A Study On Postpartum Depression On Women Attending OPD In A Rural Hospital Of Dewas District In Madhya Pradesh, India

Dr Ruchi Jessica Dutta
P.G Resident, Department of Community Medicine, Sri Aurobindo Institute of Medical Sciences, Indore, M.P

Abstract: A study on Postpartum depression on women attending OPD in a rural hospital of Dewas District in Madhya Pradesh, India.

Introduction: Postpartum depression (PPD) is a non-psychotic depressive episode of mild to moderate severity, beginning in or extending into the first postnatal year. There is little evidence to support a biological basis to postpartum depression. Despite extensive research into steroid hormones in women during the puerperium, no firm evidence has emerged linking these hormones to the development of postnatal depression. It has been suggested that in a small subgroup of those experiencing postnatal depression there might be a thyroid dysfunction.

Aims / Objectives: To detect post-partum depression in women attending the clinic in rural hospital of Dewas District in Madhya Pradesh.

Methods and Material: The present Cross-Sectional study was undertaken in a rural hospital of Dewas District in the state of Madhya Pradesh in India. The study period was from 1st July 2014 to 30 Sept 2014. It included all the respondent mothers of infants less than 7 days. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess depression in post-partum women.

Statistical Analysis: Proportion was carried out for the study results.

Results: The study resulted as 80% of the mothers were Anxious and worried without any good reason. 10% mothers had a thought of harming themselves. 72% of mothers cried on being upset. 62% of mothers felt miserable most of the time.

Keywords: Postpartum Depression, Antenatal, Depression

I. INTRODUCTION

Postpartum depression (PPD) is a non-psychotic depressive episode of mild to moderate severity, beginning in or extending into the first postnatal year. (1) PPD is an important public health problem, having a significant impact on the mother, the family, her partner, mother–baby interaction and on the long-term emotional and cognitive development of the baby.(2) WOMEN of childbearing age are at high risk for depression.(3) Depression after childbirth is particularly problematic because of the social role adjustments required of women during this time. For example, women must provide immediate and constant care for their infants. Women also face challenges in their relationships with spouses or partners, and often find that they must redefine their relationships with their family members and friends. Finally, women frequently need to make adjustments in their work roles to accommodate the care required by their infants.(4) (5).

There is little evidence to support a biological basis to postpartum depression. Despite extensive research into steroid hormones in women during the puerperium, no firm evidence has emerged linking these hormones to the development of postnatal depression. It has been suggested that in a small subgroup of those experiencing postnatal depression there might be a thyroid dysfunction. Although this hypothesis merits attention if substantiated, it remains possible that the thyroid dysfunction could be secondary to immunological changes brought about by stress.(6)

Strongest predictors of postpartum depression: depression during pregnancy, anxiety during pregnancy, experiencing stressful life events during pregnancy or the early puerperium, low levels of social support, and a previous history of depression.(7)

Incomplete recognition and treatment of postpartum depression place women at risk for chronic depression and may have adverse effects on child development. The interaction disturbances of depressed mothers and their infants...
appear to be universal, across different cultures and socioeconomic status groups and, include less sensitivity of the mothers and responsivity of the infants. Several caregiving activities also appear to be compromised by postpartum depression including feeding practices, most especially breastfeeding, sleep routines and well-child visits, vaccinations and safety practices. There is a need for universal screening of maternal and paternal depression during the postpartum period. Early interventions include psychotherapy and interaction coaching for the mothers, and infant massage for their infants. Early screening and detection of the problem can prevent further complications.

II. AIM (S)/ OBJECTIVE

To detect post-partum depression in women attending the clinic in rural hospital of Dewas District in Madhya Pradesh.

INCLUSION CRITERIA

✓ The study includes all the post partum women visiting the OPD of the rural hospital under the study.
✓ All the women ready to give the willing consent for the study.

EXCLUSION CRITERIA

✓ All postpartum women not attending the respective clinic under the study.
✓ All those women who were not ready to give the consent for the study.

III. METHODS AND MATERIAL

The present Cross-Sectional study was undertaken in a Rural hospital of Dewas District in the state of Madhya Pradesh in India. The study period was from 1st July 2014 to 30th Sept 2014. It included all the respondent mothers of infants less than 7 days.

The Edinburgh Postnatal Depression Scale (EPDS) was used to assess depression in post-partum women. EPDS designed by the authors as a simple means of screening for postnatal depression in health care settings. It can also be used by researchers seeking information on factors that influence the emotional well-being of new mothers and their families. The scale can be completed in about 5 minutes and has a simple method of scoring.

EDPS has 10 questions, each questions score 3 marks, making a maximum score of 30. Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity.

A pilot study was conducted in the month of May after seeing the response from mothers the further studies were carried out. The study was then conducted after taking a written permission from the respective clinic. EPDS questionnaire is in the English language and the majorities of mothers attending the clinic were illiterate and did not follow the English language, so translation was done in the local language.

IV. STATISTICAL ANALYSIS

Proportion was carried out for the study results.

RESULTS

The study resulted as 80% of the mothers were Anxious and worried without any good reason. 10% mothers had a thought of harming themselves. 72% of mothers cried on being upset. 62% of mothers felt miserable most of the time. Only 20% looked forward with enjoyment to things. 78% of mothers were unable to sleep. 13% of mothers blamed themselves unnecessarily. 41% have been able to laugh and see funny side of things.

Table 1: Postpartum Behavior differences in women postpartum

<table>
<thead>
<tr>
<th>Percentage</th>
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<tbody>
<tr>
<td>Able to see funny</td>
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<tr>
<td>side</td>
</tr>
<tr>
<td>Blaming oneself</td>
</tr>
<tr>
<td>Unable to sleep</td>
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<tr>
<td>looking forward to</td>
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<tr>
<td>enjoyment</td>
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<tr>
<td>Feeling miserable</td>
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<td>Crying on being</td>
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<tr>
<td>upset</td>
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<tr>
<td>Harming to self</td>
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<tr>
<td>Anxious and Worried</td>
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V. CONCLUSIONS

The study concludes that mothers even in the rural area suffer from post partum depression. Most women complained of being Anxious and worried most of the time and without any specific reason. Majority of women were also unable to sleep either due to worry or anxiety. On being upset most of them used to cry. Feeling miserable was also one of the symptoms seen commonly in depression. A few of them used to blame oneself.

Postpartum depression if early detected can prevent further complications. If treated early either medically or by counseling can improve psychological status of mothers.

REFERENCES

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