



Original Research Article

A Study to Assess Postpartum Depression during Puerperium

Dr. Trupti Kavita Munshi¹, Dr Surbhi Patel²

¹Lecturer, P.G Guide, Ahmedabad Institute of Medical Sciences, Ahmedabad.

²Pursuing MPT from Ahmedabad Institute of Medical Sciences, Ahmedabad.

Corresponding Author: Dr Surbhi Patel

ABSTRACT

Background: Studies have shown that the rates of depression during pregnancy have been reported to be as high as 20% which has serious negative impacts on the mother & her new born. So the aim of our study is to assess postpartum depression during puerperium.

Objectives: (a) To assess postpartum depression among postnatal mothers. (b) To educate postnatal mothers on immediate care of postpartum depression.

Hypothesis: H0: There is no significant association between postpartum depression & selected demographic variables of postnatal mothers. H1: There is a significant association between postpartum depression & selected demographic variables of postnatal mothers.

Study design: Descriptive Observational Study.

Methodology: Random sampling technique will be adopted with 200 participants.

Outcome measures: Edinburgh Postnatal Depression Scale (EPDS) Method of Data Analysis: The data analysis will be done by using descriptive & inferential statistics.

Key words: postpartum depression, Puerperium, Edinburgh Postnatal Depression Scale (EPDS).

INTRODUCTION

Puerperium is the period following childbirth during which the body tissue, especially the Pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. ⁽¹⁾ The WHO describes the postnatal period as the most critical and yet the most neglected phase in the lives of mothers and babies; most deaths occur during the Postnatal period. It is the time after birth, a time in which the mother's body, including hormone levels and uterus size, returns to a non-pregnant state. ⁽²⁾ Postpartum Depression is a mood disorder that begins after child birth. Usually lasts beyond six weeks. The onset of postpartum depression tends to be gradual and may persist for many months, affects approximately 15% of all childbearing women. ⁽³⁾ Mother commonly

experiences some degree of depression during the first weeks after birth. Pregnancy and birth are accompanied by sudden hormonal changes that affect Emotions. Additionally, the 24 hours responsibility for a newborn infant represents a major psychological and lifestyle adjustment most mothers, even after the first child. These physical and emotional stresses are usually accompanied by inadequate rest until the baby's routine stabilizers, so fatigue and depression are not unusual. Experiences vary considerably but usually include several symptoms. ⁽³⁾ There are several important risk factors for postpartum depression, including stress, lack of sleep, poor nutrition, lack of support from one's partner, problems with the baby's health, separation of mother and baby. ⁽⁴⁾

Mild to moderate cases are sometimes unrecognized by women themselves. Many women feel a shamed if they are not coping and may conceal their difficulties. This is a serious problem that disrupts women's lives and can have effects on the baby, other children, her partner, other relationship. Levels of depression for fathers also increase significantly. ⁽³⁾

Some symptoms may not indicate a severe problem. However, persistent low mood or loss of interest or pleasure in activities, along with four other symptoms occurring together for period of at least two weeks, indicate clinical depression, and require adequate treatment. ⁽³⁾

Maternal depression is considered a risk factor for the socioemotional and cognitive development of children. However, the prevalence of postpartum depression is approximately 13%. Women of childbearing age are particularly at risk for depression, and many of them experience high levels of social morbidity and depressive symptoms that are often unrecognized and untreated. Mothers already at risk for depression are particularly fragile during the first months postpartum. Maternal depression has consequences on the child's development. Because physicians who care for infants and children encounter mothers repeatedly, it is important that they have the knowledge and skills for the detection of symptoms of maternal depression. ⁽⁵⁾ Diagnostic accuracy of the Edinburgh Postnatal Depression Scale (EPDS) for detecting major depression in postnatal women is good.

Studies of the diagnostic accuracy of depression screening tools often used data-driven methods to select optimal cut-offs. Typically, these studies report results from a small range of cut-off points around whatever cut-off score is identified as most accurate. The 10-item Edinburgh Postnatal Depression Scale (EPDS) is commonly recommended for depression screening in the postnatal period. The primary objective of this IPD meta-analysis is to determine the diagnostic accuracy of the EPDS to detect

major depression among women during pregnancy and in the postpartum period across all potentially relevant cut-off scores, accounting for patient factors that may influence accuracy (age, pregnancy vs postpartum). ⁽⁶⁾

MATERIALS AND METHODS

Study design: Descriptive Observational Study.

Population: Postnatal Mothers.

Sampling technique: Random sampling technique will be adopted.

Sample and sample size: 200 Postnatal Mother.

Sampling Criteria:

I. Inclusion criteria:

- Postnatal period (up to 6 weeks)
- Mothers who are willing to participate in study.
- Mother's with primi- & multi- gravida were selected.

II. Exclusion criteria:

- Mother's not willing or unable to participate in the study.
- Post natal period more than 6 weeks.

Outcome Measures:

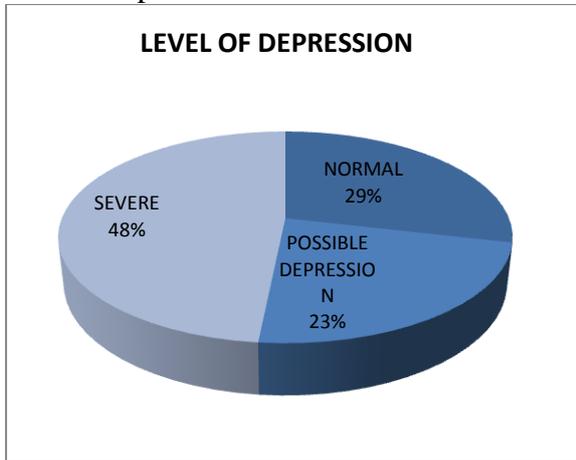
Development of Tool: Tool used for the research study is Edinburgh Postnatal Depression Scale (EPDS).

Procedure:

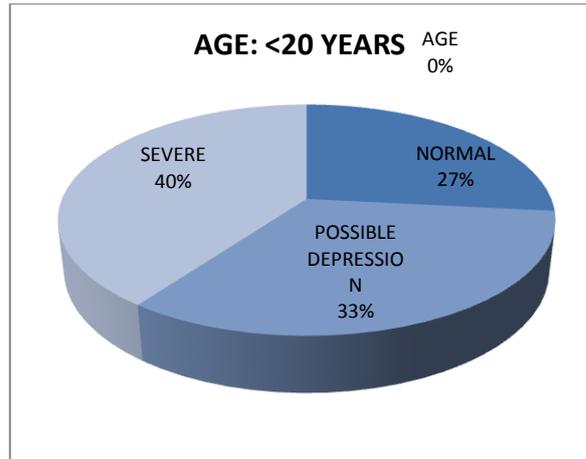
200 women with postpartum period (up to 6 weeks) were conveniently selected from Anand, Ahmadabad, Surat & Vadodara. Informed consent was obtained from them. They were given self-administered questionnaires & depression was measured using Edinburgh Postnatal Depression Scale (EPDS). The confidentiality was maintained. EPDS consists of ten questions with four options about the level of depression and the mother has to answer accordingly that how she has felt in past 7 days, not just how she feels today only. We have made them understand the scale and translated in the language which was convenient for them, so that we can get reliable data.

RESULTS

Total 157 numbers of patients were taken & level of depression was measured.

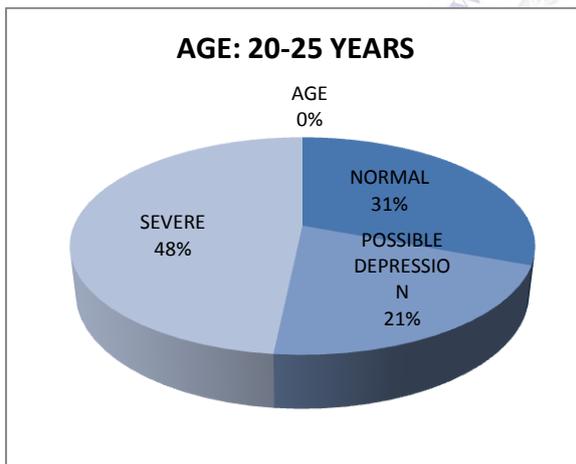


Graph 1 : Level of Depression.



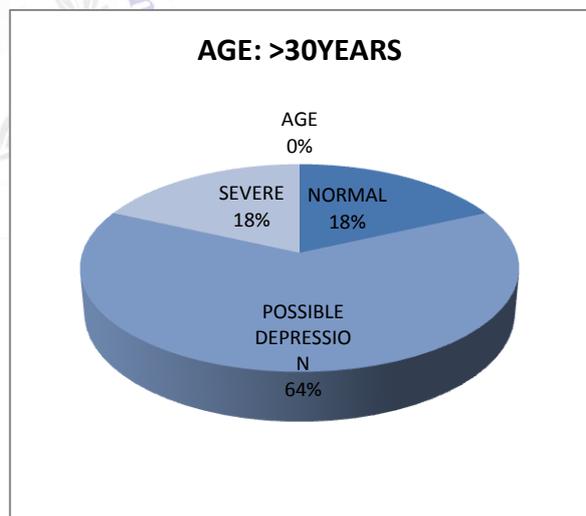
Graph 2 : Level of depression in below 20 years of age group:

NO.	LEVEL OF DEPRESSION	TOTAL SUBJECTS	PERCENTAGE	MEAN	STANDARD DEVIATION
1.	NORMAL	45	28.66%	3.822	2.910
2.	POSSIBLE DEPRESSION	36	22.92%	11.44	1.132
3.	SEVERE DEPRESSION	75	47.77%	18.63	3.791

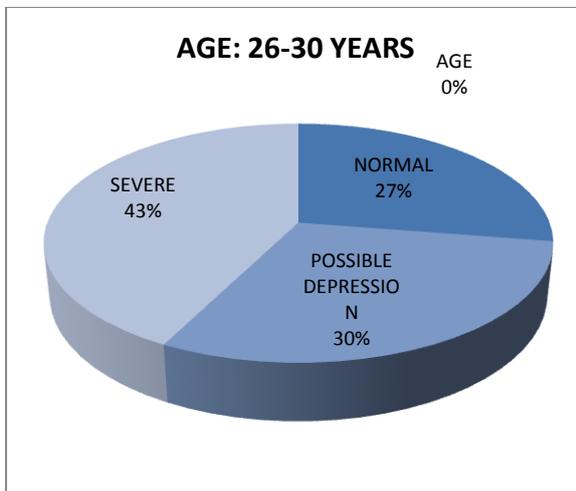


Graph 3 : Level of depression between the age 20 to 25 years.

Graph 4 : Level of depression between age 26 to 30 years.



Graph 5: Level of depression in age above 30 years.



So, from the results we can observe that maximum patients without depression are found in age group between 20-25 years. Similarly maximum patients with possible depression are found in age group greater than 30years.

Patients with severe depression were found more in age group 20-25 years.

DISCUSSION

The study was designed to assess the postpartum depression during puerperium because according to The National Institutes of Mental Health postpartum depression affects approximately 15%-20% of all childbearing women. According to World Health Organization, the postnatal period is the most critical & neglected phase in lives of mothers, so the aim of our study was to find out postpartum depression among postnatal mothers & to educate them on immediate care of postpartum.

Study was done on 200 postnatal mothers out of which 157 match our criteria & questionnaire was done. When the data was subjected to analysis the results showed that 45(i.e.28.66%) subjects were without depression, 36(i.e.22.92%) subjects corresponded to possible depression and 75(i.e.47.77%) subjects corresponded to severe depression. Similarly, we compared the prevalence of postnatal depression among the different age group. We also found that majority women suffered from depression (47.77%).

Gawass M., Al-Maghur L , Gantri R., Ragab H. had done prospective study on 100 postnatal women to identify the prevalence of postnatal depression using Edinburgh Postnatal Depression Scale & study results showed that 42% patients were not depressed, 15% had borderline depression & 44% patients suffered from postpartum depression. So, in this study out of 100 subjects, majority women suffered from depression.

Another study was done by Dallas F., Grant I.N. by cross-sectional descriptive study on 237 postnatal women & estimated the prevalence of postnatal depressive symptoms using EPDS tool & they observed that more than one third i.e. 37.1% of women had EPDS >12.

Tukaram B. Zagade, Prasanna Deshpande did a research design to assess the level of depression in postnatal mothers with considering age & used EPDS. They observed that distributions of depression

among postnatal mothers are more observed in age group of 21-25 years. i.e. 63%. Similarly we also found that postnatal depression was more in age group of 20-25 years.

Several factors contributed to the greater prevalence of PPD in Indian society as compared to western society. One of the factors was that women may not have the empowerment to reject traditional rituals that are imposed on them. Secondly features of these rituals may be the cause of tension, stress and emotional distress and lead to mental breakdown, socio demographic and cultural factors also contribute.

CONCLUSION

At the end of study we concluded that postnatal depression is widely prevalent among postnatal mothers and it is significantly associated with age of mother. Antenatal education programme needs to be implemented on large scale. Also the screening should be performed earlier after birth to identify more mothers at risk of developing postnatal depression.

Therefore, it is concluded that alternative hypothesis is accepted and null hypothesis is rejected. The study had few weaknesses like, sample size was small & duration of study was short. Long term follow up was not done and the study was limited to small area.

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