

FREQUENCY OF POSTNATAL DEPRESSION IN A TERTIARY CARE HOSPITAL

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ABSTRACT

Background: A women during and after pregnancy passes through different physiological and psychological changes. There are many social factors that influences pregnancy and childbirth in positive or negative way. Attitudes toward pregnancy and childbirth vary from culture to culture. Postnatal depression can affect health of among many mothers. **Aim of study:** To determine frequency of postnatal depression, among patients presenting at Nishtar Hospital Multan. **Methodology:** It is a Cross Sectional Study conducted at Obstetrics and Gynecology Department, Nishtar Hospital Multan. Duration of the study was 4 month from January 2018 to April 2018. Two hundred 6-12 weeks postnatal women were enrolled in the study. Participants were screened for postnatal depression using Edinburgh Postnatal Depression Scale (EPDS). The results were analyzed through SPSS version 21. Frequency of depression was presented as percentage. **Results:** The mean age of the postnatal recruited women was 22.5±5.20 years. In this study we found that 64 (32%) women were having postnatal depression. Out of these 200 candidates, majority of the women 170 (85%) were multigravida and 30 (15%) were Primigravida. Frequency of depression was 9 (28%) among Primigravida 56 (32.9%) among Multigravida. Among multigravida, 78 (45.8%) women had three or more than three children. Common risk factors in our study were poor socioeconomic status 65%, female gender newborn 63%, all female children 58%, lack of social support 68% and joint family 23%. **Conclusion:** We concluded that almost 1/3rd of the study participants were having postnatal depression. Postpartum depression is an important clinical, economic and social problem which mostly goes undetected unless routine screening during pregnancy and in postpartum period is performed. Since postnatal depression had adverse consequences for the mother and her newborn baby therefore effective preventive strategy by the health care professionals for early detection and management is needed. In addition to, awareness, de-stigmatization and cautious measures should be taken in the community to prevent this illness.

KEYWORD: Depression, Postnatal, Frequency, Risk factors.

INTRODUCTION

The prevalence of postnatal depression ranges from 7.6 to 39% in different part of world and differs according to the population tested and the screening tools used.^[1] Prevalence in Asian countries ranges from 3.5%-63.3%^[2,3] with the lowest prevalence reported in Malaysia <4% and the highest rate in Pakistan 28-63%.^[4,5] The etiological risk factors include past history of Postpartum Depression, previous premenstrual dysphoria, stressful life events, female children, lack of social support especially from husband, financial issues and illiteracy, prenatal anxiety, stressful life events and a history of depression before the pregnancy.^[6,7,8] Postpartum depressive symptoms include low mood, pleasure, energy, concentration and self-esteem, psychomotor retardation, changes in appetite and sleep, and suicidal ideation.^[9] The Obstetrician and Pediatrician can play very important role in screening for and planning for the management of postnatal depression

through involving mental health team.^[10,11] Treatment for postnatal depressive illness include Psychotherapy, antidepressant medications and burdens revolve around breastfeeding and its impact on infant development.^[12,13] Among the psychotherapeutic approaches, Cognitive Behavior Therapy showed satisfactory results.^[11] The objective of this study was to determine the frequency of postnatal depression in an outpatient sample belonging to a tertiary care hospital.

METHODOLOGY

It is a Cross Sectional Study conducted at Obstetrics and Gynecology Department, Nishtar Hospital Multan. Duration of the study was 4 month from January 2018 to April 2018. The sample was collected through non-probability purposive sampling technique. Two hundred 6-12 weeks postnatal women were enrolled in the study. Participants were screened for postnatal depression using Edinburgh Postnatal Depression Scale (EPDS). The

EPDS has overall reliability of 0.79 (Cronbach's alpha) along with, sensitivity of 86% and specificity of 78%. Those who scored 10 and above considered positive for Postnatal Depression. The results were analyzed through SPSS version 21. Frequency of depression was presented as percentage. Ethical approval was sought from Institutional Review Board.

Edinburgh Postnatal Depression Scale (EPDS) Questionnaire

1. I have been able to laugh and see the funny side of things:

- As much as I always could
 Not quite as much now
 Definitely not so much now
 Not at all

2. I have looked forward with enjoyment to things:

- As much as I ever did
 Rather less than I used to
 Definitely less than I used to
 Hardly at all

3. I have blamed myself unnecessarily when things went wrong:

- Yes, most of the time
 Yes, some of the time
 Not very often
 No, never

4. I have been anxious or worried for no good reason:

- No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often

5. I have felt scared or panicky for no very good reason:

- Yes, quite a lot
 Yes, sometimes
 No, not much
 No, not at all

6. Things have been getting on top of me:

- Yes, most of the time I haven't been able to cope at all

- Yes, sometimes I haven't been coping as well as usual
 No, most of the time I have coped quite well
 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

- Yes, most of the time
 Yes, sometimes
 Not very often
 No, not at all

8. I have felt sad or miserable:

- Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all

9. I have been so unhappy that I have been crying:

- Yes, most of the time
 Yes, quite often
 Only occasionally
 No, never

10. The thought of harming myself has occurred to me:

- Yes, quite often
 Sometimes
 Hardly ever
 Never

RESULTS

The mean age of the postnatal recruited women was 22.5 ± 5.20 years. In this study we found that 64 (32%) women were having postnatal depression. Out of these 200 candidates, majority of the women 170 (85%) were multigravida and 30 (15%) were Primigravida. Frequency of depression was 9 (28%) among Primigravida 56 (32.9%) among Multigravida. Among multigravida, 78 (45.8%) women had three or more than three children. Common risk factors in our study were poor socioeconomic status 65%, female gender newborn 63%, all female children 58%, lack of social support 68% and joint family 23%.

Table 1: Frequency of postnatal depression. n=200

	No. of candidates	Percentage
Postnatal depression	64	32%
No depression	136	68%

Table 2: Social factors and life events.

Poor socioeconomic status	65%
Female gender newborn	63%
All female children	58%
Lack of social support	68%
Joint family	23%

DISCUSSION

Postpartum depression is a devastating condition which usually goes undiagnosed, leading to patient agony. Postpartum Depression is a grave area of concern and is affecting about one in four women in South Asia.^[13,14] The main findings of this study depicted that 1/3 women were suffering from depression after child birth. Similar results were shown in other studies done in Pakistan like Munir A et al^[15] and in other developing countries like India^[13] and Nepal.^[14] A community based study conducted at Rawalpindi resulted 56% women had depressive disorder.^[7] The other main findings of the study were financial limitations, having more girl children or more than five children and lack of social support, low body mass index, low education or illiteracy. Although these findings need attention as an important risk factors in future studies. Rehman et al^[16] elaborated several areas of Postnatal depression and its slow recovery in Pakistan. Yonkers et al^[17] and Bernazzani et al^[18] resulted that poor socioeconomic status found to be responsible for the persistent Postnatal Depression of approximately one year and slow rate of recovery in developing world. In South Asia, Postnatal depression is expressively associated with giving birth to a female infant especially when a women already have more than two female children.^[19] This might result in the lack of social support which needs to be investigated in future studies but no such data is available in South Asia. These association will help us in reduction of psychological distress upon mother which might directly affect the health of child.^[20] Various meta-analysis answered that perinatal depression along with past history of depression carried a strong risk factor towards postnatal depression.^[21,22]

Limitations

The current study is cross-sectional and is not suitable for finding risk factors for postnatal depression. It was hospital based study rather than community-based and does not represents general population. Furthermore, many valuable variables like result of pregnancy, neonatal outcome and quality of marital relationship were not investigated.

CONCLUSION

We concluded that almost 1/3rd of the study participants were having postnatal depression. It was noted that poverty, lack of social support, having girl children and female sex of the newborn are common risk factors enlisted. Postpartum depression is an important clinical, economic and social problem which mostly goes undetected unless routine screening during pregnancy and in postpartum period is performed. Since postnatal depression had adverse consequences for the mother and her newborn baby therefore effective preventive strategy by the health care professionals for early detection and management is needed. In addition to, awareness, destigmatization and cautious measures should be taken in the community to prevent this illness.

REFERENCES

1. Shaddock BJ, Shaddock VA. Synopsis of psychiatry. 9th ed. Baltimore: Lippincott Williams & Wilkins, 2007; 140: 550.
2. Reid W, Meadows OM. Postpartum depression in adolescent mothers, an integrated review of the literature. *J Pediatric Healthcare*, 2007; 289-98.
3. Gjerdengen D, Crow S, McGovern P, Miner M, Center B. Postpartum Depression Screening at Well-Child Visits: Validity of a 2-Question Screen and the PHQ-9. *Ann Fam Med*, 2009; 7: 63-70.
4. Tasha Kori A, Shanesaz A, Rezapour A. Assessment of some potential risk factors of postpartum depression. *Pak J Med Sic.*, 2009; 25(2): 261-64.
5. Sword W, Land CK, Theban L, et al. Is mode of delivery associated with postpartum depression at 6 weeks: a prospective cohort study? *BJOG.*, 2011; 118(8): 966-77.
6. Breese McCoy SJ, Beal JM, Saunders B, et al. Risk factors for postpartum depression: a retrospective investigation. *J Rep Med.*, 2008; 53(3): 166-70.
7. Chaya M, Campbell OMR, El Kak F, et al. Postpartum depression: prevalence and determinants in Lebanon. *Arch Women's Mental Health*, 2002; 5(2): 65-72.
8. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*, 1987; 150: 782-6.
9. Stein A, Gath DH, et al. The relationship between post-natal depression and mother-child interaction. *Br J Psychiatry*, 1999; 175: 554-8.
10. Rahman A, Iqbal Z, Harrington R. Life events, social support and depression in childbirth: perspectives from a rural community in the developing world. *Psyche Med.*, 2003; 33(7): 1161-7.
11. Kalinin P, Arthur DG. Postpartum depression in Asian cultures: A literature review. *Into J Knurs Stud*, 2009; 46: 1355-73.
12. Guarani SS, Shaikh K, Catani J. Postpartum depression in Pakistan: a neglected issue. *Knurs Women's Health*, 2013; 17: 147-52.
13. Rahman A, Creed F. Outcome of prenatal depression and risk factors associated with persistence in the first postnatal year: Prospective study from Rawalpindi, Pakistan. *J Affect Discord*, 2007; 100: 115-21.
14. Wisner KL, Parry BL, et al. Postpartum Depression. *N Engl J Med.*, 2002; 347(3): 194-9.
15. Patel V., Rodrigues M., Dsouza N. Gender, poverty, and postnatal depression: a study of mothers in Goa, India. *Am. J. Psychiatry*, 2002; 159: 43-47.
16. Goulash R., About-Saleh M.T. Postpartum psychiatric illness in Arab culture: prevalence and psychosocial correlates. *Br. J. Psychiatry*, 1997; 171: 66-68.
17. Aydin N., Nandi T., Karrabul N. Depression and associated factors among women within their first

- postnatal year in Erzurum province in eastern Turkey. *Women Health*, 2005; 41: 1–12.
18. Cooper P.J., Tomlinson M., Swartz L. Post-partum depression and the mother–infant relationship in a South African peri-urban settlement. *Br. J. Psychiatry*, 1999; 175: 554–558.
 19. Yonkers K.A., Raman S.M., Rush A.J. Onset and persistence of postpartum depression in an inner-city maternal health clinic system. *Am. J. Psychiatry*, 2001; 158: 1856–1863.
 20. Bernazzani O., Saucier J.F., David H. Psychosocial predictors of depressive symptomatology level in postpartum women. *J. Affect. Disord*, 1997; 46: 39–49.
 21. Husain N., Creed F., Tome son B. Depression and social stress in Pakistan. *Psychol. Med.*, 2000; 30: 395–402.
 22. O'Hara M.W., Swain A.M. Rates and risk of postpartum depression: a meta-analysis. *Int. Rev. Psychiatry*, 1996; 8: 37–54.