

## Assessment of postnatal depressive symptoms of first time mothers during the first week of postnatal days.



### Medical Science

**KEYWORDS :** postnatal, primipara, depressive symptoms.

**Savitha Pramilda Cutinho**

Professor, Department of OBG Nursing Father Muller College of Nursing Kankanady, Mangalore

**Dr. Raj Gopal**

Professor, Department of Obstetric and Gynecology Yenepoya Medical college Yenepoya University Deralakatte

**Dr. Christopher Sudhakar**

Dean, Manipal College of Nursing, Bejai, Mangalore

### ABSTRACT

*It is not surprising that giving birth is an emotional culmination of many hopes and fears and the beginning of a new human life and family relationship.<sup>3</sup>The objective of the study was to identify the postnatal depressive symptoms of first time mothers in their early postnatal days and prevent them from postnatal depression. The study results showed that a very few woman experienced postnatal depressive symptoms. The Indian family structure protects woman from the postnatal depression.*

### Introduction

Parenting lasts forever. Becoming a parent is a mixture of joy, love, surprise, disappointment with new things to learn every day. Parenthood is demand with lots of extra responsibilities. Mothers need to be supported as they adjust to the change in role from single woman to mother of a baby.<sup>2</sup> Much of what is written in the popular press or portrayed in the television advertising suggests that every mother must be perfect wife, companion and housekeeper. The reality is that caring for a newborn infant is a demanding round the clock commitment leaving behind the little time for anything else. Women are likely to develop emotional changes following child birth than any other time in their life due to pregnancy changes, labour stress and postnatal responsibilities. Woman will have preexisting worries, anxiety due to financial problems, relationship with spouse or other family members, pregnancy discomforts, physical changes that occurred during pregnancy which is suppressed will be exhibited during postnatal period.<sup>3</sup>

### Methods and Materials.

Descriptive study design is adopted for the present study. Total 80 primipara women were recruited for the study by purposive sampling. A four point rating scale on postnatal depressive symptoms having eight items in the emotional, physiological and physical parameters was used in the study. The study was conducted in the postnatal wards of private medical college hospital in Karnataka. The rating scale used for the study is validated by the experts in the field and reliability obtained by split half method and Cron Bach alpha, the value 'r' is 0.8. The rating scale is translated from English to Kannada language and Kannada to English to ascertain the reliability of the instrument. The researcher obtained the written consent for the study from the participant and offered the information leaflet. The women completed the rating scale on 4th and 5th postnatal day without much difficulty. The baseline data recorded in the data form. The obtained data analysed using descriptive statistics.

### Results:

#### Demographic Description of the primipara women:

All the participants were first time mothers (primipara woman). Most of the women were between the age 24 and 25years and belonging to Muslim religion. The educational status educational status of the women between 8th to 12th std. Maximum number of the women were unemployed (homemakers) and delivered by spontaneous vaginal delivery.

The primipara women experienced different symptoms during the first week of postnatal period. Most of the women experienced 'I have been crying for no reason', 'I have been

anxious and worried for no reason', 'I have had difficulty in sleeping', 'I had lost appetite' and very few experienced 'I have been feeling sad and upset'. The symptoms were classified as emotional, physiological and physical in nature. The symptoms like crying for no reason and anxious and worried for no reason, feeling sad and upset are emotional symptoms. The symptoms like difficulty in sleeping and lost appetite are physiological symptoms. Only two women 'sometimes' had thought of harming self and the baby. These two women were observed and referred to the counselor.

**Table1. Mean and SD of Postnatal depressive symptoms of primipara women**

**N=80**

variable	Range	Minimum score	Maximum score	Mean	SD
Postnatal depressive symptoms	13	0	13	2.95	3.05

Table 1 reveals that mean value of postnatal depressive symptoms is 2.95. The maximum score was 13 and most of the women did not experience postnatal depressive symptoms.

**Table 2. Classification of postnatal depressive symptoms of primipara women**

Range of scores	classification	f	%
0-8	Mild	76	95
9-16	Moderate	4	5
17-24	severe	0	0
	Total	80	100

The table 2 shows out of 80 primipara women, 76 (95%) women experienced mild level of symptoms, four women (5%) experienced moderate and none had severe. The women who experienced moderate symptoms were on continuous observation and referred to the counselor.

### Discussion:

The postnatal depressive symptoms listed in the scale were similar to the 'Baby Blues' a women experience during first week of postnatal period due to hormonal changes. These changes will subside within a week if persists more than two weeks will lead to postnatal depression.<sup>1</sup> The present study aimed to identify the postnatal depressive symptoms of the women during the postnatal period among the first time mothers. The assessment was done on 4th day among the primigravid who had spontaneous

vaginal delivery and 5th day among the women who had LSCS A longitudinal study was conducted was carried out among Japanese women to show that maternity blues is a useful factor for predicting postpartum depression. A stein's Blue scale and Edinburgh postnatal Depression Scale were administered to 235 women. They found that Stein's Blue a Scale of eight or above was significantly associated with postnatal depression. Maternity blue is a strong indicator of postnatal depression. Higher the blues score the higher is the risk of postpartum depression.<sup>4</sup> In the present study only postnatal depressive symptoms scale was used in which women experienced symptoms were emotional and psychological in nature. A very few women had symptoms which are physiological and physical in nature. Women who had score above 13 had experienced the thought of harming the baby; these women were observed and counseled. most of the women had experienced 'difficulty in sleeping' and 'worried for no reason'.

#### Conclusion:

Postnatal depressive symptoms are common among the post partum women on fourth and fifth day after delivery. These are otherwise called postnatal blues which are normal experience following childbirth rather than a psychiatric illness. No specific treatment is required for blues, however, sometimes

these symptoms lasts for more than two weeks suggestive of postnatal depression. The study findings reveal that most of the women had mild level of postnatal depressive symptoms. A very few women experienced moderate level of symptoms and none had severe level of symptoms. Among 80 postnatal women 22 women did not have any postnatal depressive symptoms. The good family care and relationship during the postnatal period protects the women from postnatal depression. The primipara women experience one or the other symptoms during the postnatal period. A close monitoring by the midwives or staff nurses of the ward and healthy family relationship would protect the women from postnatal depression.

## REFERENCE

1. Libbey K. A study to assess the knowledge of the family members of postnatal mother regarding puerperal mental disorders. Dissertation. 2013. 3-6. | 2. Postnatal depression not just baby blues, NHRMC endorses in Commonwealth of Australia 2000. | 3. VRuth B, Linda K. B. Text Book of Midwives. 12th edition. Church Living stone. 1993; 245-247. | 4. Watanabe M, Wada K, Sakata Y, Aratake Y, Kato N, Ohta H, Tanaka K. Maternity blues as predictor of postpartum depression: a prospective cohort study among Japanese women. J Psychosom Obst Gynecol. 2008 Sep; 29(3) : 206-12. |