

Pattern And Severity of Postpartum Depression in Patients Attending Obstetrics & Gynaecology Opd of Mmmc& H Kumarhatti, Solan.

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Abstract: Although the overall prevalence of psychiatric disorders appears to be similar among currently pregnant, postpartum women and non-pregnant women, an important exception is the elevated risk of major depressive disorder during the postpartum period. Biological (e.g., hormonal) as well as psychological and social role changes associated with childbirth may increase the risk of major depressive disorder during postpartum. This study is performed to determine the pattern and severity of Postpartum Depression (PPD) in patients attending Obstetrics and Gynaecology OPD of MMMC&H. 100 postpartum females would be enrolled in the study and a depression rating scale, Beck Depression Inventory (BDI) which is a 17 item, self rated screening tool will be applied.

Keywords : Maternity blues, postpartum depression, Beck Depression Inventory(BDI).

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I. Introduction

Postpartum period makes a woman very much susceptible to altered mental states which can be categorized as baby blues, postpartum depression and postpartum psychosis. Postpartum depression is a mental state characterized by positive depression symptoms in mothers even after 4 weeks of postpartum and which affects almost 10-15% of women.¹ Postpartum depressive symptoms and depressed mood negatively affects the quality of life and daily functioning of mothers and infants ²Women who have postnatal depression are significantly more likely to experience future episodes of depression. Postpartum depression is the most common medical problem that new mothers face. It not only affects the mental health and physical abilities of mothers but also on long run puts a detrimental effect on mother-infant relationship. Postpartum depression should be clearly distinguished from maternity blues which are very common and affects almost 30-70% of mothers both having similar features but maternity blues are self-resolved and rarely requires a treatment other than counselling and support ⁵.

II. Objective

This study is performed to determine the pattern and severity of Postpartum Depression (PPD) in patients attending Obstetrics & Gynaecology OPD of MMMC&H.

III. Material And Method

An observational survey based study is being conducted in the Obstetrics & Gynaecology OPD, by a close ended questionnaire Beck Depression Inventory (BDI). 100 postpartum females were enrolled in the study, for a period of 6 months, keeping in mind the below mentioned inclusion and exclusion criteria. Beck Depression Inventory (BDI) is a 17 item; self rated screening tool developed by Aaron Beck and has been found to be highly reliable and thus widely used.

Inclusion criterion- Age between 15–40 years, with 1 week up to 12 weeks of postpartum and normal physiological status.

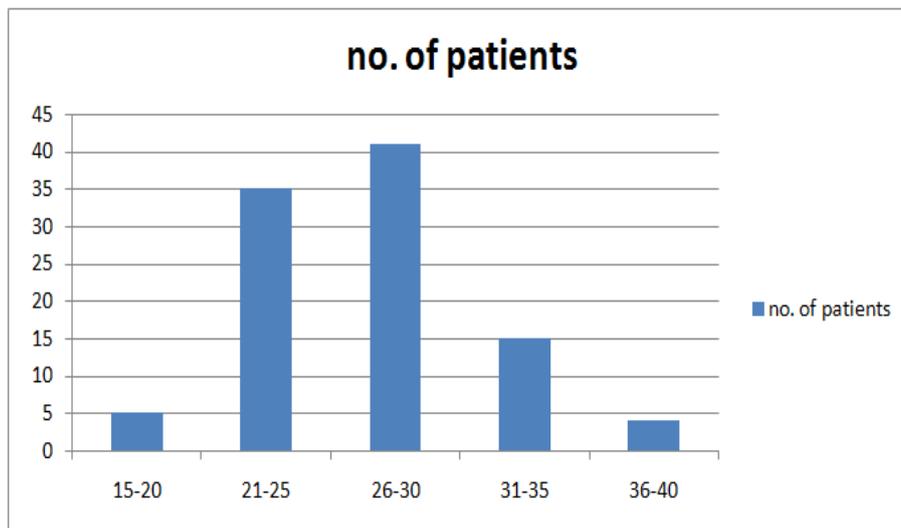
Exclusion criteria - Women with previous history of psychiatric disorder and unusual emotional scenarios. Data will be analyzed using statistical package for social sciences (SPSS) version 20.0.

Observations

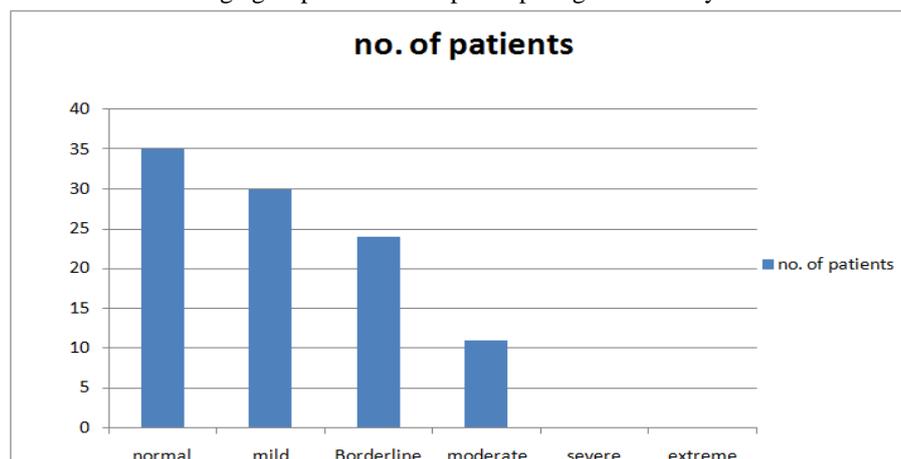
In total, 100 new post natal cases participated in the study. The mean age of the sample was 27.5 years. Out of total 100 women, 11 were found to have moderate level of depression (21-30 BDI Score range) using the self rating Beck Depression Inventory Inventory.

S.No	BDI Score	No. Frequency	Frequency (n)
1	01- to 10	Normal	35
2	11 to 16	Mild	30
3	17 to 20	Border line	24
4	21 to 30	Moderate	11
5	31 to 40	Severe	None
6	40	Extreme	None

S.No	Age	No. of Patients
1	15-20	5
2	21-25	35
3	26-30	41
4	31-35	15
5	36-40	4



Age groups of females participating in the study.



IV. Review Of Literature

In one study conducted on postpartum patients referred to psychiatrist, psychotic disturbances formed 68% and affective disturbances formed about one fourth of the referrals.⁶ In one of the prospective studies, on the prevalence of depression during and thereafter, the prevalence was reported to be 8.3%, 20% and 12.8% during third trimester, early postpartum (within three days of delivery) and late postpartum (within 4-8 weeks of delivery) respectively. Two prospective studies on pregnant women, in the states of Goa and rural South India, detected depressive disorder in 23% and 16% respectively, with depression persisting till six months after child birth in 11-14% of women.⁸ Perinatal psychiatric disorders can have a significant impact on maternal and child

outcomes, carrying a high morbidity and mortality. The challenge for health professionals is to effectively identify women with perinatal mental health problems and to ensure they are given comprehensive management plans. Numerous studies carried out in developed countries provide compelling evidence that postnatal depression is associated with long term emotional, cognitive, and intellectual problems in children¹⁰. There is some evidence that poor maternal mental health may also be associated with malnutrition and poor physical health in infants in developing countries¹¹.

V. Discussion

All the women in this study were recruited while attending the well baby clinic when they had come for vaccination of their child. They were not aware about their mental health status. In this study we found that the prevalence rate of depression was 11% through a self rated questionnaire Beck Depression Inventory (BDI). O' Hara and Swain [1996] did meta-analysis of 59 studies and estimated that the average prevalence rate of post natal depression was 13%¹². After doing logistic regression analysis strongest predictors identified were pregnancy related factors like multigravida, history of miscarriage, feeling tense during pregnancy, having girl child and women who were not able to confide in their partner.¹³

VI. Results

In total, 100 new post natal cases participated in the study. The mean age of the sample was 27.5 years. Out of total 100 women, 11 were found to have moderate level of depression (21-30 BDI Score range) using the self rating Beck Depression Inventory. On comparing the socio-demographic factors among women with depression and women without depression, females with PPD were significantly more likely to be less educated (up to primary level) and belonged to low socio-economic class ($p < 0.01$). Comparison of the obstetric factors and gender issues among women with PPD and without it showed that depression was significantly associated with having more than two children, more than one girl child, and pressure and expectation to deliver a male child. The most important independent variables were low level of education (up to primary level education), low socio-economic status, wanted son but delivered daughter. In a study conducted by Gupta et al 14 in North Indian women, the prevalence of postpartum depression was found to be 15.8%. Among the females who developed PPD, low socio-economic status, low education, rented house, more than one girl child, pressure to have a male child and delivery of a female child in spite of a desire for son, high score on adverse life events scale, previous psychiatric disorder and poor relationship with the partner, his al These findings are consistent with findings of previous studies such as poverty, 15 low level of education 16, more than one girl child 17.

VII. Conclusion

To conclude, this study provides useful information about the prevalence of PPD and risk factors especially the role of socio-cultural environment and practices prevalent in the North Indian region. Since socio-cultural factors play a major role in causation of PPD, these should be aimed for. People still consider a girl child a liability. Efforts to improve the condition of women by identifying the loopholes and measures to make them independent both economically and emotionally such as higher literacy and improved socio-economic status warrant further research. Further, more effective measures such as appointment of counselors, at the level of health care setting, to screen and counseling for PPD are warranted since none of the mothers had sought treatment despite having functional disability. This will improve quality of care required under National Rural Health Mission to reduce maternal morbidity due to depression and neglect.

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