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Prevalence of Postpartum Depression in Primigravida and Multigravida with Normal Physiological Status

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ABSTRACT

This study is performed to determine the prevalence of Postpartum Depression (PPD) and compare its percent prevalence in gravida one with multigravida and also to highlight the symptoms that often ignored leading to postpartum psychosis. An observational survey based study is being conducted in the gynecological OPDs and general female population by a close ended questionnaire and the collected data is being divided into two groups, primigravida and multigravida with total response rate 80.4%. Inclusion criterion is age between 16–39 years with 1 week up to 12 weeks of postpartum and normal physiological status. Exclusion criteria are gravida five, women with history of psychiatric disorder and unusual emotional scenarios. The incidence of maternity blues is more as compared to PPD i.e. 82.78% baby blues and 17.21% PPD which is found to be more common among primigravida mothers (68%). The age group most highly affected range from 16-25 years with percentage of 57.69% while 23.07% belong to 26-35 years and 19.23 % to 36-39 years. Approximately 65.38% of the respondents with PPD were undergraduate while 19.23% and 15.38% were graduates and postgraduates respectively. Data was analyzed using statistical package for social sciences (SPSS) version 20.0. The study data revealed the occurrence of PPD is found to be higher in subjects, in housewives, those who delivered female infants and those lacking support from spouse although no significant relationship was found between PPD and type of delivery, socio economic status, and infant feeding status.

Keywords: Depression, Postpartum, Primigravida, Multigravida, Anorexia, Insomnia

INTRODUCTION

Postpartum period makes a woman very much susceptible to altered mental states which can be categorized as baby blues, postpartum depression and postpartum psychosis. Postpartum depression is a mental state characterized by positive depression symptoms in mothers even after 4 weeks of postpartum and which affects almost 10-15% of women¹. Postpartum depressive symptoms and depressed

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mood negatively affect the quality of life and daily functioning of mothers and infants². Women who have postnatal depression are significantly more likely to experience future episodes of depression³. Anxiety and depression is common in life, it is also common among Primigravida and multigravida mothers during labor and delivery. Mothers go through severe mental stress during their labor, delivery and hospitalization. Providing psychological support is one of the most important need of the time in order to prevent the mothers from this mental

depressed state. Thus this study is designed to investigate the Postpartum Depression (PPD), sleep disturbance, anxiety, related problems and practices among primigravida and multigravida mothers during and after pregnancy. Knowledge about Postpartum Depression, sleep and sleep disturbance, anxiety related problems and practices will help the professionals to assess and treat the sleep disturbance, anxiety, depression and related problems in their clients⁴.

The aim of this study is to determine the prevalence of Postpartum Depression and identify the related problems causing Postpartum Depression and the health seeking behavior among primigravida and the multigravida mothers to overcome Postpartum Depression.

METHODOLOGY

Data was collected by self-administration of specially structured close ended performa which was distributed among the primigravida and multigravida mothers who had their delivery at urban hospital setting. Information was gathered regarding demographic details, postpartum depression, symptoms, daily routine, social support in the gynecological OPDs and general female population of Karachi. Duly filled 402 out of 500 forms were obtained with total response rate of 80.4% over a period of 60 days. Mothers who met the following criteria were included in the study i) Age between 16–39 years ii) 1 week up to 12 weeks of postpartum iii) normal physiological status iv) women who delivered at urban hospital settings Exclusion criteria was i) gravida five ii) women with history of psychiatric disorder iii) unusual emotional scenarios iv) illiterate.

No approval from the ethical committee was required as our work was not experimental one though an informed consent was taken from the participants and confidentiality was strictly maintained. Data was analyzed using statistical package for social sciences (SPSS) version 20.0 frequency, percentages and p values presented in tables and figures below.

RESULTS

The incidence of maternity blues is more as compared to PPD i.e. 82.78% baby blues and 17.21% PPD which is found to be more common among primigravida mothers (68%) as shown in Figure 1. The age group most highly affected range from 16-25 years with percentage of 57.69% while 23.07% belong to 26-35 years and 19.23% to 36-39 years. Approximately 65.38% of the respondents with PPD were undergraduate while 19.23% and 15.38% were graduates and postgraduates respectively. The study data revealed the occurrence of PPD is found to be higher in housewives, those who delivered female infants and those lacking support from spouse although no significant relationship was found between PPD and type of delivery, socio economic status, and infant feeding status with their respective p values as shown in Table I.

Table 1: Factors predictive of post-partum depression

Factors	Groups	n	P-value
Parity	Primigravida	40	0.001
	Multigravida	12	
Age (Years)	16-25	30	0.001
	26-35	12	
	36-39	10	
Type of delivery	Uncomplicated	25	0.992
	Complicated	27	
Substance addiction	Yes	22	0.000
	No	30	
Socio economic status	Low	20	0.858
	Middle	19	
	High	13	
Infant gender	Male	15	0.000
	Female	37	
Working status	Employee	23	0.018
	House wife	29	
Education	Undergraduate	32	0.001
	Graduate	10	
	Post graduate	10	
Infant feeding status	Mother feed	15	0.987
	Formula milk	21	
	Both	16	
Spouse support	Lacking	38	0.000
	Sufficient	10	
	High	4	

Associated Psychological symptoms frequently reported are feeling of sadness 16.11%, frequent crying 14.02%, sense of failure 13.5%, irritability 11.91% and negative thought pattern 9.3%. Major

Table 2: Reasons responsible for lack of health seeking behavior regarding post partal depression

FACTORS RESPONSIBLE	% FREQUENCY
Unawareness regarding postpartum depression	34
Social pressure	18
Inability to identify and express the condition	14
To avoid any further medical help	8
Low Socio economic status	2

physiologic symptoms were change in appetite 15.8%, sleep disturbances 14.7% and fatigue 16.6%. As shown in Figure 2 and 3

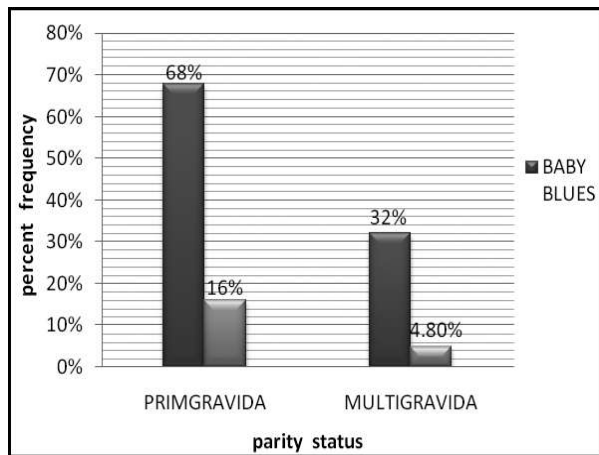


Figure 1: percent frequency of baby blues and post partal depression among primi and multigravida

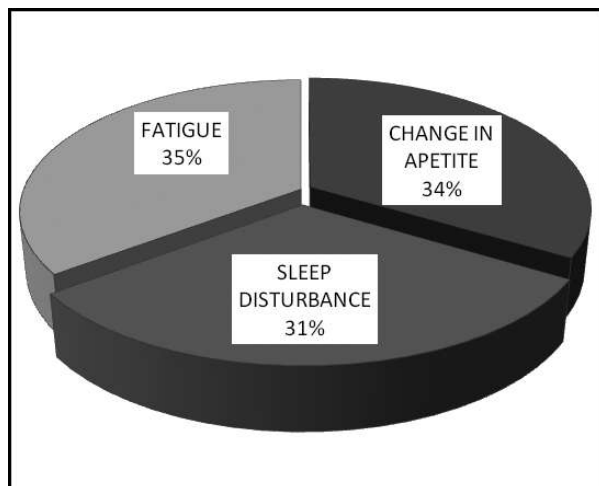


Figure 2: percent distribution of associated psychological symptoms.

It is also established from the data that seeking medical advice is not preferred by many and only 23% of the subjects considered it important to consult a doctor for their depressive symptoms. The reasons being Unawareness, Social pressures, Inability to express and identify the condition, Low socio economic status and to avoid any further medical help.

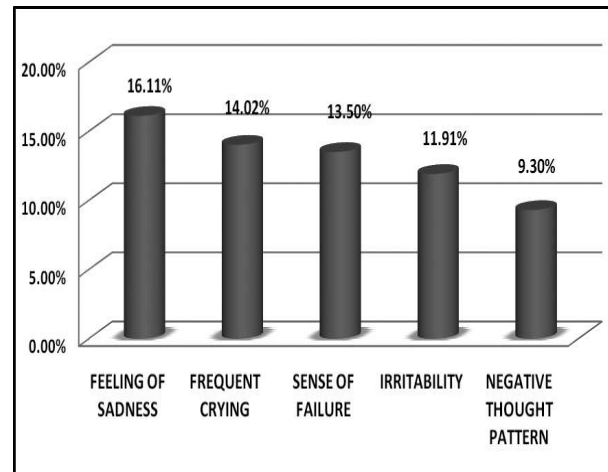


Figure 3: percent distribution of related physiological symptoms.

DISCUSSION

Postpartum depression is the most common medical problem that new mothers face. It not only affects the mental health and physical abilities of mothers but also on long run basis puts a detrimental effect on mother-infant relationship contributing towards child's cognitive and emotional lacking/deprivation⁵. Postpartum depression should be clearly distinguished from maternity blues which are very common and affects almost 30-70% of mothers both having similar features but maternity blues are self-resolved and rarely requires a treatment other than counseling and support⁶. Thus whether primigravida or multigravida mothers, the incidence of maternity blues is more frequent as compared to postpartum depression which is in accordance to our study results as depicted by Figure 1.

Maternity blues and postpartum depression have many symptoms common the only difference being

the severity and the duration of the symptoms which include frequent crying, suicidal thought pattern, mood swings and irritability⁷. These symptoms can be of physiological or psychological in nature. Frequently observed symptoms were fatigue, change in appetite, sleep disturbances, frequent crying, and sense of failure, sadness, irritability and negative thought pattern with the distribution presented in figure 2 and 3.

In order to evaluate the different factors that can predispose women to post partal depression several studies have been conducted and a majority of these factors are found to be psychosocial in nature as found by several epidemiological studies. So, a number of factors like the occurrence of stressful life events in general and unemployment in particular, the presence of marital conflict, and the absence of personal support from spouse, family, and friends contribute to increase the risk of post-partum depression.

Our data revealed that in this particular society of educated urban south Asian women. A number of factors such as age, parity, infant gender and spouse support can increase the risk for postpartum depression which is contradictory to other studies that claim the role of previously mentioned factors as not significant². The socioeconomic factor is not found to be an important predictive of PPD “only two out of 13 studies addressing the role of socioeconomic factors in PPD, indicate that low socioeconomic status can lead to PPD. In our study (n=20 38.46% with $p>0.01$) of females with PPD belongs to low socioeconomic status. Hormonal factors thought to play an important role in post partal depression as estradiol deficiency treatment in PPD women showed a positive result⁸. In addition house wives and undergraduate women showed higher incidence of post partal depression (with $p<0.01$) which can be related to the more and rational approach of educated and working women owing to their ability to cope up with the mentally disturbed phase of post-partum period. Substance addiction, a common feature seen with most men and women

of Indo-Pak subcontinent also showed positive and significant relationship with PPD. Women are commonly addicted to tea, tobacco, betel leaf, betelnut in our society.

The most common health seeking barriers were unawareness and the social pressures. Most of the women in our society are not aware about the altered mental state they can face in post-partum period and the condition is worsened when their health care provider also fail to teach them. A particular percentage of the women actually fail to identify and express their condition and avoiding any further medical assistance is also an important reason (Table II) it is therefore mandatory to provide basic awareness regarding post-partum depression and instil the need to consult a medical advice in order to prevent the complications that is not only detrimental for one’s lifestyle but also adversely affects a child’s cognitive and emotional abilities⁸.

CONCLUSION

The health of the nation is often judged by the health of mothers and infants. In all societies, family is the central nucleus of people and mothers play an indispensable role in the health of any nation. Depression is one of the most commonly experienced feature of post-partum and women particularly in our society often remains undiagnosed and untreated which contribute to highest rate of postpartum depression in Pakistan among the south Asian countries⁹. Although the study does not depict the actual picture of the prevalence of post partal depression in our society but it is an area to be concerned that women in our society are unaware of postpartum depression and are not provided any medical assistance.

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