



PERVASIVENESS AND JEOPARDY DYNAMICS AMONG POSTPARTUM MOTHERS WITH DEPRESSION: A PRAGMATIC ANALYSIS

Dr.S.Venkatesha Murthy

Guest Faculty (Full Time), Bengaluru City University, Bengaluru

Ms.Ananya Srinivas*

Assistant Professor, Department of Psychology, Surana College (Autonomous), Bengaluru*Corresponding Author

ABSTRACT

Postpartum Depression (PPD), is a kind of depression facing by some women after giving birth to a child. Sadness, adjustments to food and sleeping schedules, fatigue, worry, and irritability are among symptoms. The issue often appears 4 to 6 weeks after giving birth, however it can occasionally take longer. PPD has an unknown cause. However, contrary to what some women believe, depression is not a sign that you do not love your new born. It is a psychological condition that responds well to counselling, support groups, and occasionally medication. The purpose of the paper is to understand postpartum depression and the factors, causes leading to postpartum depression. The authors' emphasis on addressing the critical issues related to the current state of postpartum depression. Providing facts and details surrounding this topic in order to examine how the problem of PPD is being addressed and suitable measures are to be taken in order to reduce postpartum depression have been highlighted in this paper.

KEYWORDS : Postpartum Depression, Pregnancy, Counseling, and Psychological Conditions

Introduction

Postpartum depression is a non-psychotic depressive episode of mild to moderate severity, beginning in or extending into the first postnatal year. Beck (1999) described it as a thief that steals motherhood. A Meta-analysis of studies mainly based in the developed world found the incidence of postpartum depression to be 12-23% with higher incidence in developing countries. Postpartum depression is an important public health problem, having a significant impact on the mother, the family, her partner, mother-infant interaction and on the long term emotional and cognitive development of the baby. Indian studies also show postpartum depression as a cause of significant psychiatric morbidity in mothers and malnutrition in infants. Hence, preventive measures, early intervention and identification can alleviate harmful effects on the new-born. The first step in preventing postpartum depression is the identification of women who are at risk for developing it.

Postpartum depression is a very common clinical entity. It can be considered as a public health problem, not only because of its frequency but also because of its harmful consequence on the new-born, on the conjugal relationship, or even on the family balance. Especially, since it can announce the beginning of a chronic pathology of the mood in the mother. Hence the need for its prevention by action on risk factors, its screening, and its multidisciplinary therapeutic management (Michel Bourin, 2018). The postpartum period is a unique of time in a women's life. It represents a major role change and appears with numerous transformations which are social, psychological as well as physical. 1 in 10 women experienced symptoms of postpartum depression and PTSD and urged the health care professionals to be aware of the symptoms of postpartum depression in order to treat it better (Ben-Hassine, Chabbert and Rozenberg (2022). A significant decrease in gonadal hormones is observed during this period. In addition, childbirth is a major social and psychological disruption of the lives of an infant's parents and prenatal depression, stressful life experience and marital conflicts make women prone to anxiety and depression (Corte, rosa et al. (2022). Postpartum depression stands out as an important health issue that affects not only the mother but her partner and the entire family. It is detrimental to mother-baby interaction and can have negative impacts on the infant's emotional and cognitive development in the long-term. Postpartum depression, which typically occurs from 2 weeks to 1 year after the birth of a child, may manifest with symptoms that may not be very apparent to untrained health care workers. [Ferda ozbasaram, Ayden coban. Mert kucuk, 2010].

Causes of Postpartum Depression in mothers:

Postpartum Depression (PPD) is likely to be the result of multiple factors. However, its exact causes are still not known. Depression is usually caused by emotional, stressful events, a biological change triggering an imbalance of brain chemicals, or both. With reference to personality traits, the most commonly associated personality type was

neuroticism which contributes to development of PPD amongst women because the chain reaction occurs with lack of social support and the women's inability to seek help as well (Stickel, Chuchko et al (2021). Tiffany A. Moor Simas (2018) suggested that PPD symptoms have a substantial humanistic burden on affected mothers as well as on their children and partners. Possible obstetric and medical complications linked to pregnancy, which I will refer to collectively as maternal complications, may further increase the risk of PPD. [Tuna, F Burgut, Abdulbari Bener, Suheila Ghuloum, and Javid Sheikh- 2013]

Treatment of Postpartum Depression mothers:

The most important step on the road to treating and recovering from PPD is to acknowledge the problem and early identification and treatment of depression during postpartum care can mitigate the impact of PPD on the mother-baby dyad (Andrzej Pilc (2020). Family, partners, and the support of close friends can have a major impact on a faster recovery. It is better for the person with PPD to express how she feels to people she can trust, rather than repressing emotions. There is a risk of partners or other loved ones feeling shut out, which can lead to relationship difficulties that add to the PPD. Health professionals and workers have to be trained to raise awareness and treat depression among postpartum women promptly.

(Vanishree Shriram. 2019). Management of postpartum depression is a vital part of adequate medical care. The obstetrician and pediatrician can serve important roles in screening for and treating postpartum depression (Ben-Hassine, Chabbert and Rozenberg.2022). To prevent adverse outcomes associated with depression and its impact on the child, it is important that all health care professionals and nurse practitioners are aware of specific signs and symptoms, appropriate screening methods, and proper treatment. Postpartum depression (PPD) affects up to 15% of mothers. Recent research has identified several psychological and biologic risk factors for PPD. The negative short-term and long-term effects on child development are well-established. PPD is under recognized and under treated. The obstetrician and pediatrician can serve important role in screening for and treating PPD. Treatment options include psychotherapy and antidepressant medication. Obstacle to compliance with treatment recommendations include access to psychotherapists and concerns of breastfeeding mothers about exposure of the infant to antidepressant medication. [Teri Pearlstein, Margaret Howard, Amy Salisbury, Carbon Zlotnick, 2009]

Cognitive Behavioral Therapy: Cognitive Behaviour Therapy (CBT) is one treatment option for PPD. Studies have found that cognitive behavioural therapy (CBT) can be successful in moderate cases of PPD. Cognitive therapy is also effective for some people (Darcy, Alison, et al.2022). This type of therapy is based on the principle that the thoughts can trigger depression. It, teaches women how to fine-tune their thoughts by assisting them in understanding that their daily input of affirmations of thoughts will create a habit in their minds and lead to

repetitive negative undesirable behaviors, which will eventually lead to negative consequences (Van Lieshout, Ryan J., et al. 2022. As a result, in order to avoid the undesirable state of affairs that will eventually trap the person in an endless cycle of depression and negative talk, it focuses on curbing the thoughts that stop the behaviourism and situational disarray (Liu, Xueyan, et al. 2022)

Mindfulness Practice: It is critical that most women understand that they must prioritize themselves and, by extension, their unborn children throughout the childbirth journey. As a result, mindfulness training can be used to help women be more positive during their labour journey as a preventive measure. Mindfulness enables a woman to focus on her body, senses, and perceptions of the world both outside and within herself (Andrzejczak, J. A., & Berscheid, K. J. 2022) Mindfulness practices aid in the reduction or control of negative thoughts by understanding the nature of the changes in the body that cause changes in mental stability, and thus can maintain better mental hygiene during pregnancy and after childbirth (Liu, Chao, et al. 2022). Group therapy with other women who have given birth: Group help in providing the social support that the woman needs. Social groups helps in providing the assurance and level of security in woman (Van Lieshout, Ryan J., et al.2022). The experience that another woman shares about her journey through pregnancy and childbirth will be relatable to other women as well. This assimilation helps in also giving each other a scope for exploring their insecurities and problems can be resolved quickly (Moradi, N., Maleki, A., & Zenoozian, S. (2022)

Electroconvulsive Therapy: If the symptoms are severe enough that no other treatment is effective, Electroconvulsive therapy may be used (ECT). However, this is only suggested when all other options, such as medication, have failed. Under general anaesthesia and with muscle relaxants, ECT is administered. In cases of severe depression, ECT is usually very effective. ECT is the least preferred treatment and is only used as a last resort. Psychotherapy believes in the natural healing of mental disorders because they are caused by natural causes, and thus, in order to achieve mental immunity, the mind must learn to find solutions from within itself rather than relying on external factors to treat it (Patel, Ashmi, et al.2022)

Methodology

There are many studies related to postpartum pregnancy in foreign countries related to the culture and traditional aspects of the particular country, but in India there are limited studies on postpartum depression. In India, the condition of women is different based on culture, tradition, and life style. The research work focuses on postpartum depression among women in Bangalore. The outcome of the study will help the mental health professionals, social workers psychiatrists and psychologists to understand the postpartum depression from varied perspectives and various measures that needs to be taken while dealing with the problem. This study highlights the symptoms, causes, treatments, medications, therapies of postpartum depression of women which will give a clear picture of postpartum depression among women in Bangalore. The study would be helpful for further research in the related area to understand in depth from mental health perspective.

Objectives of the Study

- To explore the causes, symptoms, treatment of depression among the postpartum mothers under the study.
- To find out measures that can be taken to reduce problems that are leading to depression of postpartum in mothers from social work perspective.

Research Methodology

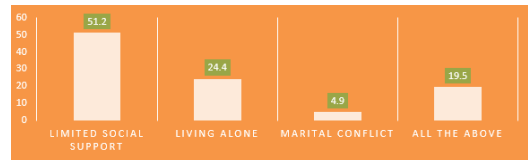
The researcher has used Descriptive research design to conduct the detailed study on the issue as it requires in depth study and to identify the necessary solutions to make it more effective with application of both primary and secondary data. The universe of the study was selected randomly in the identified places in Bangalore in order to elicit the opinions from women during the postpartum period. The tools used to collect the data were interview schedule. The data collected has been processed to simple table, graphical presentation pictorial presentation etc. In order to present the matter scientifically and systematically, tabulated data will be subjected to statistical treatment established where aver the need is felt. For statistical like averages and percentages, the Microsoft Excel package has been used to analyse the data. To elicit the validity of data. However, the time was very limited and the sample size is too small to be generalized.

Sampling and Sample Size

The researcher has collected the responses from the selected respondents in the identified places of Bangalore by using purposive sampling method in the areas of viz., Nagavara (10), R.T.Nagara (5), Hegdenagara (5), K.G.Halli (5), Banasavadi (5), Lingarajapura (5) and Hennur (6) belong to women suffering from postpartum depression. The necessary clarification was collected based on information receive from others. The respondents are women who have faced postpartum depression during postpartum period (PPM). 100% of data is been collected from postpartum mothers. The research has used purposive sampling method for data collection.

Analysis and Discussion

Diagram 1: Opinion of the Respondents on Causes for Postpartum Depression



As many as 51.2% respondents felt that the main cause for postpartum depression is limited social support, living alone was also seen as one of the causes as stated by 24.4% of the respondents. Only 4.9% and 4.5% of the respondents respectively felt that the marital conflict and mentioned all the factors respectively lead to depression.

Inference: It can be seen that the main cause for postpartum depression is limited social support, however, the opinions came from different versions as it varied from their own perspectives.

Diagram 2: Respondents Feeling worried and depressed

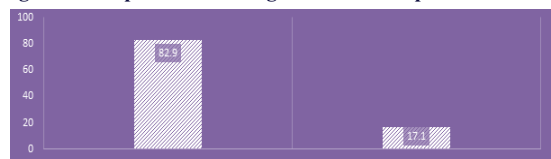
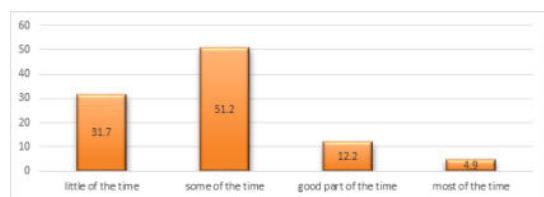


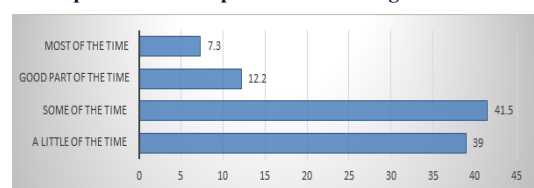
Diagram 3: Respondents Opinion on Feeling of Tiredness



From the above chart 1.2 we can understand that 31.7% of the respondents felt tired for a little time during the postpartum period. 51.2% of the respondents felt tired for some of the time. 12.2% of the respondents felt tired for good part of the time. 4.9% of the respondents felt tired for most of the time.

Inference: From the above data we can understand that respondents during the postpartum period felt tired. However, the highest percent of the respondents felt tired for only some of the time and the least percent of the respondents felt tired for most of the time. Tiredness can be caused for various reasons and it's very common for any human to feel tired after a long day. But in case of the respondents, inadequate sleep and improper diet may be the major reasons. These can be easily solved by maintaining a healthier lifestyle.

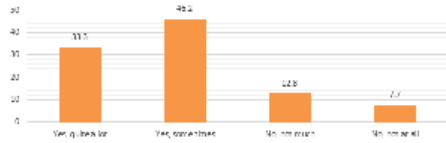
Table 4: Opinion of the Respondents on Feeling of Restlessness



From the above chart 1.3 shows that 41.5% feel restless some of the time, 39% of the respondents feel rest less little of the time, 12.2% of the respondents feel restless good part of the time, 4.5% of the respondents feel restlessness most of the time.

Inference: from the above data received it can be understood that feeling of restlessness it common during postpartum period it is cause due to stress this can be reduce by being in a particular activity, thinking positive reducing stress.

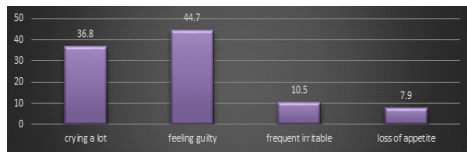
Diagram 7: Respondents Feeling on Scared or Panicked



From the above chart 1.6 we can understand that 33.3% of the respondents felt scared or panicked a lot of times for no reason what so ever. Whereas, 46.2% of the respondents felt the same only some times. 12.8% of the respondents did not feel such things much. However, 7.7% respondents did not feel scared or panicky at all.

Inference: from the above data we can understand that not all respondents undergo such feelings as feeling scared or panicked. As we can clearly see 7.7% of the respondents do not feel scared or panicked at all. Feeling scared or panicked can be usually caused due to loneliness or lack of awareness of what to do when to first time respondents.

Diagram 9 Respondents Feelings experienced during Postpartum period



From the above chart 4.30 we can understand that 36.8% of the respondents were feeling or crying a lot during the postpartum depression period. 44.7% were feeling guilty during postpartum depression period. 10.5% were feeling irritable frequently. 7.9% were feeling the loss of appetite.

Inference: From the above data, we can understand that the negative feelings are seen commonly in respondents during the postpartum period. The highest percent of the respondents were feeling guilty during the postpartum period. The second mostly seen feeling was crying a lot during the postpartum period. Feeling irritable and loss of appetite were also commonly seen as a few of the feelings in the respondents during the postpartum period. These feelings are caused due to the psychological changes the respondents go through during the postpartum depression period. Such feelings should not be neglected and given at most attention as this heavily impacts the good health of the mother and the offspring.

Diagram 11 Suggestions from the Respondents for upcoming Postpartum Depression patients



From the above chart 3, we can understand that 47.5% of the respondents suggested the upcoming respondents that they should follow a well-balanced and healthy diet. 2.5% respondents suggested that the upcoming respondents should eat frequently to maintain blood sugar level. 12.5% of the respondents suggested that the upcoming respondents should at least get 7 to 8 hours of uninterrupted sleep each night. 4.5% of the respondents suggested that the upcoming respondents to be open to express their feelings to their friends.

Inference: From the above data we can understand the various suggestions offered by the respondents to the upcoming postpartum respondents such as following a well-balanced healthy diet, eating frequently to maintain blood sugar level, getting at least 7 to 8 hours of uninterrupted sleep each night and to being open about their feelings with their friends. These suggestions can be considered basic ones as these are given out of first-hand experience but, it would be even better

if the doctors give the respondents some personalized suggestions based on their needs issues or problems to help the upcoming postpartum respondents.

Conclusion

Postpartum Depression signs and symptoms include: depressed mood or severe mood swings, excessive crying, difficulty bonding with the baby, withdrawing from family and friends, loss of appetite or eating much more than usual, inability to sleep (insomnia) or sleeping too much, overwhelming fatigue or loss of energy, reduced interest and pleasure in activities used to enjoy earlier, intense irritability and anger, fear that one is not a good mother, hopelessness, feeling of worthlessness, shame, guilt or inadequacy, restlessness, recurrent thoughts of death or suicide. Emotional and physical changes are the two main causes of Postpartum Depression. Diagnosis can be started at early noticing of the signs or symptoms. Treatment can be given by doctors to mothers suffering from Postpartum depression or by close family members, partners. Self-help groups are also proven to be very beneficial as the mothers can see various similar cases and feel less isolated. Medication usually consist of antidepressants prescribed by doctors to balance chemicals in the brain that effect mood. However, these medications taken in the long run also have a few side effects. Postpartum depression is a treatable psychological disorder. It can be managed effectively, and you will feel better.

REFERENCES:

- Andrzejczak, J. A., & Berscheid, K. J. (2022). Mindfulness and Its Impact on Perinatal and Postpartum Depression, Anxiety, and Perceived Stress: An Integrative Review.
- Beck, C. T. (1999). Postpartum depression stopping the thief that steals motherhood. *Nursing for Women's Health*, 3(4), 41-44.
- Ben-Hassine, S., Chabbert, M., Rozenberg, P., & Wendland, J. (2022). Prevalence, Evolution, and Predictive Factors of Symptoms of Postpartum Posttraumatic Stress Disorder in a French-Speaking Cohort. *Journal of Midwifery & Women's Health*, 67(4), 496-503.
- Darcy, A., Beaudette, A., Chiauzzi, E., Daniels, J., Goodwin, K., Mariano, T. Y., ... & Robinson, A. (2022). Anatomy of a Woebot®(WB001): agent guided CBT for women with postpartum depression. *Expert Review of Medical Devices*, 19(4), 287-301.
- Ferda ozbasaram, Ayden coban, Mert kukuc (2010). Prevalence and Risk factors concerning postpartum depression among women within early postnatal periods in Turkey Received: 14 October 2009/ accepted: 8 February 2010. 283:483-490 DOI: 10.1007/s00404-010-1402-8.
- Liu, C., Chen, H., Zhou, F., Long, Q., Wu, K., Lo, L. M., ... & Chiou, W. K. (2022). Positive intervention effect of mobile health application based on mindfulness and social support theory on postpartum depression symptoms of puerperae. *BMC women's health*, 22(1), 1-14.
- Liu, X., Huang, S., Hu, Y., & Wang, G. (2022). The effectiveness of telemedicine interventions on women with postpartum depression: A systematic review and meta-analysis. *Worldviews on Evidence-Based Nursing*.
- Michel Bourin (2018), Postpartum Depression: An Overview. ISSN- 2455-5460
- Moradi, N., Maleki, A., & Zenoosian, S. (2022). The Efficacy of Integrating Spirituality into Prenatal Care on Pregnant Women's Sleep: A Randomized Controlled Trial. *BioMed Research International*, 2022.
- Nimisha Desai (2012). Study of prevalence and risk factors of postpartum depression, volume 2 issue print ISSN: 2249 4995 eISSN: 22778810/.
- Rincón-Cortés, M., & Grace, A. A. (2022). Postpartum scarcity-adversity disrupts maternal behavior and induces a hypodopaminergic state in the rat dam and adult female offspring. *Neuropsychopharmacology*, 47(2), 488-496.
- Stickel, S., Eickhoff, S. B., Habel, U., Stickeler, E., Goecke, T. W., Lang, J., & Chechko, N. (2021). Endocrine stress response in pregnancy and 12 weeks postpartum—Exploring risk factors for postpartum depression. *Psychoneuroendocrinology*, 125, 105122.
- Teri Pearstein, Margaret Howard, Amy Salisbiry, Carbon Zlotnick (2009) - Postpartum depression: American Journal of Obstetrics and Gynaecology 200(4), 357-364.
- Tiffany A Moor Simos Field (2018), Postpartum Depression Effects, Risk Factors and Interventions: A Review PMID: PMC5502770, NIHMSID: NIHMS866502, PMID: 28702506
- Tuna.F Burgut, Abdulbari Bener, Suheila Ghuloum, and Javid Sheikh, 11 march 2013 A study of postpartum depression and maternal risk factors in Qatar. ISSN: 0167-482X.
- Van Lieshout, R. J., Layton, H., Savoy, C. D., Haber, E., Feller, A., Biscaro, A., ... & Ferro, M. A. (2022). Public Health Nurse-delivered Group Cognitive Behavioural Therapy for Postpartum Depression: A Randomized Controlled Trial. *The Canadian Journal of Psychiatry*, 07067437221074426.
- Vanishree Shriram, Pankaj Badamilal Shah, M Anitha Rani, B. W. C. Sathiyasekaran- (2019) A Community-based study of postpartum depression in rural Southern India, DOI: 10.4103/ijsp.ijsp_13_18 Page : 64-68.