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# INCIDENCE OF POSTNATAL DEPRESSION AND ITS MANAGEMENT: A CROSS-SECTIONAL STUDY

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**ABSTRACT** **Background:** Postnatal depression (PND) is a major public health issue often underdiagnosed and undertreated, adversely affecting maternal and child health. This study aimed to determine it's incidence PND and evaluate effectiveness of various management strategies. **Methods:** A cross-sectional study was conducted at Rajshree Medical Research Institute from February 2025 to March 2026, involving 150 postpartum women (aged 18–40 years) within six months of delivery. The Edinburgh Postnatal Depression Scale (EPDS) was used for quantitative assessment and semi-structured interviews captured qualitative experiences. **Results:** PND incidence was 26% (EPDS ≥13). Key risk factors included lack of partner/family support, prior depression, unplanned pregnancy, financial stress, and lower education. Counseling showed the highest reported effectiveness (40%), followed by antidepressants (25%) and peer support groups (15%). **Conclusion:** PND is common and requires systematic screening and comprehensive management. Integrating counseling, peer support, and pharmacological options with patient education is critical for effective care.

**KEYWORDS :**

## INTRODUCTION

Postnatal depression (PND) is a debilitating mood disorder occurring in the postpartum period, characterized by persistent sadness, fatigue, anxiety, and disinterest in previously enjoyable activities (1). It typically arises within six months after delivery and can negatively impact mother-infant bonding and child development (2).

Despite its global prevalence, PND often goes undiagnosed due to stigma, insufficient awareness, and lack of routine screening (3). Addressing PND is crucial for maternal wellbeing and child development. This study investigates the incidence and management of PND to inform improvements in maternal healthcare.

### Aim

To determine the incidence of postnatal depression among postpartum women and assess the effectiveness of different management approaches.

### Objectives

1. To estimate the prevalence of PND in the study population.
2. To identify associated psychosocial and economic risk factors.
3. To explore psychological and social impacts of PND.
4. To assess the effectiveness of available management strategies.

### Methodology

#### Study Design

A cross-sectional study was conducted at Rajshree Medical Research Institute from February 2025 to March 2026.

#### Participants

150 postpartum women aged 18–40 years, within six months of delivery, were recruited from postnatal clinics.

#### Inclusion Criteria

- Women aged 18–40 years
- Within 6 months postpartum

#### Exclusion Criteria

- Diagnosed psychiatric illness prior to current pregnancy
- Severe chronic illness

#### Data Collection Tools

- Edinburgh Postnatal Depression Scale (EPDS): Validated tool for screening PND; a score ≥13 was considered indicative of probable PND (4).
- Semi-structured Interviews: Explored personal experiences, barriers to help-seeking and treatment responses.

#### Data Analysis

- Quantitative data were analyzed using SPSS.
- Qualitative data underwent thematic analysis following Braun and Clarke's framework(5).

## RESULTS

#### Incidence of PND

Of the 150 women, 39 (26%) had EPDS scores ≥13, indicating probable PND, aligning with global estimates (6).

#### Identified Risk Factors

Major risk factors included(7):

- Lack of partner/family support
- Previous history of depression
- Unplanned pregnancy
- Financial stress
- Low educational attainment.

#### Management Strategies

- Counseling: Used by 40%, found highly effective; enabled emotional expression and coping skills (8).
- Antidepressants: Prescribed in 25%; effective but with low compliance(8).
- Peer Support Groups: Utilized by 15%; perceived as helpful.
- No Intervention: 20% received no treatment—primarily due to unawareness and access issues (9).

### Discussion

The 26% incidence of PND in this study underscores the condition's prevalence and supports the necessity for routine screening using tools like EPDS (10). Counseling proved the most effective and acceptable intervention, validating calls for its integration into postnatal care (11).

Pharmacotherapy was effective with low adherence. Peer support groups showed promise but are under-promoted. The 20% untreated group highlights the need for awareness campaigns and improved access.

## CONCLUSION

PND is prevalent and significantly under-addressed. Routine EPDS-based screening, accessible counselling, peer support integration, and proper education regarding pharmacotherapy are vital. Addressing social determinants and healthcare delivery gaps will be essential for effective PND management.

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