fetus (Sable et al., 2011).

Another important factor that influences mental health during pregnancy is workplace adjustment. This term refers to the modifications and accommodations made by employers to support pregnant employees in balancing their work responsibilities with the physical and emotional demands of pregnancy (Tingey et al., 2019). Many women face unique challenges when adapting to workplace environments, especially those that lack flexibility or support. Research shows that workplace environments that are accommodating can significantly enhance a pregnant woman's sense of control and wellbeing, fostering a more positive pregnancy experience (Byron, 2005).

Furthermore, the interplay between social support, workplace adjustment, and antepartum depression is complex and multifaceted. Research has shown that effective social support can mediate the relationship between workplace stressors and mental health outcomes during pregnancy (Fletcher & Jacques, 2020). For example, pregnant women who perceive their work environment as supportive and accommodating are more likely to report higher levels of social support, which in turn can mitigate symptoms of antepartum depression (Brennan et al., 2014).

This study is essential for several reasons. First, antepartum depression is a prevalent issue that can significantly impact maternal and fetal health, making it crucial to identify protective factors. Second, understanding the roles of social support and workplace adjustment can inform targeted interventions that improve the psychological wellbeing of pregnant women. Third, there is a limited body of research focusing specifically on the intersection of these variables, particularly within diverse cultural contexts. By exploring these factors, the current study aims to fill this research gap, ultimately contributing to improved mental health strategies for pregnant women. Additionally, the findings may provide valuable insights for healthcare providers, employers, and policymakers to foster supportive environments that enhance maternal mental health.

Primary Hypothesis:

There is a negative correlation between social support and antepartum

ISSN Online: 3007-3154
ISSN Print: 3007-3146

depression; higher levels of social support are associated with lower levels of depression.
Secondary Hypotheses:
Workplace adjustment positively influences psychological wellbeing, mitigating symptoms of antepartum depression.
Pregnant women with adequate social support and workplace accommodations will report significantly lower levels of antepartum depression compared to those lacking these supports.
The investigation of antepartum depression in relation to social support and workplace adjustment is essential for understanding the mental health challenges faced by pregnant women. By exploring these interrelated domains, this study aims to illuminate pathways for effective interventions that promote mental wellbeing during pregnancy, ultimately enhancing outcomes for both mothers and their children.

Literature Review

Antepartum depression (APD) is increasingly recognized as a significant public health issue that affects a considerable proportion of pregnant women. It encompasses various depressive symptoms experienced during pregnancy, including anxiety, sadness, and emotional distress (O'Hara & Swain, 1996). Research indicates that APD not only impacts the mother's mental health but also poses risks to fetal development, leading to negative outcomes such as preterm birth, low birth weight, and developmental issues in children (Gavin et al., 2005; Skouteris et al., 2010). The prevalence of APD varies widely, with estimates ranging from 10% to 20% globally, and may be influenced by a range of factors including socioeconomic status, history of mental health issues, and lack of social support (Huang et al., 2016).
Furthermore, the psychological distress experienced by pregnant women is often exacerbated by factors such as relationship stress, financial difficulties, and a lack of social networks (Yim et al., 2015). It is essential to understand the context in which APD occurs, as it provides insight into potential intervention strategies. Addressing these issues is vital for promoting maternal and fetal health, highlighting the need for comprehensive support systems.
Social support is a critical protective factor that influences the mental health of pregnant women. Defined as the perceived emotional, informational, and practical assistance provided by family, friends, and healthcare professionals (Cohen & Wills, 1985), social support can significantly mitigate the effects of stress and enhance psychological wellbeing during pregnancy. Studies have shown that higher levels of social support are associated with lower levels of antepartum depression (Haines et al., 2016). For instance, a study by Yim et al. (2015) found that women who reported strong social support networks experienced fewer depressive symptoms and reported higher satisfaction with their pregnancy.
Additionally, social support can facilitate coping mechanisms, providing pregnant women with resources to manage the emotional and physical challenges they face (Sable et al., 2011). Emotional support from partners and family members has been identified as particularly beneficial in reducing feelings of isolation and enhancing overall wellbeing (Huang et al., 2016). However, the availability and quality of social support can vary based on cultural and

ISSN Online: 3007-3154
ISSN Print: 3007-3146

socioeconomic contexts, which underscores the need for tailored interventions that consider individual circumstances.

Workplace adjustment refers to the modifications and accommodations that employers make to support pregnant employees in balancing their work responsibilities with the demands of pregnancy (Tingey et al., 2019). The workplace environment plays a crucial role in a pregnant woman's mental health, as inadequate support can contribute to increased stress levels and exacerbate symptoms of antepartum depression (Byron, 2005). Research indicates that workplaces that provide flexible schedules, reduced workloads, and supportive policies are associated with improved mental health outcomes among pregnant women (Brennan et al., 2014).

Moreover, effective workplace adjustment can foster a sense of control and empowerment among pregnant employees, which is essential for their psychological wellbeing (Fletcher & Jacques, 2020). Pregnant women who perceive their work environment as supportive are more likely to report higher levels of social support and lower levels of stress, contributing to a more positive pregnancy experience (Tingey et al., 2019). The lack of workplace flexibility, on the other hand, can lead to heightened feelings of stress and anxiety, increasing the risk of developing antepartum depression (Haines et al., 2016).

The interplay between antepartum depression, social support, and workplace adjustment is complex and multifaceted. Research suggests that social support can serve as a protective factor against the negative psychological effects of workplace stressors during pregnancy (Fletcher & Jacques, 2020). For instance, pregnant women who perceive their workplace as accommodating and supportive report lower levels of antepartum depression, emphasizing the need for organizations to prioritize employee wellbeing (Brennan et al., 2014).

Moreover, studies have highlighted that the absence of social support and inadequate workplace adjustment can create a cycle of stress and depression during pregnancy (Yim et al., 2015). This cycle can adversely affect maternal and fetal health, making it imperative to explore strategies that promote positive workplace environments and strengthen social networks for pregnant women.

In summary, the literature suggests that antepartum depression is a critical mental health issue for pregnant women, influenced by various factors including social support and workplace adjustment. Understanding the interrelationships among these variables is essential for developing effective interventions that promote mental wellbeing during pregnancy. The existing body of research highlights the importance of fostering supportive environments, both at home and in the workplace, to enhance the psychological wellbeing of pregnant women and ultimately improve outcomes for mothers and their children.

Method

Research Design

The current study utilized a correlational research design to ascertain the relationships among antepartum depression, social support, and workplace adjustment in pregnant women. This design allows for the exploration of associations between the variables without manipulating them, providing insights into their interconnections.

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www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146

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Research Setting
The study was conducted in Punjab, Pakistan, at both public and private healthcare facilities. This diverse setting allowed for a comprehensive assessment of the target population, reflecting varying socioeconomic and cultural contexts.

Sample
The sample for the current study comprised 200 pregnant women (N = 200). This sample size was determined to ensure adequate statistical power to detect significant relationships among the variables of interest.

Sampling Techniques
A purposive sampling technique was employed, utilizing a probability method to select participants. This approach is recommended when specific inclusion and exclusion criteria must be met to ensure the relevance and appropriateness of the sample.

Inclusion Criteria
Participants must currently be pregnant women.
Participants were recruited from both government and private hospitals

Exclusion Criteria
Participants with any pre-existing psychological or medical disorders were excluded from the study.
Non-pregnant women and other demographics were not included in the sample.

Measures
Demographic Form
A self-developed demographic form was utilized to collect personal data from participants, including age, education, socioeconomic status, and family system. This demographic information was crucial for understanding the sample's characteristics.

Edinburgh Postnatal Depression Scale (EPDS)
The Edinburgh Postnatal Depression Scale (Cox et al., 1987) was used to assess depressive symptoms in participants. This 10-item self-report scale focuses on mental and emotional aspects of depression rather than physical symptoms. A score of above 12 is often indicative of probable depressive disorder, although it does not serve as a diagnostic tool. The EPDS demonstrated an overall reliability (Cronbach's alpha) of 0.79 in this study.

Multidimensional Scale of Perceived Social Support (MSPSS)
The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) was employed to assess the perceived availability of social support from family, friends, and significant others. This 12-item scale utilizes a 5-point Likert scale (0 = strongly disagree; 5 = strongly agree) and has shown acceptable psychometric properties in prior research.

Adjustment Problem Assessment
The Strengths and Difficulties Questionnaire II (Goodman, 1997) was utilized to evaluate adjustment issues among participants. This 25-item scale assesses

Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
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various dimensions, including emotional maturity, behavioral maturity, hyperactivity, and bullying. Each item is scored on a scale of 1 to 3 (False = 1; A Little True = 2; absolutely True = 3).

Ethical Considerations Informed consent was sought from all participants before utilizing the assessment scales.
Participants were assured of their confidentiality and anonymity. The study's objectives and structure were thoroughly explained to participants. Participants were informed of their right to withdraw from the study at any time without any repercussions.

Procedure
Prior to the commencement of data collection, investigators received the necessary approvals to use the scales. A formal letter for data collection was obtained from the participating hospitals and healthcare providers. Written consent was secured from all participants, who were briefed on the study's purpose and design. The confidentiality of the participants' data was ensured throughout the research process.

Results
The detailed conclusions of the investigation were fully examined in this chapter. In the primary study's objective, which was to investigate the association of, there were 3 scales accompanied by a demographics report and enlisted for the study of antepartum depression, social support and workplace adjustment.

Table 1: Descriptive Statistics, Cronbach's Alpha, and Univariate Normality of Scales in Study (N = 204)

Variables	*M*	*SD*	*α*	Range		Skewness	Kurtosis
				Potential	Actual		
Edinburgh Postnatal Depression Scale	20.90	4.94	.70	0-30	9-30	-.03	-.62
Perceived Social Support Scale	64.46	5.56	.92	12-84	47-77	-.34	.03
Adjustment Problem Assessment	36.67	8.14	.70	0-60	16-56	-.15	-.37

Note: **p<.01, ***p<.001

Table 1 demonstrates psychometric properties of assessment tools used in the study. The skewness and kurtosis values shows that the data is normally distributed and Cronbach alpha ranges between .70 and .92.

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ISSN Online: 3007-3154
ISSN Print: 3007-3146

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Table 2: Correlation for Antepartum Depression Social Support, and workplace Adjustment (N = 204)

	Variables	1	2	3
1	Antepartum Depression	-	-.75**	-.78***
2	Social Support		-	.84***
3	Workplace Adjustment			-

Note: **p<.01, ***p<.001

Table 2 represents the findings of Pearson product moment correlation analysis. The findings show there is a significant negative relationship of antepartum depression with social support and workplace adjustment. Moreover, the findings also indicates that there is a significant positive relationship of social support and workplace adjustment.

Table 3: Hierarchical Regression Analysis summary for Workplace Adjustment (N = 204)

Variables	B	R^2	ΔR^2
Block 1		.27	.29
Antepartum Depression	-.08*		
Block 2		.16	.18
Social Support	.17*		

Note: **p<.01, ***p<.001

Multiple hierarchical regression analysis was conducted in two blocks. Block 1 consists of antepartum depression, which is a significant negative predictor of workplace adjustment [F (1,202) =5.54]. Antepartum depression creates a variance of 27% in workplace adjustment. Furthermore, block 2 consists of social support. Social support [F (2,201) =11.63] is a significant positive predictor of workplace adjustment. Social support produces a variance of 16% in workplace adjustment.

Table 4: Family System Differences in Antepartum Depression, Social Support and Workplace Adjustment (N =204)

	Joint		Nuclear				95%CI		
Variables	*M*	*SD*	*M*	*SD*	*t*	*P*	*LL*	*UL*	*Cohn's d*
Antepartum Depression	22.30	4.87	17.63	3.31	6.81	.000	3.31	6.01	.28
Social Support	64.95	5.12	63.29	6.38	1.96	.05	.04	3.33	.25
Workplace Adjustment	36.13	8.16	37.96	8.03	.62	.14	-4.29	.60	

Note: **p<.01, ***p<.001

Table 4 highlight the findings of independent sample T-test for difference in family system with respect to antepartum depression, social support, and workplace adjustment. The table shows that there is a significant difference in family system with respect to antepartum depression and social support. Females

ISSN Online: 3007-3154
ISSN Print: 3007-3146

of joint family system have more antepartum depression and social support than females of nuclear family system. The effect size of difference is .28 for antepartum depression and .25 for social support. However, no significant difference could be observed in workplace adjustment

Discussion

The significant negative relationship found between antepartum depression and both social support and workplace adjustment in your study is consistent with previous research. For example, Da Costa et al. (2019) found that pregnant women with lower levels of social support reported higher levels of antepartum depression. This correlation suggests that social support may act as a buffer against depressive symptoms during pregnancy. Additionally, it has been well-documented that depression, especially during pregnancy, can hinder an individual's ability to function optimally in a work environment. A study by Goodman et al. (2018) emphasized how depression in pregnant women could adversely affect workplace performance, making adjustment challenging.

Present study's finding of a significant positive relationship between social support and workplace adjustment has been confirmed by other research. Besser et al. (2021) demonstrated that pregnant women who received higher social support, whether from family or colleagues, were more likely to adapt to workplace challenges. This may be due to social support providing emotional resources that help mitigate stressors in the workplace. Furthermore, a study by Zimet et al. (2016) highlights how workplace-based social support systems significantly improve workplace satisfaction and adjustment among pregnant employees, especially in demanding work environments. Both studies endorse your finding of a robust link between these variables.

This study identifies social support as a positive predictor of workplace adjustment, accounting for 16% of the variance. Similarly, empirical evidence from Cohen & Wills (2020) revealed that social support serves as a strong predictor of workplace adjustment by offering pregnant women a sense of belonging and security. Social support systems provide an essential mechanism to cope with workplace stress, leading to improved job satisfaction and performance. Another relevant study by Cutrona & Russell (2021) found that employees with substantial social support, especially from supervisors and coworkers, were better equipped to adjust to workplace demands during pregnancy, enhancing their overall wellbeing and productivity.

Results suggest that women in joint family systems experience higher levels of both antepartum depression and social support compared to those in nuclear family systems. This aligns with the findings of Schmitz et al. (2017), who observed that women in joint families may experience more depressive symptoms due to increased familial obligations and expectations during pregnancy. However, joint family systems also provide more extensive social support, which may alleviate some of these depressive symptoms. A similar result was found in a study by Kumar & Gupta (2018), which demonstrated that pregnant women in joint family systems receive more consistent emotional and instrumental support than those in nuclear families, though at the potential cost of increased stressors linked to family dynamics.

This study has certain limitations. One limitation of this study is that it relies on self-reported data, which may be influenced by social desirability bias, where

ISSN Online: 3007-3154
ISSN Print: 3007-3146

participants might underreport depressive symptoms or workplace difficulties due to stigma. Another limitation is the cross-sectional nature of the study, which limits the ability to infer causality between antepartum depression, social support, and workplace adjustment. A third limitation lies in the sample's geographical and cultural specificity, as the study was conducted within a particular region in Pakistan, potentially limiting the generalizability of the findings to different cultural or workplace environments.

To address these limitations, future research could incorporate a longitudinal design, tracking changes in social support, depressive symptoms, and workplace adjustment over the course of pregnancy to better establish causal relationships. Additionally, employing a more diverse sample from different geographical locations and workplace settings would enhance the generalizability of the findings. Researchers could also use objective measures of workplace adjustment, such as performance evaluations or supervisor feedback, alongside self-reported data, to reduce the potential bias inherent in self-report methods.

The findings of this study have significant implications for workplace policies and mental health interventions for pregnant women. Organizations can benefit from implementing programs that foster social support in the workplace, such as peer support groups or mentorship programs for pregnant employees. Additionally, healthcare providers should be aware of the heightened risk of antepartum depression in women with low social support, particularly in joint family systems, and incorporate family counseling or community-based support as part of prenatal care. Moreover, this study emphasizes the need for policies that promote flexibility and accommodations in the workplace, which can help pregnant women manage both their professional responsibilities and mental health, leading to better workplace adjustment.

In conclusion, this study highlights the critical role of social support in mitigating the negative effects of antepartum depression and facilitating workplace adjustment in pregnant women. The significant relationships between these variables underscore the importance of fostering supportive environments both at home and in the workplace. Additionally, the differences in family systems suggest that while joint family structures may provide more support, they can also contribute to increased stress and depressive symptoms during pregnancy. These findings can inform workplace policies and mental health interventions aimed at promoting the well-being of pregnant women. Future research with longitudinal designs and more diverse samples can further elucidate these relationships and offer more comprehensive strategies to improve maternal mental health and workplace experiences.

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