

A Study of Depression in Early and Late Post Partum Period

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Background: Post-partum period is a period which is characterized by biological, emotional and psychosocial changes. There are overwhelming emotions like anxiety, anticipation, excitement, frustration, guilt etc. in this period. Post-partum depression affects 10-15% of all new mothers but may be as high as 30% according to some studies. Once a patient has suffered from postpartum depression there is substantial risk of subsequent of postpartum depression. It usually lasts for 3-4 weeks to months and although fairly common, majority of cases remain undiagnosed due to social stigma of being labelled as “unhappy mother”.

Aims and objectives: To study association of depression in early and late postpartum period

Materials and Methods: Official permission was taken from the Institutional Ethical Committee for the sample studies. Fifty females (20-35Years) were selected from Obstetrics and Gynecology ward on a random basis conducted at Mahatma Gandhi Medical College & Hospital, Jaipur. After sociodemographic profiling, all the subjects were assessed on Beck's Depression Inventory (Hindi version). The subjects will be assessed after delivery and second time within 4 -6 weeks of delivery.

Tools: Sociodemographic perform (name, age, sex, religion, education, monthly income, occupation, family type, family size, birth order), Becks Depression Inventory (Hindi Version)

Results: Data collected was analysed by using appropriate statistics SPSS latest version and proper evaluation of scores on scales.

Keywords: Depression, Early and late Post partum Depression.

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I. Introduction

Post Partum Depression is defined in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for major depressive disorder of four or more of the following symptoms experienced nearly every day for at least two weeks: insomnia, hypersomnia, psychomotor agitation or retardation, fatigue, changes in appetite, feelings of worthlessness, guilt, decreased concentration, and suicidality. The patient must also have either a depressed mood and/or loss of interest or pleasure in daily activities with episodes beginning within four weeks of delivery. Thus it is a period which is characterized by biological, emotional, and psychosocial changes. There are overwhelming emotions in this period. It usually lasts for 3-4 weeks to months and although fairly common, majority of cases remain undiagnosed due to social stigma of being labelled as “unhappy mother”. While 40-67% of PPD cases begin within the first 12 weeks postpartum, anywhere from 30-70% of mothers may experience depression for longer than one year.¹ Postpartum depression is a nonpsychotic depressive episode of mild to moderate severity, beginning in or extending into the first postnatal year. Beck described it as a thief that steals motherhood². A Meta-analysis of studies mainly based in the developed world found the incidence of postpartum depression to be 12-13 %³; with higher incidence in developing countries^{4, 5}

Post-partum depression has been classified into three categories in ascending level of severity. These are :

1. Maternity blues,
2. Postpartum depression and
3. Psychotic depression

Maternity blues:

It is the most common mood disturbance in new mothers (50-80%), with an early onset, peaking at day five, and full resolution 10-14 days post- partum. Signs and symptoms include emotional lability, frequent crying, fatigue, insomnia, anger, sadness, and irritability. The blues can evolve into full-blown PPD, if symptoms last longer than two weeks; Once a patient has suffered from postpartum depression, there is a substantial risk of subsequent postpartum depression, reported to be between 30% to well over 50% (Garvey. et.al, 1983).⁶ It lasts from 3.3 weeks to many months.

Post-partum psychosis: PPP is the most serious, but least common, of all postpartum mood disorders. It occurs one to two per thousand deliveries and within three months of delivery, it is associated with delusions, auditory and visual hallucinations, extreme agitation, confusion, inability to eat or sleep, rapid speech, rapid mood swings, paranoia, and suicidal and/or infanticidal ideations.¹

Aims and objective:

To study association of depression in early and late postpartum period (after delivery and second time within 4 - 6 weeks of delivery

II. Material And Methods

Type of study- Hospital based, case control study.

Place of study – Mahatma Gandhi Hospital, Sitapura, Jaipur

Duration of study- 3 months

General Method of Study: prospective study

Sample collection-Total 50 cases which were used to be their own control in the late postpartum period. Fifty females (20 – 35 years) were selected from Obstetrics and Gynecology ward on a random basis conducted at Mahatma Gandhi Medical College & Hospital, Jaipur. Data collection was from inpatient department of Obstetrics & Gynecology unit and outpatient of Department of Psychiatry. After sociodemographic profiling (Socio demographic parameters (name, age, sex, religion, education, monthly income, occupation, family type, family size), all the subjects were assessed on Beck’s Depression Inventory (Hindi version), (Beck et al, 1961) which has been frequently used as the measure of depressive symptomatology. The subjects were assessed after delivery (within 7 days) and second time within 4 -6 weeks of delivery. All the subjects were assessed on Beck Depression Inventory (BDI)

The study had a prospective design and subjects were followed up so as to use subjects as their own control. The subjects were rated on BDI within 7 days of delivery. Second assessment (PP2, late postpartum period) was done at psychiatry OPD within 4-6 weeks of delivery, and subjects were rated on BDI.

III. Results

A total of 50 subjects were assessed during the first 7 days of post-partum period and 44 turned for follow up for the second assessment.

1st assessment was done at a mean duration of 3.8 days after delivery with SD of 0.9. Second assessment was done at a mean duration of 5.6 weeks (SD 1.4) after delivery.

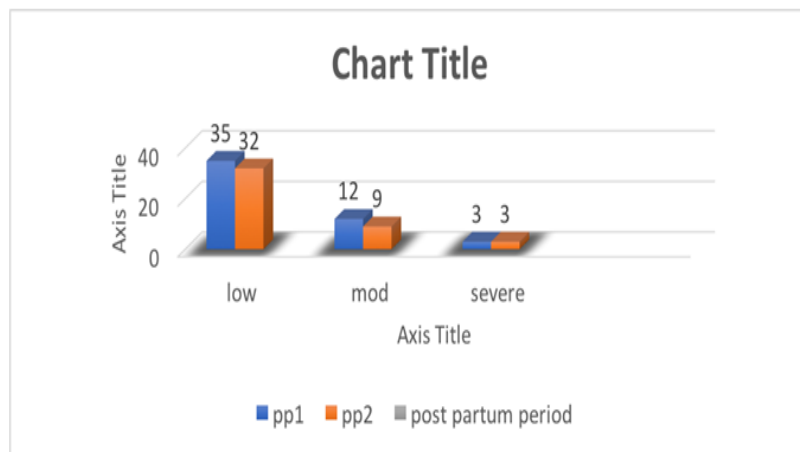
Sociodemographic profile

Most of the females in our study (42) were housewives. Out of 50, 8 females had received no formal education while the number of females who were educated till high school graduate and post graduate level were 21,8 and 13 respectively. Most of the females (27) belonged to nuclear families and were Hindu (45) by religion.

Age (20-35)	N = 50
Occupation	
Housewife	42
others	08
Education	
Illiterate	8
Matriculate	21
Graduate	8
Postgraduate	13
Family type	
Nuclear	27
Joint	13
Religion	
Hindu	45
Muslim	05
Others	--

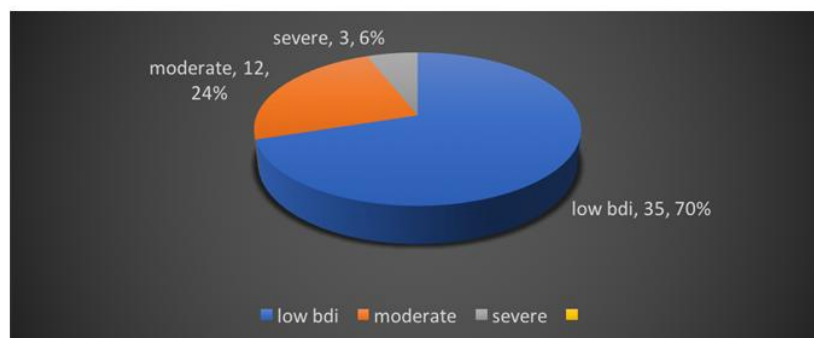


In the early post-partum period the number of females, 35 females had mean bdi score of 7.142 with SD of 4.62. 12 females had mean bdi score of 21.38 with SD of 3.40 and 3 females had mean bdi score of 1.4 with SD of 1.4. The maximum number of females in this study in early postpartum period had mild depression. In the late post-partum period the number of patients with low bdi had mean score of 4.93 and SD of 3.72. Nine patients had mean score of 20.11 with SD of 2.228 while 3 had mean score of 32.8 with SD of 1.69. The correlation coefficient of early post-partum period with late post-partum period was 0.52 depicting significant correlation.



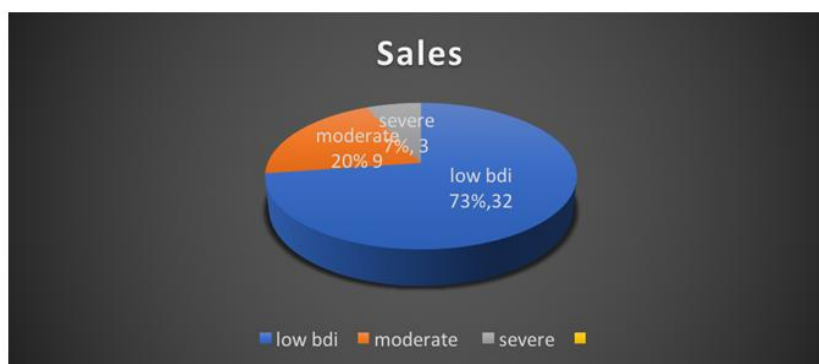
Early Post-partum period

Bdi	Mean	Standard deviation
Low (0-16)	7.142	4.62
Moderate (17-30)	21.384	3.40
Severe(>31)	31.414	1.4
Chi square	32.05	
P value	.025 --significant	



Late Post-partum

Bdi scoring	mean	Standard deviation
Low bdi (0-17)	4.93	3.724
Moderate bdi (17-30)	20.11	2.282
Severe (30 and above)	32.66	1.69
Chi square	28.51	
P value	0.025 ---significant	



IV. Discussion

The present study was carried out to study depression in early and late post-partum period. The patients were assessed twice once within seven days of delivery and next time within four to six weeks post-partum thus making them act as their own control at the second assessment .

A total of 6 subjects defaulted on second assessment. Kumar and Robson (1984)⁷ have re-ported that defaulters are usually single women who do not have adequate support system or women who have other young children at home, or females who lack the resources to obtain proper care. In the present study, this could be due to the various reasons peculiar to stigma associated with visiting the Psychiatry OPD at follow up.

The number of patients with BDI scores between falling in mild category can be said to be having maternity blues. In the literature, 39-85% of new mothers have been reported to have postpartum blues (O' Hara et al, 1990).⁸ in our study the percentage of patients with Post-partum blues was 70 and 75% respectively which was in accordance to other studies. Moreover, it is reported that these blues are more common in western countries where traditional and social support systems, and prescribed rituals associated with childbirth are virtually lacking than in Indian scenario.

The prevalence of depression in the early and late postpartum period in our study was around 30% and 27% respectively. Postpartum depression (PPD) affects 10-15% of all new mothers, but may be as high as 35% in certain demographic groups. (Moses et.al) the prevalence has been found to be more in developing countries in some studies.^{2,3} Patel et.al. (2002) reported that 23% of the mothers were detected to have depressive disorder at 6- 8 weeks after childbirth.¹¹ Paykel et.al. (1980)⁹ and Kumar and Robson (1984)⁷ have reported higher rates too in their studies. Our study results were similar to the above mentioned studies.

BDI score on the first and second assessment in our study was significantly correlated. The presence of postpartum blues was correlated with postpartum depression. Paykel et.al.(1980) and Hannah et al (1992) found that 36-85% of women with moderate clinical depression in postpartum period had earlier suffered from postpartum blues.^{9,10}

V. Conclusion

The present study was conducted to study depression in early and late postpartum period using the materials and methods as reported in contemporary studies. The prevalence and severity and relationship between early and late post-partum period was studied.

The depression rates were found to be a higher in the present study for early and late post-partum period than given in literature but it can be more in developing countries as reported in various studies. There was significant correlation between depression in early and late postpartum period. Future studies need to address the issues of differentiating characteristics of postpartum depression from non-postpartum depression, various predictive factors. Future studies are needed from larger community with samples from the beginning of pregnancy and comparing these with non-pregnant controls to highlight characteristics of depression in postpartum period.

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