

**PREVALENCE OF POSTPARTUM DEPRESSION****Dr Jai Prakash Kumawat**

Junior Specialist, Psychiatry, District Hospital Sirohi.

Dr Nihal Singh Meena*Junior specialist, Obstetrics and Gynaecology , District Hospital Sirohi.
*Corresponding Author**ABSTRACT****BACKGROUND:** postpartum depression is a clinical condition, in which women experience depressed mood, excessive anxiety, insomnia, and change in weight during the postpartum period.**METHOD:** The study populations are those mothers who gave birth two weeks prior to study period in the selected kebeles of respective Weredas.**RESULT:** All of the participants were assessed for post partum depression at second and sixth weeks after delivery, consequently 201(40.2%) and 90(18.00%) had scored ≥ 8 of Edinburgh postnatal depression scale at second and sixth weeks, respectively.**CONCLUSION:** The current study indicates that significant proportion of mothers (18.00%) demonstrated depression during post partum period. Relatively, this indicates how high the prevalence of postpartum depression is. Being in fear of bearing a child, demonstrating depression like symptoms during the first two weeks of postpartum period and having previous history of depression are found to be strongly associated with post partum depression.**KEYWORDS :** Prevalence, Postpartum, Depression**INTRODUCTION**

Life with the new born can be very thrilling and rewarding but at the same time, it can be very hard and strenuous for some. This beautiful moment of having a new born brings about many physical, hormonal and emotional changes in the women during childbirth. These changes, collectively with other compounding factors, may lead to a feeling of sadness, anxiety, scare and confusion among many mothers. Such feelings make it extremely difficult for the mother to take care of herself or to tend to the needs of the new born. This in turn puts a lot of strain on the family relationships. For most mothers these feelings are temporary and disappear as quickly as they appear but for some unfortunate mothers, it not only remains but develops into a serious yet common disorder known as postpartum depression (PPD).¹

PPD is characterized by depressive symptoms and a diagnosis of depression that occur several weeks after childbirth. The signs and symptoms of PPD are generally indistinguishable from major depressive disorder that occurs at other times than postpartum period. ¹ But negative or ambivalent feelings toward the child or doubts about the motherhood quality are generally reported by women with PPD. Although it had been long thought that the problems associated with childbirth were a normal part of being a new mother, recent studies have indicated that postpartum depression is a serious disorder if unrecognized and left untreated³ can develop into a more severe condition called postpartum psychosis, which may eventually lead to suicide and/or infanticide. Many mothers choose to live with postpartum depression rather than get help because of their inability to recognize it as a depressive disorder or due to their ignorance and lack of provision of relevant health education that should be imparted to them during their pregnancy.^{2,3}

Material And Methods

Study design- Community based cross-sectional study design was employed.

Study population -The study populations are those mothers who gave birth two weeks prior to study period in the selected kebeles of respective Weredas".

Inclusion Criteria:

All mothers who gave birth 2 weeks prior to interview and who

are voluntary to be involved.

Exclusion Criteria: -

Those mothers who are unable to respond due to different health problems and don't have a care giver who can be interviewed.

Measurements And Variables

The Edinburgh postnatal depression scale:

The EPDS is a 10-item self-report scale based on a 1-week recall, and is specifically designed to screen for postpartum depression in the community. The EPDS is a 10- item self-rating questionnaire developed to screen for depression in the postpartum period. It asks about symptoms present during the last 7 days. Each question has 4 alternative answers, scored 0–3, giving a maximum score of 30. Item 7 on the scale asks whether the woman has been "so unhappy that I have had difficulty sleeping." It is a well-validated and the most widely used screening measure of postpartum depression among women. In Ethiopia, the Amharic version of the EPDS has been validated as a screening tool to detect postnatal depression in Addis Ababa, and found to have a sensitivity of 78.9% and a specificity of 75.3%, at a cut-off score of 6/7. For our study, a cut-off point ≥ 8 of EPDS was used to diagnose postpartum depression. Variables

Dependent variable- Post partum depression

Independent Variable-

- Demographic factors: age, educational status and economical status
- Pregnancy and labor related factors: Cesarean section, Perinatal complication, Multiparty Unplanned pregnancy
- Early experience of breast feeding
- Social support
- Infant sex

Data Collection And Quality Management

Data quality control Eight data collectors were trained for one day on the details of the Questionnaire, purpose of the study, importance of privacy, and insuring confidentiality of the respondents. The questionnaire was prepared in Tigrigna then was translated back to English to see the consistency. After data collection started, daily close supervision was

made. At the end of every data collection, the questionnaire was reviewed and checked for, accuracy and consistency by data collectors and supervisor to take immediate corrective measures. Pre-test of the tool Pre-testing was undertaken on 5% of the sample in Adigrat town. Principal investigator and supervisor assessed clarity, understandability, flow and completeness of questions and the time needed to fill them. This was useful in correcting systematic errors, ensuring consistency in flow of questions, and estimating time.

Data Collection

Data was collected with the help of EPDS which is standardized and structured interviewed questionnaire at second and six weeks of postpartum period. Data Processing and Analysis Data was entered using Epi-data version 3.1 programs.

Results

Table 1. Socio-demographic Variable

Mean age	26.32±2.36 Yrs
Primi : Multi para	400 : 100
Hindu : Muslim	410 : 90

Out of 525 mothers 500 were involved in the study, which gives response rate of 95.34%. Among these partakers, the majority were reside in the age group of 25-29 years.

Table 2. Prevalence Of Post Partum Depression (scored >=8of Edinburgh Postnatal Depression Scale)

Post partum depression	No of patients
At 2 nd weeks	201(40.2%)
At 6 th weeks	90(18.00%)

All of the participants were assessed for post partum depression at second and sixth weeks after delivery, consequently 201(40.2%) and 90(18.00%) had scored >=8of Edinburgh postnatal depression scale at second and sixth weeks, respectively.

DISCUSSION

The current finding revealed that the prevalence of post partum depression was 18.00%. Our finding is nearly comparable with the study done in UK, which was 18.6%⁴. But it is a little bit higher when compared with the finding from India, witnessed that the incidence of pppd was 15.8%.⁵ This may attributed to the reason that the previous study was carried out at institution level so that mothers with sever pppd might not sought help, this could make the magnitude of pppd lesser. Furthermore, the current finding is lower in contrast with previous finding from different Asian counties indicated that magnitude of pppd was stretched to 63.3%.⁶ This might be due to cultural difference, since culture has a pivotal role in the occurrence post partum depression either negatively or positively.

Though eighty five percent of pregnancy was planed, high proportion of mothers were in fear of giving birth while they were pregnant. Being fearful of childbearing has strong association with post partum depression. Those mothers who were in this condition are 3.689 (2.351, 5.790) times more likely to be appeared depressed when compared with those who were not. This is comparable with the study which was conducted Finland with the odd ratio (AOR 2.71, 95% CI 1.98 to3.71).

CONCLUSION

The current study indicates that significant proportion of mothers (18.00%) demonstrated depression during post partum period. Relatively, this indicates how high the prevalence of postpartum depression is. Being in fear of bearing a child, demonstrating depression like symptoms during the first two weeks of postpartum period and having previous history of depression are found to be strongly

associated with post partum depression.

REFERENCES

1. Robertson E GS, Wallington T, Stewart DE. Antenatal risk factors for postpartum depression: a synthesis of recent literature. *Psychiatry Gen Hosp.* 2004; 26(4): 289-95.
2. Milgrom J GA, Bilszta JL, et al Antenatal risk factors for postnatal depression: a large prospective study. *J Affect Disord.* 2008; 108(1-2): 147-57.
3. Rahman A PV, Maseelko J, Kirkwood B. The neglected „m” in MCH program- why mental health of mothers is important for child nu-trition. *Trop Med Int Health*2008; 13: 579-83.
4. Bener A, Gerber LM, Sheikh J. Prevalence of psychiatric disorders and associated risk factors in women during their postpartum period: a major public health problem and global comparison *International Journal of Women’s Health.*, 2012; 4: 191–200.
5. Hegde S, KLSMB, PS.V.N, Kamath S, Shetty aAK. Postpartum Depression: Prevalence and Associated Factors among Women in India 2012; 1(1).
6. Abdollahi F LM, Md Zain A, Shariff Ghazali S, Zarghami M. Postnatal depression and its associated factors in women from different cultures. *Iran J Psychiatry Behav Sci* 2011; 5(2): 5-11.