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Postpartum depression and risk factors associated among women in North Bangalore

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Abstract---Depression is among the most prevalent and specific issues that women face during or after pregnancy. Postpartum depression impacts the mother's social and healthy relationships, as well as has a devastating effect on the infant's development. The goal of this study was to find out how postpartum depression is in Indian mothers and what variables contribute to it. In this study 390 women were included as a sample. PPD was diagnosed using the Edinburgh Postnatal Depression Scale.

Keywords---postpartum, depression, risk factors, women.

Introduction

Postpartum depression (PPD) is one of the mental disorders issues that can occur after a baby is born. Postpartum depression is defined by the Diagnostic and Statistical Manual of Mental Disorders as a depressing illness with moderate to

severe symptoms that starts four weeks after childbirth and can persist up to one year after delivery. The mother's mental health during the postpartum period is critical for both the mother and the newborns' good growth. However, such happiness is not a given, as one out of every ten mothers struggles with depressed moods. Despite its devastating implications, postpartum research is frequently overlooked. Postpartum patients are also at a higher risk of chronic depression. Depression at this period of life has an impact on connecting with the newborn, which can result in illness and other complications. Infants may be ignored during their early stages of development, which can lead to psychiatric disease later in life. Some mothers are unaware that they are depressed, while others are afraid of being judged if they seek medical care. If undiscovered or detected but not treated due to ignorance of the severity of the disease, it has major effects on the mother, infant, and entire family that can be avoided. The mother's mental health during the postpartum period is critical for both the mother and the newborn's good growth. However, such happiness is not guaranteed, as one out of every ten mothers suffers from depression symptoms. Recent studies reveal that a similar or even higher proportion of mothers suffer from anxiety symptoms. Infants born to depressed mothers are more likely to have unfavourable consequences. The mother's mental health during the postpartum period is critical for both the mother and the newborn's good growth.

Objectives

- To determine the prevalence of postpartum depression among mothers who given birth within the last six months.
- To determine the factors that increase the risk of postpartum depression in mothers who have given birth within the last six months.

Review of Literature

Clinical Presentation

Within 1–12 months following delivery, postpartum depression commonly sets in. Postpartum blues can persist and grow more severe in some women (Wisner, Parry, & Piontek, 2002). Tearfulness, melancholy, emotional lability, feelings of guilt, lack of appetite, and sleep difficulties, as well as emotions of being insufficient and unable to manage with the newborn, poor attention and memory, exhaustion, and irritability, are all symptoms of postpartum depression (Robinson et al., 2001).

Pregnancy that was Unintended or Unwanted

Beck (1996) looked into the relationship between an unintended or unwanted pregnancy and postnatal depression. She analysed data from six research with a total of 1200 participants and discovered a minor impact size. Warner et al. (1996) observed a strong relationship between unintended pregnancy and depression at six weeks postpartum in a study of 2375 women, corroborating these findings. Pregnancy that was unintended or unplanned should be viewed with caution as a risk factor for postpartum depression. It does not assess the

woman's feelings toward the developing foetus, but rather the circumstances around the pregnancy.

Caesarean Section

According to Warner et al. (1996) and Forman et al. (2000), there is no association between caesarean sections and postpartum depression. According to Johnstone et al. (2001), there is no relationship between postpartum depression and caesarean delivery. Boyce et al. (1992) discovered a strong association between a caesarean section and the development of postpartum depression at three months. They found that women who had caesarean section had a six-fold increased chance of developing postpartum depression in their study.

Prenatal Anxiety

O'Hara and Swain (1996) examined the findings of five studies involving approximately 600 people and discovered that anxiety during pregnancy was a great predictor of postpartum depression. Following research by Johnstone et al. (2001) and Neter et al. (1995), found that greater levels of anxiety significantly predicted degrees of postpartum depressive symptomatology, backed up these findings.

Previous History of Depression

The meta-analysis of O'Hara and Swain (1996) comprised 14 research with roughly 3000 respondents that investigated at the mother's past psychiatric history and postpartum depression. Beck's meta-analyses (2001) comprises 11 research that examined at over 1000 persons. Both meta-analyses indicated that having previously experienced depression was a medium to high predictor of postpartum depression. Women having a history of postpartum depression are at a greater risk of suffering postpartum depression, according to subsequent studies

Sleep Deprivation

Throughout the first few weeks after delivery, postpartum women sleep less than they do during pregnancy. At the very same time, such women are more likely to be depressed. Some researchers have also postulated that sleep deprivation in healthy mothers may cause daytime sleepiness, cognitive impairments, exhaustion, and irritability, which would be similar with postpartum mood symptoms

Life event

There is a well-established association between life events and the development of depression. Death of a beloved member, marital failures or divorce, job loss, or relocation are all known to induce stress and can precipitate depressive episodes in people who have never had a depressive episode before. Pregnancy and childbirth are both difficult life events in and of itself, and the stress of such events can contribute to depression. (Holmes & Rahe, 1967)

Social Support

The concept of social support is multifaceted. A partner, family, friends, or associates can all be sources of strength. In a study conducted by O'Hara, Rehm, and Campbell (1983), depressed women claimed that their spouse was inadequate in giving instrumental and emotional assistance following delivery. There is a continuous negative link between postpartum depression and emotional and instrumental assistance, according to studies. (Menaghann, 1990)

Child Temperament

Beck (2001) investigated two infant-related variables: infant temperament and childcare pressure. She discovered that childcare stress and possessing a difficult-tempered infant were both substantially indicative of postpartum depression symptoms. It has already been observed that mental disorder is linked to child-related issues. Increased levels of childcare-related stressors were related to increased levels of depressed symptomatology, according to Cutrona (1983).

Materials and Methods

The participants in this study were postpartum women who went to the Baptist Health Care centre and Specialist Health care centre for their infant's vaccination and regular checkup. This study was open to women who visited the clinic between one and six months after giving birth. All of the participants were chosen using a convenient sampling method. Sample size for the study was 390. Postpartum depression was assessed using the Edinburgh Postpartum Depression Scale (EPDS). It's a 10-item self-administered questionnaire with a 4-point scale for each item. The overall score varied from 0 to 30. Respondents with an EPDS score of >12 were classified as having postpartum depressive symptoms in our study.

Figure 1: Conceptual Model of the study

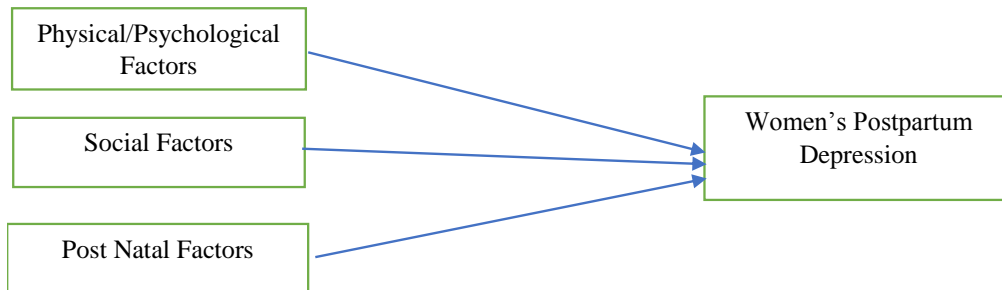


Table 1: Demographics Characters

| Demographic Characteristics | Frequency | Percentage |
|-----------------------------|-----------|------------|
| Age Group | | |

| | | |
|------------------------------------|-----|-------|
| Below 25 | 20 | 5.1 |
| 25-30 | 98 | 25.1 |
| 30-35 | 103 | 26.4 |
| Above 35 | 169 | 43.3 |
| Educational qualification | | |
| High school | 52 | 13.3 |
| Diploma | 64 | 16.3 |
| Degree | 159 | 41 |
| Master & above | 115 | 29.4 |
| Monthly Household Income in Rupees | | |
| 10,000 -15,000 | 76 | 19.48 |
| 15,001-25,000 | 253 | 64.54 |
| 25,001-35,000 | 43 | 11.02 |
| Above 35,000 | 18 | 4.61 |
| Children | | |
| One child | 173 | 44.35 |
| Two child | 136 | 34.8 |
| More than two | 81 | 20.76 |
| Employment Status | | |
| Employed | 112 | 28.71 |
| Self employed | 156 | 40 |
| Housewife | 122 | 31.28 |

Table 1 shows the demographic details of the 390 participants. The majority of them are aged above 35, 169 (43.3%) of respondents. Aside from that, the mainstream of the responders was self-employed accounting for 156 (42%) of the total. 44.35% of the respondents have one child and 159 (41%) have a bachelor's degree. The majority of respondents' household income was between rupees 15,001-25,000 range.

Table 2: Multiple Linear Regression

| Factors | Co-efficient | Sig. |
|-------------------------------------|--------------|------|
| Physical/Physiological Factors (PF) | 1.634 | .000 |
| Social Factors (SF) | 0.977 | .000 |
| Post Natal Factors (PN) | 0.921 | .000 |
| R | 0.852 | .000 |
| R square | 0.734 | .000 |
| F | 42.2671 | .000 |
| Constant | 1.930 | .000 |

The prevalence of postpartum depression was found to be 259 women (66.41%) with mild depression, 101 women (25.89%) with moderate depression, and 30 moms (7.6%) with severe depression. This study employs multiple regression to investigate the relationship between various independent variables and a dependent variable. The R-square value is 0.734, as shown in Table 2. This suggests that all three variables—physical/psychological factors, social factors, and post-natal factors—may describe 73.4 percent of the variation in women's

postpartum depression. Other factors, however, account for the remaining 0.266(1.000 – 0.734) of the difference in women's postpartum depression. The significance of the association between the various independent variables and the dependent variable is shown in Table 2. The hypotheses for all the three independent variables are supported because their p-values are less than 0.05.

Practical Implications and Recommendations

Most new mothers experience anxiety, sadness, frustration, exhaustion, and stress during the first few weeks of caring for a newborn. These symptoms, also known as the "baby blues," usually pass in a few weeks. However, some women are extremely strong or do not improve. When these feelings don't go away after around two weeks or make it difficult for a woman to care for her infant, it's called postpartum depression. When a woman has postpartum depression, it is not her fault or a sign of weakness. Treatment for postpartum depression is available. Most women return to feeling like themselves after treatment. They can then take pleasure in having a new baby at home. Based on the findings of this study, we can recommend that maternal mental health be integrated into existing government-provided maternal and child health services, as well as the inclusion of validated screening procedures and counselling for PPD at the field level, so that early and timely preventive measures, referral, and treatment for the disease can be started as soon as possible in severe cases, reducing the sufferings of the mother.

Conclusion

The prevalence of PPD was reported to be in the combination of all level like mild, moderate and severe in this study. Even in a normal pregnancy and childbirth, women undergo significant changes that reduce their Quality of life. When large problems such as pregnancy complications and childbirth or depression are added to this cycle, the quality level of women's lives decrease. Quality of life plays an important role in women's mental health during pregnancy and after childbirth. Therefore, women can improve their quality of life and reduce the psychological effects of pregnancy and after by changing their lifestyle and have a very good experience of this period. Variables associated with PPD symptoms can be targeted for screening and preventive interventions. In India further research, especially qualitative studies, are required to explore the PPD-related cultural variables. Potential risk factors and symptoms of depression during pregnancy and postpartum should be timely diagnosed to prevent the development of PPD-related complications in women.

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