

Screening of Postpartum Depression among postnatal mother at a selected Tertiary Care Hospital, Chengalpattu district, Tamil Nadu, India

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Abstract

Background of the study: Postpartum depression a form of severe depression after delivery that may be interferes with day-to-day activities and it also requires treatment. The occurrence of postpartum depression may be a few days, weeks or even months after childbirth. A woman with postpartum depression may have feeling of low level of mood, anxiety, irritability to severe degree. It could also be associated with the antenatal depression, young maternal age, hyperemesis, marital status, and previous affective disorders. Postpartum depression having the most common complications of childbearing and is usually associated with impairments in mother-infant interactions that can lead to severe consequences for the infant such as illness, poor growth and development. These mothers' infants had more commonly symptoms and illnesses, especially infantile colic, and they were less likely to be breastfed. Similarly, among depressed mothers low level of support from spouse and significant others and physical family violence were more common, likewise poor basic and professional education, poor economic and housing situation can also cause postpartum depression. As it is alarming the researchers conducted a study on screening of postpartum depression among postnatal mothers.

Methods and Materials: Quantitative research approach, descriptive research design was carried out. The sample of 56 postnatal mothers were selected by using purposive sampling technique. The study was conducted at tertiary care hospital, Kelambakkam, Chengalpattu district. Phone number of postnatal mother who delivered from 2-6 weeks after

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delivery was obtained earlier from MRD. Telephonic interview was carried out to collect the data by using modified Edinburgh postnatal depression scale. Data was analysed by using descriptive and inferential statistics.

Results: This study showed that 21.4% of postnatal mothers having postpartum depression whereas, 78.6% were not depressive. The findings implies that P value is more than 0.05 so there is no significant association between prevalence of postpartum depression with demographic and obstetrical variables.

Keywords: Screening, Postnatal mother, Postpartum depression

Background of the study

Postpartum depression occurs after giving birth and is accompanied by an ongoing depression that is different from the “baby blues” experienced by many new parents. Postpartum depression does not mean that a person does not love their baby. It is a mental illness that can be cured with treatment. (Carolyn Kay. M.D 2020).¹

A major depressive episode (MDE), as defined by the Diagnostic and Statistical Manual (DSM-IV), occurs during the postpartum period and, as at any other time, consists of persistent depression for at least 2 weeks and its including 4 of them. : Increased or decreased appetite, sleep disturbance, psychomotor agitation or slowdown, lack of energy, feelings of worthlessness, difficulty concentrating, suicidal ideation. (Osama M. wassif 2019)²

The risk factors for PPD are multifactorial. Several psycho-social and biological factors including a history of depression and anxiety, marital difficulties, hormones fluctuations, life stress and inadequate social support and so on are known to be associated with an increased risk of developing Postpartum depression. (Haheon cho, Mina suh et.al 2022)³

There are several clinical aspects related to pregnancy and childbirth that are associated with postpartum depression. Complex labour and delivery, characterized by prolonged labor and increased pain, or medical interventions during labour, can have adverse consequences ranging from maternal distress to postpartum depression. (Martina smorti 2019)⁴

It is an chronic or recurrent depression that might impact the mother-infant bond as well as the growth and development of the kid can be predisposed by postpartum depression. When compared to children of moms without postpartum depression, children of depressed mothers have more cognitive, behavioural, and interpersonal issues. (Ravi prakash upadhyay et. al 2017)⁵

Women were twice as likely as men to experience depression throughout their lives because they are

more nature of reproductive, rearing and care for children. Postpartum depression is a serious public health problem in developing countries. and is projected to become the leading cause of increased mortality from suicide and other disease-causing disabilities by 2020. (Solomon Shitu 2019)⁶

The most frequent side effect of childbirth, which affects 10%–15% of women, is postpartum nonpsychotic depression. Postpartum depression rates vary according to studies done at various times. Women in underprivileged urban areas had a 26% antepartum depression prevalence rate. Within one to twelve months following delivery, postpartum depression typically manifests. Women who suffer from postpartum depression exhibit comparable symptom patterns to women who experience depression unrelated to childbirth. The majority of epidemiological studies found that postpartum onset typically occurs 3 to 12 months after delivery. (Trupti amipara et al 2020)⁷

Need of the study

The prevalence of postpartum depression varies from 1.9% to 82.1% in developing countries Global studies show differing prevalence rate.(Mariya Chalise 2020)

In Asia countries the prevalence of postpartum depression reported in 3.5% to 63.3% (C. Dubey 2012)

The overall pooled estimate of the prevalence of postpartum depression in India is 22% (Dr. Shashirekha 2020)

In Malaysia the prevalence of postpartum depression range of it is between 3.9% and 22.8% (MI Hairol 2021, NCBI)

Nanhom kiros gebregziaber conducted study on prevalence and associated factors of postpartum depression among postpartum mother in central region and the result is prevalence of PPD was found to be 96.6%.

Perran (2020) screening of postpartum mother in Istanbul a psychometric evaluation of the Turkish

Edinburgh post-natal depression scale. was found to be 25%.

Shiyam sunder conducted A study on prevalence and determinants of postpartum depression in a tertiary care hospital Karachi in 2016. The result showed that 134 women had an Edinburg postnatal depression scale (EPDS) score of >12 giving the prevalence of Postpartum depression of 22.3%

Statement of the problem

Screening of postpartum depression among postnatal mothers at a selected tertiary care hospital, Chengalpet district, Tamil Nadu, India.

Objectives

- To determine the prevalence of postpartum depression among postnatal mothers and association with selected socio-demographic and obstetric variables

Hypothesis

- H_{01} : There will be no significant association of postpartum depression with the selected demographic and obstetrical variables.

Methods and materials

Quantitative research approach was used to screen the level of postpartum depression among postnatal mothers. Descriptive research design. The study was carried out at a selected tertiary care hospital, kelambakkam, chengalpet district, Tamil nadu, India. by using purposive sampling technique 100 postnatal mothers were selected, among 100 postnatal mothers 44 mothers were dropped so, 56 sample were taken for the study

Sampling criteria

Inclusion criteria

Postnatal mothers who

- delivered 2-6 weeks before the data collection
- are willing to participate

Exclusion criteria

Mothers who has,

- Known chronic psychiatric illness
- Known intellectual development disorders

- Postnatal mothers who refused to give written informed consent.

Research Tool

Section A: Demographic variables like age, education, occupation status, income, family type, sleeping time, area of residing and Obstetrical variables like parity, mode of delivery, pregnancy period, birthing partner

Section B: Edinburg postnatal depression scale

Scoring

Edinburg postnatal depression scale

- The ten question of Edinburgh postnatal depression scale (EPDS) (11,12) is a valuable and efficient way to identify mothers at risk of postnatal depression. This scale indicated how the mother has felt during the previous week.
- The total score is 30. Mothers who score ten or greater are considered as possible depression. If the score is above 13 then likely depression, if 9 is depressive illness of varying severity. (COX JL HOLDEN JM 1987)

For our community the previous studies on validity of EPDS found that greater than 6 are considered as presences of depression.

SCORE	INTERFERENCE
Greater than 6	Depression
0-5	Not depression

Data collection

Sample size estimated was 100 and selected by purposive sampling technique but around 44 were dropout so 56 samples were included in the study. Prior the data collection the postnatal mother's phone number was collected from Medical record department. Telephonic interview was conducted to collect data by using Modified Edinburgh postnatal depression and interview happened for 15 mins per sample.

Data analysis

The study data was analysed by using descriptive and inferential statistics.

Ethical consideration

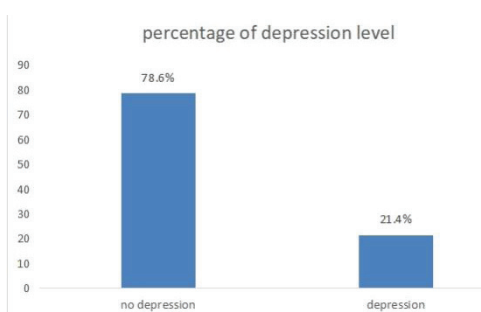
- Permission was obtained from the Head of department
- UG committee clearance was obtained
- IHEC clearance was obtained
- The oral informed consent from the patient was obtained Confidentiality was maintained

Result

Shows the frequency and percentage distribution of sample based on demographic variables based on the postnatal mother depression. Depression score majority of the postnatal mothers 78.6% had no postpartum depression. Whereas 21.4% postnatal mothers had postpartum depression

Frequency and percentage distribution of level of depression among post-natal mothers.

DEPRESSION LEVEL	FREQUENCY	PERCENTAGE
No depression	44	78.6%
Depression	12	21.4%



It shows that majority of the postnatal mothers 78.6% had no postpartum depression. Whereas 21.4% postnatal mothers had postpartum depression.

Discussion

In 2021, HYEJI YOO conducted a study on factors influencing prenatal and postpartum depression in Korea, it was a prospective cohort study. This study explored the prevalence of postpartum depression and its influencing factors, the postnatal mothers are selected from 2-12 weeks after delivery, the data was collected from 183 postnatal mothers. The influencing factors were lower self esteem, experienced prenatal anxiety, lower social support, lower marital satisfaction etc. The study stated that prevalence of postpartum depression was 22.4% and 77.6% were not depressive

This present study results also replicate the same

Conclusion

Depression score majority of the postnatal mothers 78.6% had no postpartum depression. Whereas 21.4% postnatal mothers had postpartum depression. Therefore, use of home-based interventions, presence of social and familial support can help the postnatal mothers reducing the experiencing from postpartum depression

Conflict of Intreset: Nil

Source of Funding: Self

Ethical Approval: This study was approved by the Institutional Human Ethics Committee.

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