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# To determine the prevalence of postpartum depression in patients in RD Gardi Medical College, Ujjain

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#### Abstract

**Background:** Postpartum depression (PPD) is a mood disorder that affects adult mothers yearly with depressive symptoms that often occurs within a few months to a year after birth. The present study was conducted to determine the prevalence of postpartum depression in patients in RD Gardi Medical College, Ujjain.

**Material and method:** This descriptive cross-sectional study was conducted at RD Gardi Medical College, Ujjain to determine the prevalence of postpartum depression in patients. The study was conducted within a period of 2 months. The complete data collection was done. A Patient Health Questionnaire (PHQ-9) was used to screen for depression. The PHQ-9 is a 9-question instrument given to patients in a primary care setting to screen for the presence and severity of depression. Data were analyzed using statistical software SPSS version 21.0.

**Results:** In the present study total women included were 300 in which maximum women were of age group 18-27 years (45.3%). Out of 300 women, the majority (90%) did not have any indications of postpartum depression (PPD), while 10% had postpartum depression (PPD). The severity of depression shows that 40% out of the total number of women had minimal depression; 23.33% had moderate depression and mild depression, respectively; 3.33% had moderately severe depression with 10% of the women had severe depression.

**Conclusion:** This study concluded that the majority women did not have any indications of postpartum depression. The severity of depression shows that 40% out of the total number of women had minimal depression; 23.33% had moderate depression and mild depression, respectively; 3.33% had moderately severe depression with 10% of the women had severe depression.

Keywords: postpartum depression, cognitive, socio-emotional development

## Introduction

Postpartum depression is a very common problem, which occurs in women of childbearing age within 6 weeks of childbirth, but is often unrecognized or undiagnosed and a significant public health burden. [1] Postpartum depression (PPD) is a mood disorder that affects approximately 10-15% of adult mothers yearly with depressive symptoms lasting more than 6 months among 25-50% of those affected. [2] Postpartum depression (PPD); a non-psychotic depressive disorder classified by the Diagnostic and Statistical Manual of Mental Disorders as an Episode of Major Depressive Disorder that begins within 4 weeks of childbirth. [3] PPD is associated with increased chronic medical disorders [4] and risk-related behaviors such as tobacco smoking [5] and alcohol abuse [6]. Universal screening is an optimal approach to detection of new mothers who are suffering from depression following childbirth. [7] There is evidence that PDS has negative effects on the family [8], child's well-being and cognitive and socio-emotional development [9, 10], and mother-child interaction. [10] Major predisposing factors for developing PPD are social in nature usually stressful life events, childcare stress, and prenatal anxiety appears to have predictive value for PPD. In addition, a history of the previous episode of PPD [11], marital conflict, and single parenthood are also predictive. [12] The present study was conducted to determine the prevalence of postpartum depression in patients in RD Gardi Medical College, Ujjain.

# Methods

This descriptive cross-sectional study was conducted at RD Gardi Medical College, Ujjain to determine the prevalence of postpartum depression in patients. The study was conducted within a period of 2 months. Before the commencement of the study ethical approval was taken from

Corresponding Author: Dr. Payal Choudhary MS Gynae Obstrtrics, Private Practitioner, Sikar, Rajasthan, India the Ethical Committee of the institution and written informed consent was obtained from the patients. The study population included mothers who were within 12 months after delivery because postpartum depression usually affects women within 12 months after giving birth. The mothers who had given birth and were within 12 months after delivery were 300. The complete data collection was done by the investigator by using questionnaire. A Patient Health Questionnaire (PHQ-9) was used to screen for depression. The PHQ-9 is a 9-question instrument given to patients in a primary care setting to screen for the presence and severity of depression. Data were analyzed using statistical software SPSS version 21.0.

**Results:** In the present study total women included were 300 in which maximum women were of age group 18-27 years (45.3%). Out of 300 women, the majority (90%) did not have any indications of postpartum depression (PPD), while 10% had postpartum depression (PPD). The severity of depression shows that 40% out of the total number of women had minimal depression; 23.33% had moderate depression and mild depression, respectively; 3.33% had moderately severe depression with 10% of the women had severe depression.

Table 1: Distribution according to age

Age group	N (%)
18-27 years	136(45.33%)
28-37 years	70(23.33%)
38-49 years	49(16.33%)
49 years and above	45(15%)
Total	300(100%)

Table 2: Prevalence of postpartum depression

Prevalence of postpartum depression	N (%)
PPD absent	270(90%)
PPD present	30(10%)
Total	300(100%)

**Table 3: Severity of depression** 

Severity of depression	N (%)
Minimal depression	12(40%)
Mild depression	7(23.33%)
Moderate depression	7(23.33%)
Moderately severe depression	1(3.33%)
Severe depression	3(10%)
Total	30(100%)

**Discussion:** PPD is a far more serious disorder. Most investigators agree that around 10–15% of women who give birth will suffer from PPD in the first months after delivery. Although it has been suggested that PPD might be more frequent in urban societies, recent studies in non-Western countries showed that PPD has similar prevalence rates in different societies worldwide. <sup>14</sup>

In the present study total women included were 300 in which maximum women were of age group 18-27 years (45.3%). Out of 300 women, the majority (90%) did not have any indications of postpartum depression (PPD), while 10% had postpartum depression (PPD). The severity of depression shows that 40% out of the total number of women had minimal depression; 23.33% had moderate depression and mild depression, respectively; 3.33% had moderately severe depression with 10% of the women had severe depression.

The study evidenced that the prevalence of postpartum

depression in studies conducted in Iran was  $23.2\%^{15}$  and 28.1% in the Trabzon province  $^{[16]}$ .

Inandi *et al.* reported incidence of 31.1% for non-psychotic PPD in Turkish mothers in the 1 st year. [17]

The high prevalence rate of 23% at 6-8 weeks in a follow-up of 270 women from antenatal to postpartum period by Patel *et al.* [18]

Chandran *et al.*  $^{19}$  and Thangappah *et al.*  $^{[20]}$  reported prevalence of 11.0% and 5.9% in rural south India.

Perceived social isolation or lack of social support during pregnancy is a strong contributor to depressive symptoms during postpartum period [21].

Fisher *et al.* argued that perinatal mental health problems were not observed in traditional cultures, including low income settings, because women were given structured postpartum care, which included a status of honour, relief from normal household tasks, and a mandated period of rest which are protective. <sup>[22]</sup>

**Conclusion:** This study concluded that the majority women did not have any indications of postpartum depression. The severity of depression shows that 40% out of the total number of women had minimal depression; 23.33% had moderate depression and mild depression, respectively; 3.33% had moderately severe depression with 10% of the women had severe depression.

# References

- 1. Desai ND, Mehta RY, and Ganjiwale J, Study of prevalence and risk factors of postpartum depression. National Journal of Medical Research. 2012;2(2):194–198.
- Beck CT, Records K, Rice M. Further development of the postpartum depression predictors inventory-revised. J Obstet Gynecol Neonatal Nurs. 2006;35(6):735–745. doi: 10.1111/j.1552-6909.2006.00094.x.
- 3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed. Washington D.C: American Psychiatric Publishing; 2013.
- 4. Miranda J, Chung JY, Green BL, Krupnick J, Siddique J, Revicki DA, et al. Treating depression in predominantly low-income young minority women: a randomized controlled trial. JAMA. 2003;290(1):57–65.
- 5. McCoy SJ, Beal JM, Saunders B, Hill EN, Payton ME, Watson GH. Risk factors for postpartum depression: a retrospective investigation. Journal of Reproductive Medicine. 2008;53(3):166–170.
- 6. Homish GG, Cornelius JR, Richardson GA, Day NL. Antenatal risk factors associated with postpartum comorbid alcohol use and depressive symptomatology. Alcoholism: Clinical & Experimental Research. 2004;28(8):1242–1248.
- 7. Wisner KL, Chambers C, Sit DK. Postpartum depression: a major public health problem. JAMA. 2006;296(21):2616–2618.
- 8. O'Hara MW, Swain AM (1996) Rates and risk of postpartum depression: a meta analysis. Int Rev Psychiatry 8: 37-54.
- 9. Hammen C, Brennan PA (2003) Severity, chronicity, and timing of maternal depression and risk for adolescent offspring diagnoses in a community sample. Arch Gen Psychiatry 60: 253-258.
- 10. Murray L, Cooper PJ (1997) Postpartum depression and child development. Psychol Med 27: 253-260.
- Leopold KA, Zoschnick LB. Women's primary health grand rounds at the University of Michigan: postpartum depression. Female Patient Total Health Care Women. 1997;22:12–30.

- 12. Andrews-Fike C. A review of postpartum depression. Primary Care Companion J Clin Psychiatry. 1999;1(1):9. doi: 10.4088/PCC.v01n0103.
- 13. Gao LL, Chan SW, Mao Q. Depression, perceived stress, and social support among first-time Chinese mothers and fathers in the postpartum period. Res Nurs Health. 2009; 32: 50-58.
- 14. Radesky JS, Zuckerman B, Silverstein M, Rivara FP, Barr M, Taylor JA, et al. Inconsolable infant crying and maternal postpartum depressive symptoms. Pediatrics. 2013; 131: 1857.
- 15. I. Mirza and R. Jenkins, "Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: systematic review," *BMJ*, vol. 328, no. 7443, p. 794, 2004.
- 16. S. Ayvaz, C. Hocaoglu, A. Tiryaki, and A. K. Ismail, "The incidence of postpartum depression in Trabzon province and the risk factors during gestation," *Turkish Journal of Psychiatry*, vol. 17, no. 4, pp. 1–8, 2006.
- 17. Inandi T, Elci OC, Ozturk A, Egri M, Polat A, Sahin TK. Risk factors for depression in postnatal first year, in eastern Turkey. Int J Epidemiol 2002;31:1201-7.
- 18. Patel V, Rodrigues M, DeSouza N. Gender, poverty, and postnatal depression: A study of mothers in Goa, India. Am J Psychiatry 2002;159:43-7.
- Chandran M, Tharyan P, Muliyil J, Abraham S. Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India. Incidence and risk factors. Br J Psychiatry 2002; 181:499-504.
- 20. Thangappah RP, Asokan TV, Rajeswari A. Postpartum psychiatric illness. J Obstet Gynecol Indian 2005;55:329-32.
- 21. Robinson GE, Stewart DE. Postpartum disorders. In: Scotland NL, Stewart DE, editors. Psychological Aspects of Women are Health Care: The Interface between Psychiatry and Obstetrics and Gynecology. 2 nd ed. Washington, DC: American Psychiatric Press, Inc.; 2001. p. 117-40.
- 22. Fisher JRW, Cabral de Mello M, Izutsu T, Tran T (2011) The Ha Noi Expert Statement: recognition of maternal mental health in resourceconstrained settings is essential for achieving the Millenium Developemnt Goals. Int J Ment Health System 5:2.