RISK FACTORS OF POSTPARTUM DEPRESSION AMONG THE POSTNATAL MOTHERS

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Abstract: Depression is a major public health problem that is twice as common in women as men during the childbearing years. A case control study was conducted to assess the risk factors of postpartum depression among the postnatal mothers in the selected corporation health centers at Chennai.

Research Methodology:
A retrospective case control study was conducted at a corporation health center in Saidapet, Chennai with the Sample size of 256 using purposive sampling technique. Tools such as a validated Tamil version of the Edinburgh Postnatal Depression Scale (EPDS) and Checklist of obstetrical risk factors and psychosocial risk factors were used to collect the data.

Results: Findings revealed that among 256 postnatal mothers, 23% of the mothers were depressed (cases) and 18% were in the borderline depression (controls) and 59% had no postpartum depression (controls). Among demographic risk factors of Postpartum Depression, illiteracy was found to be the significant risk factor. None of the obstetrical variables were found to be the significant risk factors of postpartum depression. Among psychosocial risk factors such as history of Depression, anxiety, psychosis during this pregnancy, unhappy married life, history of major life events in the last one year, financial difficulties, Problems with in laws, lack of Support from the husband and others were found to be the significant risk factors of postpartum depression.

Conclusion: Since the prevalence of the postpartum depression is high needs of the postnatal must be addressed adequately especially with regard to psychosocial factors.

Key words: Postpartum depression, Risk Factors, Postnatal Mothers, Edinburgh Postnatal Depression Scale

Introduction:
Childbirth is one of the most marvelous and memorable segment in a woman's life. It does not really matter if the child is the first, second or the third one. Each experience is unique and calls for a celebration. Fear, anxiety and emotional instability during the postpartum period often prevent most postnatal mothers from enjoying this experience. It is very important to communicate these negative emotional experiences, based on which critical decisions can be made in the best interest of the postnatal mothers. Generally, episodes of postnatal depression begin within 2-4 weeks after the birth and can last for 2-6 months (Pacific postpartum society. 2002). Baby blues typically begin within the first two to three days after delivery, and may last for up to two weeks and disappears spontaneously without any intervention. But some mothers experience a more severe, long-lasting form of depression known as postpartum depression. It's important for new mothers and those who love them to understand the symptoms of postpartum depression and to reach out to families, friends, and medical professionals for help. Although effective non-pharmacological and pharmacological treatments are available, both patients and their caregivers frequently overlook postpartum depression (Lee, 2001). Hence, this study was undertaken to assess the risk factors of postpartum depression among the postnatal mothers.

Statement of the problem:
A case control study was conducted to assess the prevalence of postpartum depression among the postnatal mothers in the selected corporation health centers at Chennai.

Objectives
1. To find out the difference in the depression scores of postnatal mothers among cases and controls.
2. To find out the association between selected demographic variables and postpartum depression among postnatal mothers.
3. To find out the association between selected and postpartum depression among postnatal mothers.
4. To find out the association between selected psychosocial variables and postpartum depression among postnatal mothers.

Null hypothesis:
1. Ho1: There will not be any significant association between selected demographic variables and postpartum depression among postnatal mothers.
2. Ho2: There will not be any significant association between selected obstetrical variables and postpartum depression among postnatal mothers.
3. Ho3: There will not be any significant association between selected psychosocial variables and postpartum depression among postnatal mothers.
Research methodology:
The study was conducted after obtaining permission from the concerned authorities of corporation health center, Chennai and ethical committee of Apollo Hospitals. A case control study was adopted for conducting this study. This study was conducted at corporation health center, Chennai with the Sample size of 256. Sample size was estimated using power analysis, based on the previous study findings (Savarimuthu et al, 2010). Purposive sampling technique was used to select the samples. Data was collected by using predetermined and pretested tools such as demographic variable proforma, obstetrical risk factors and psychosocial risk factors assessment tools, Validated Tamil version of the Edinburgh Postnatal Depression Scale (EPDS) through the interview method. The Edinburgh Postnatal Depression Scale (EPDS) consists of 10 items; four point rating scale, which is a valuable and efficient tool of identifying patients with depression. The EPDS is easy to administer and has proven to be an effective screening tool. Mothers with EPDS scores above 12/30 is considered to have postpartum depression (cases) and others were considered as normal (controls). The internal consistency of the EPDS has previously been found to be satisfactory by using the Cronbach’s alpha (0.79) for the EPDS administered at 2 to 3 days postpartum and 0.82 at 4 to 6 weeks postpartum (Cox, Holden, 1987). Risk factor assessment proforma consisted of 16 risk factors, with yes or no type of answers. Regarding support system there were 2 items and rated as highly satisfied, satisfied and highly dissatisfied. Data was collected using the interview method after obtaining informed consent from the participants. Mothers were selected for the study, by reviewing the maternal and child health care records of the mothers. It took about 25 to 40 minutes on an average for each participant to complete the interview schedule. Mothers were able to follow the instructions easily and cooperated well, and the mothers who were identified with postpartum depression were given counseling and were referred for the treatment. Pamphlets were distributed to all the mothers to create awareness of risk factors for postpartum depression and take necessary actions when required.

Results and Discussion:
Majority of the mothers (54% and 64% in cases and controls, respectively) belonged to the age group of 20-25 years as most women hit their fertile peak between the ages of 23 - 30 years and living in the nuclear families (56% and 59%). Majority of their families had less number (3 -5) of family members (69% and 82%) living in the nuclear families (56% and 59%). Majority of the mothers had less number (3 -5) of family members (69% and 82%). Forty-two percentages of the mothers were illiterate in cases (42%) families had less number (3 -5) of family members (69% and 82%). There were no complications during the time of pregnancy in majority of the mothers in cases and controls (81% and 71%). There were no complications during the time of pregnancy in majority of the mothers in cases and controls (81% and 71%). Around half of the mothers had a male child in cases and controls (46% and 58%).

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
<th>t value</th>
<th>P value</th>
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<tbody>
<tr>
<td>Cases</td>
<td>13.70</td>
<td>3.46</td>
<td>23.07</td>
<td>0.03*</td>
</tr>
<tr>
<td>Controls</td>
<td>5.50</td>
<td>2.17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < 0.05

Data presented in this table denotes the mean depression scores of cases (13.70, 3.46) were higher than the controls (5.50, 2.17) which is statistically significant at p <0.05. It is true that depressed mothers interact less with their babies. Women with postpartum depression are less likely to be breastfed, play with, and care their babies. This inconsistency disrupts the bonding process between mother and child. These results provide clinical direction, suggesting that early identification and treatment of postpartum depression is important. Women should be screened for potential risk factors and depressive symptoms during pregnancy and postpartum periods so that appropriate interventions if needed can be initiated in a timely fashion. Illiteracy ($\chi^2 =11.61, p < 0.05$), was found to be the significant risk factor of postpartum depression However, there is no association between other demographic variables and postpartum depression. Hence the null hypothesis (H0) was accepted. History of Depression, anxiety, psychosis during this pregnancy ($\chi^2 =13.59, p < 0.05$ ), unsatisfactory relationship with the husband($\chi^2 =11.03, p < 0.05$ ), history of major life events in the last one year($\chi^2 = 4.72, p < 0.05$ ), presence of financial problems($\chi^2 =7.50, p < 0.05$ ), Problems with in laws ($\chi^2 =4.76, p < 0.05$ ),problems with parents($\chi^2 =4.33, p < 0.05$ ), dissatisfaction Support from husband ($\chi^2 =6.84, p < 0.05$ ), and others ($\chi^2 =7.15, p < 0.05$ ) were the significant psychosocial risk factors of postpartum depression. Distributions of these factors are significantly higher among cases than controls. Hence the null hypothesis (H0) was rejected. Similar findings were also reported by (leigh and Milgram 2008), where they have reported that History of Depression, anxiety, psychosis during this pregnancy were found to be significant risk factors of postpartum depression. Antenatal depression was the strongest predictor of postpartum depression and in turn postpartum depression was the strongest predictor for parenting stress. Life events are well associated with the onset of depressive disorders; life events either aggravate or precipitate depression. An accumulation of various events produces a non-specific vulnerability for the development or precipitation of various disorders including depression. Similar findings are also reported by various other researchers in various parts of the world and India. (Chandran and Tharyan, 2002).

Conclusion:
Postpartum depression is common and the high prevalence rate has been often reported in India. Social and cultural factors have a major impact on postpartum depression. Health professionals should understand and deal with the stresses surrounding birth, such as concerns about the roles, illnesses, delivery, childcare relationships and resources. Mothers should be advised prior to hospital discharge that if maternity blues be advised prior to hospital discharge that if maternity blues are increasing, they should seek help by which devastating effect of depression on mother and baby can be prevented.
References
1 Chandran M, Tharyan, P (2002). Postpartum depression in a cohort of women from a rural area of Tamil Nadu, India, British journal of psychiatry, 181(6), 499-504.


5 Savarimuthu et al. (2010). Postpartum depression in the community, a qualitative study from rural south India. International journal of social psychiatry 56(1), 94-102.