



## A Study on Prevalence and Symptoms of Postpartum Blues

### KEYWORDS

Postpartum blues, Handley blues criteria

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### ABSTRACT

*Postpartum blues is the most commonly observed puerperal mood disturbance, with international studies estimating a prevalence ranging from 30-75%. Indian studies on its prevalence are scarce .AIM: To study the prevalence of postpartum blues and the commonly presenting symptoms of post partum blues .METHODS : Fifty recently delivered mothers were studied by using semi structured proforma and Handley blues criteria .RESULT : Of the 50 mothers, six were diagnosed to have postpartum blues, accounting for 12% prevalence rate. The most common presenting symptom were insomnia, lack of energy and dysphoric mood. CONCLUSION: Prevalence rate of postpartum blues were almost similar to international data. The symptom patterns seen in this study may be of use in devising a standard diagnostic tool specific for blues, and validated appropriately after extensive research on larger samples of population.*

### INTRODUCTION

Postpartum period is a period that is associated with intense physical and emotional changes leading to anxiety and mood disturbances. Postpartum blues or Baby blues are milder in nature and the most common one. It generally begins 1-3 days after parturition and remits by 10 days (Kennerly Gath, 1989; Pitt, 1977). Postnatal blues are by definition time-limited and mild and do not require treatment other than reassurance, the symptoms remit within days (Kennerly & Gath, 1989; Pitt, 1977). It is characterized by symptoms of irritability, sadness, and a tendency to cry within the tent first days after giving birth (Rhode 1997; Stein, 1980). Unexplained weeping/tearfulness (Yalom ID, Lunde DT & Moos RH 1968), irritability and impatience, lack of sleep, crying spells, anxiety, loneliness and feeling of vulnerability, sleep and appetite disturbance, headache, subjective feelings of confusion such as lack of concentration & absent mindedness, (Pitt, 1973; Stein, 1980). Postpartum blues is the most commonly observed puerperal mood disturbance, with estimates of prevalence ranging from 30-75% (O'Hara, J 1984) and 26%-85% (Stein G, Marsh A, & Morton J; 1981). About 30%-80% of all new mothers suffer from postpartum blues which rarely requires medication and normally subsides with support and education. Despite being extremely common, there are no well established diagnostic criteria or rating scales for the blues. An epidemiological study conducted on 478 new mothers, at government hospital for women & children, Ignore, Chennai, using GHQ & HAM-A, showed a prevalence rate of 29.6%. (Thangappah Radhabai Prabhu, T V Asokan, A Rajeswari; 2005) ..

Various Criteria have been used in different international studies by different authors –

Yalom et al, 1968,- who based their diagnosis on crying lasting for at least 5min in the first 10 days postpartum. Kennerly & Gath, 1989-28 items BLUES questionnaire. The Pitt Scale (1973) investigates sleep, irritability, preoccupation with appearance, appetite, level of happiness, memory, sexual desire, tension, need for support, preoccupation with health, both personal and of the baby, propensity for

crying, energy level and confidence. The Stein (1980) Scale investigates depression, anxiety, relaxation, propensity for crying, energy level, appetite, somatic symptoms, and if the person slept the night before. **Handley criteria**—4 / 7 symptoms of at least mild severity (3 on a 6 point scale).

A critical evaluation of Maternity blues research from 1962, when the first study was published, judged against categories like: measurement, research designs, sampling, and clinical description, identified Two major weaknesses in blues research : (1) lack of standardized instruments for the measurement of the incidence, severity, and duration of the blues and (2) inconsistencies in research design. (Maternity Blues Research: A Critical Review; 1991). The exact cause of PPB is not known, but various factors such as hormonal changes, sociocultural factors, economical conditions, and relationship conflicts have been found to be associated. (Alvarado Esquivel C ; 2006).

### AIM

The aim of the study is to study the prevalence of postpartum blues in new mothers of Obstetrics Department of Tirunelveli Medical College Hospital, Tamilnadu, India.

### OBJECTIVES –

- To study the prevalence rate using Handley blues criteria, (a standard criteria given in Danforth textbook of O&G & studies on postpartum blues by O'Hara & Handley).
- To study the commonly presenting symptoms of post partum blues

### MATERIALS AND METHODS

SELF SEMI-STRUCTURED PROFORMA -collecting data about socio demographic profile- obstetric details- age at delivery, age at marriage, mode of delivery. Patients were interviewed & mental status examination done. A checklist of symptoms prepared from those mentioned in standard textbooks & previous studies (( Yalom , 1968, Kennerly & Gath , 1989; Pitt, 1973 )as used to assess their symptoms .While doing so, Handleys blues criteria was applied to diagnose Postpartum blues

**INCLUSION CRITERIA**

- New Mothers in post partum period -within 1 week of delivery and in good health
- New mothers who consented to participate in the study.

**EXCLUSION CRITERIA**

- -New mothers with feature suggestive of post partum psychosis
- Women with debilitating illness, and disabling mental disorders due to organic causes.

**- METHODOLOGY**

The study was a cross-sectional and observational study conducted over a period of 1 month July-August 2012. Approval from the Ethical committee, of Tirunelveli medical college hospital was got. After obtaining an informed consent, new mothers in the post natal ward were, screened with regard to inclusion and exclusion criteria, and fifty such mothers who were eligible to enter the study were randomized selected and studied. They were initially interviewed with a semi structured proforma, designed for this study and details regarding sociodemographic profile, obstetric and medical history, psychiatric history, and factors like family support and stress were collected. Patients were interviewed & mental status examination done. A checklist of symptoms prepared from those mentioned in standard textbooks & previous studies .

Handley's criteria has been used as the diagnostic criteria for postpartum blues which includes seven main symptoms of postpartum blues ,where patients with at least four out seven symptoms( dysphoric mood, mood lability, frequent crying, anxiety, insomnia, reduced appetite, irritability) are considered to have postpartum blues. **RESULT:** Of the 50 women screened, 6 were diagnosed to have postpartum blues, accounting for 12% prevalence rate. Among those diagnosed to have postpartum blues, most of them were in age group range 21-25 years (33.3%), illiterate(83.3%), from rural domicile(100%), living in a nuclear family(100%) , with low family income (83.3%),multipara(66.6%),with female offspring(66.6%),LSCS mode of delivery(83.3%) .Of those 6 mothers diagnosed to have blues, 3 (50%) had been interviewed on the 7<sup>th</sup> day postpartum ,and the remaining one (16.6%) each on the 3<sup>rd</sup> ,5<sup>th</sup> & 6<sup>th</sup> day.

All Six(100%) of them diagnosed to have postpartum blues reported to have good family & child rearing support. Four (66.6%)of them reported to have some form of family stress already. Among those diagnosed with postpartum blues, The most common symptom reported in all those diagnosed were insomnia (100%), lack of energy (100%) and dysphoric mood(100%). The next frequently reported symptoms were mood lability & irritability ( 83.3%). Next in frequency were - loss of appetite, feeling tired even after sleep, anxiety & excessive worry , lack of confidence, over-sensitivity, & feeling hurt easily (66.6%), followed by tearfulness ( 50%), & then nervousness, concern over physical changes, lack of feeling for the baby( 33.3%). The rarely reported symptoms were feeling overwhelmed, feeling " I am not me ", & excitability ( 16.6%).

**LIMITATIONS**

Short sample size & Sample bias makes the study weak.

Prevalence rate was studied using a criteria namely Handley's criteria, mentioned in a standard textbook of OG & also used in other international study on prevalence .It is not a validated standard diagnostic tool for post partum blue.

Post partum blues may extend even to the 2 nd week of delivery. But the symptoms studied in this study have focused only on those within the first week of delivery.

**DISCUSSION**

As per review of literature, the prevalence rate of postpartum blues ranges from 30%-80% and the prevalence of postpartum blues in this study is found to be 12%, which is almost similar to a study done by O Hara et al, 1991. Many women tend to hide the postpartum stress and bear it in silence due to the social stigma associated with this disorder.(T Cox JL, Murray D, Chapman G,1993).There is 2- to 3-fold higher occurrence of the depressive symptoms among mothers within 5 weeks after delivery ( Cohen A, 2000). This study demonstrates association between many demographic and sociocultural variables and the postpartum blues. Gender bias of the infants is a deep rooted cultural aspect in India, especially among the economically backward communities(Manichandran et al,2002).This study reveals this fact by showing that as high as 66.6% of the baby blue mothers are the ones who had given birth to female child. Mothers who are already having a female child have a greater possibility of developing mental disorder because there are high expectations for a male child in the present conception(17).There was remarkable association between family income and postpartum blues as it is considerably high in mothers from low economy category(83.3%).It is obvious that the entry of a new member to an already economically struggling family could create enormous stress. About 83.3% of postpartum blue mothers are illiterate and are those who had undergone Lower Segment Caesarean Section(LSCS) for the present delivery(83.3%).This could be because people are unaware about the technologies as they are illiterate. In Indian family setup, the women always believe normal vaginal delivery as the good one. Association of factors like previous psychiatry history, family h/o psychiatry illness & family support couldn't be arrived at in this study as none of them had such history & all those diagnosed had good family & child rearing support. The propensity to develop blues is unrelated to psychiatric history, environmental stressors, cultural context, breastfeeding, or parity (Hapgood., 1988). Studies have shown that up to 20% of women with blues will go on to develop major depression in the first year postpartum (Campbell et al., 1992; O'Hara et al., 1991b). Hence it is significant to carry out the follow-up of those diagnose with blues. This study showed various symptoms in varying frequencies among those diagnosed with post partum blues, of which the most commonly reported were insomnia & lack of energy. Among other mothers in the sample who did not satisfy the Handley's criteria for diagnosis of blues ( 88%) too , these were the most commonly reported symptoms ( 6.8%).

**CONCLUSION:**

Prevalence rate of postpartum blues as per this study were almost similar to international data that used Handley's criteria . This study has used more relevant criteria for assessment of prevalence of postpartum blues which gives better idea on Indian picture . The symptomatology patterns seen in this study may be of use in devising such a standard diagnostic tool specific for blues, and validated appropriately after extensive research on larger samples of population.

They can be also be used as the indicators for early diagnosis of postpartum blues so as to initiate preventive measures.. In the prevailing Indian set up of good family support during delivery and child care, more specific validated instruments to diagnose post partum blues may

throw light on the actual picture.

**TABLE 1**  
**PREVALENCE AND PREVALENCE RATE OF POSTPARTUM BLUES**

CATOGORY	NO.OF CASES	PREVALENCE (N=50)	PREVALENCE RATE (N=50)
Mothers with postpartum blues	6	0.12	12%
Mothers without postpartum blues	44	0.88	88%

**N- total no. of cases observed**

**TABLE 2**  
**DESCRIPTION OF BASED ON THE SOCIODEMOGRAPHIC FACTORS**

SOCIODEMOGRAPHIC FACTORS	CASES WITH POSTPARTUM BLUES(N=6)		CASES WITHOUT POSTPARTUM BLUES(N=44)	
	NO.	%	NO.	%
<b>1.AGE(years)</b>				
15-20	1	16.6	4	9
21-25	2	33.3	17	38.6
26-30	1	16.6	18	40.9
31-35	1	16.6	5	11.3
35-40	1	16.6	0	0
<b>2.DOMECIL</b>				
Rural	6	100	42	95.4
Urban	0	0	2	4.5
<b>3.EDUC. STATUS</b>				
Literate	1	16.6	17	38.6
Illiterate	5	83.3	27	61.3
<b>4.TYPE OF FAMILY</b>				
Nuclear	6	100	41	93.1
Joint	0	0	3	6.8
<b>5.MONTHLY INCOME(Rs.)</b>				
<1000	0	0	1	2.2
1000-5000	5	83.3	26	59
5000-10000	1	16.6	15	34
10000-15000	0	0	1	2.2
15000-20000	0	0	1	2.2

**TABLE 3**  
**DESCRIPTION BASED ON SYMPTOMS OF POSTPARTUM BLUES**

SYMPTOMS OF POSTPARTUM BLUES	CASES WITH POSTPARTUM BLUES(N=6)		CASES WITHOUT POSTPARTUM BLUES(N=44)	
	NO.	%	NO.	%
<b>PHYSICAL</b>				
Insomnia	6	100	3	6.8
No energy	6	100	3	6.8
Loss of appetite	4	66.6	2	4.5
Feeling tired even after sleeping	4	66.6	2	4.5
<b>MENTAL AND BEHAVIOURAL</b>				
Anxiety and excessive worry	4	66.6	1	2.2
Confusion	4	66.6	0	0
Great concern over physical changes	2	33.3	0	0

Nervousness	3	33.3	0	0
Feeling "I m not myself, this is not me"	1	16.6	0	0
Lack of confidence	4	66.6	1	2.2
Dysphoric mood	6	100	1	2.2
Feeling overwhelmed	1	16.6	0	0
Mood lability	5	83.3	0	0
Crying more than usual	3	50	1	2.2
Hyperactivity/exitability	1	16.6	0	0
Oversensitivity	4	66.6	0	0
Feeling hurt easily	4	66.6	0	0
Irritability	5	83.3	0	0
Lack of feeling for the baby	2	33.3	0	0

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