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Postnatal Depression: A study of prevalence and associated socio-demographic factors

Shishir K. Regmi[1]
Abdul Khalid[2]

ABSTRACT

Perinatal psychiatry is an important aspect of modern clinical practice. Postnatal psychiatric states maybe divided into three categories, which overlap to some extent, that is, maternity blues, postnatal depression, and puerperal psychosis. In the West, studies have reported that significant postnatal depressive disorders occur in up to 10 percent of women. The present work was undertaken with the aim to study the prevalence of postnatal depression and to study the socio-demographic profile of women suffering from postnatal depression. The sample for the present study was drawn from women who attended postnatal clinic (Mondays and Wednesdays) of T.U. Teaching Hospital and were in 4-12 weeks postnatal period. All the selected women were asked to rate Edinburgh Postnatal Depression Scale. A total of 100 women in 4-12 week postnatal period were screened and twelve women scored above the cut-off score and were found to be suffering from postnatal depression. Thus the estimated prevalence of postnatal depression in females attending postnatal clinic of TUTH is 12%. The mean age of females was 23.92±3.29 years. The majority of them were housewives, belonged to Hindu religion and came from middle socio-economic strata. Though the sample for the present study was relatively small, it may still be inferred that the prevalence of postnatal depression in Nepal maybe the same as that in the world. Further large-scale community studies are recommended.

Keywords: Postnatal depression; prevalence; socio-demographic profile.

INTRODUCTION

Perinatal psychiatry is an important aspect of modern clinical practice. It is the field in which major advances have occurred in the past few decades, especially in the UK and US. Recent prospective studies have

[1] MBBS, FCPS (Psychiatry), Lecturer, Department of Psychiatry, Institute of Medicine, Kathmandu.

[2] MBBS, MD (Psychiatry), Lecturer, Department of Psychiatry, Institute of Medicine, Kathmandu

Address for Correspondence: Dr. Shishir K. Regmi, Department of Psychiatry, Institute of Medicine, P.O. Box 1977, Kathmandu. E-mail: sregmi@healthnet.org.np

resulted in the beginning of reliable predictions about which groups of women are at the highest risk for developing postpartum psychiatric disorders: psychosis, the blues and depression. There are important aspects to these conditions, together with the longer-term effects on mothers, offspring, siblings and partners. Most perinatal psychiatric care can be delivered in the community by teams comprising midwives, health visitors, community psychiatric nurses, general practitioners, social workers and psychiatrists.

Nosologically, postnatal psychiatric states maybe divided into three categories which overlap to some extent, that is, maternity blues, postnatal depression, and puerperal psychosis, the first being mildest, and the last the most severe. For epidemiological studies, the postnatal period has been defined as occurring from two weeks to one year following the birth of the child.[1] Though, the exact prevalence varies according to diagnostic criteria used, epidemiological studies in the United States and Great Britain using Research Diagnostic Criteria concur on incidence rates:[1]

- Severe puerperal psychosis occurs in one to two per thousand deliveries.
- Mild postnatal (maternity) blues occur in up to 50 percent of women.
- Significant postnatal depressive disorders occur in up to 10 percent of women.

A number of epidemiologic studies have been conducted on the nature, prevalence and course of postnatal depression.[2-7] It has been consistently found that around 10% women experience an episode of depression in the first week after delivery, that the symptom profile of these episodes is the same as that of depressive disorders occurring at other times, and, generally, that the great majority of these depressions resolve spontaneously within three to six months.[8] The causative factors that have emerged from these studies as important are the same as those found to be associated with the onset of depression at other times, for example, marital discord, previous history of depression, and the occurrence of adverse life events. The psychic aspects of depression in the postpartum period are probably little different from depressive episodes at any other time, although it is classically described as a "smiling depression", characterised by outward display of normality.[9]

There is a good evidence for a link between depressive disorder in mother and emotional disturbance in their children.[10-12] The reasons for this link are not established, but Rutter & Quinton[13] have suggested several possibilities, including the influence of the mother's depression on the way the mother and child interact. Field[14] found that the young infants of postnatally depressed mothers showed less frequent positive and more frequent negative facial expressions, and they also vocalised more. The depressed mothers showed similar differences in facial expressions; they vocalised less and spent less time looking at and touching the children. Radke-Yarrow *et al*[15] found that insecure attachment was more frequent in children whose mothers had a history of major depression. Cox *et al*[16] reported that children of depressed mothers showed more

behavioural problems and more difficulties in expressive language.

Thus postnatal depression causes psychiatric morbidity in women as well as affects the psychological development of the children. This condition is equally important and relevant to Obstetrician, Paediatrician and Psychiatrist. Early recognition and treatment can prevent the adverse consequences. Unfortunately, there is a lack of studies in this important area in our country and needs prompt attention.

AIM

1. To study the prevalence of Postnatal depression.
2. To study the socio-demographic profile of women suffering from Postnatal depression.

MATERIAL AND METHOD

The sample for the present study was drawn from women who attended postnatal clinic (Mondays and Wednesdays) of TU Teaching Hospital and were in 4-12 weeks postnatal period. The Research Assistant was posted in the postnatal clinics on the specified days who screened all the women and selected those who were in 4 to 12 weeks postnatal period. Informed consent was taken from all the selected women, who were then given Edinburgh Postnatal Depression Scale (EPDS)[17] and were requested to rate the items according to the instructions. The Research Assistant attended all queries. All the EPDS score sheet were collected and total ratings were calculated by one of the Researchers (AK). The second Researcher (SKR) then interviewed and conducted mental state examination of those who scored 13 or more on EPDS. Demographic details, obstetric history, history of psychiatric illness in the past, family history and other relevant details were noted in a semi-structured proforma. All the study data was entered and analysed in EPI-INFO statistical software.

Edinburgh Postnatal Depression Scale is a ten-item self-report scale specifically validated for use with childbearing women. Each item is scored on a four-point scale (0-3), the minimum and maximum total scores being 0 and 30 respectively. The scale takes less than five minutes to complete and is well received by childbearing women. A cut-off score 12/13 was found to identify most seriously depressed women, but a score of nine or more is recommended for screening for major and minor depression.[17]

RESULTS

A total of 100 women in 4-12 week postnatal period were screened. Twelve women scored 13 or more on EPDS and were selected for detailed interview. Among the selected women, most of them (66.67%) scored between 15 to 20 on EPDS while 25% scored between 13-15 and only 8.33% scored more than 20. All 12 women were found to be suffering from postnatal depression. Thus the estimated prevalence of Postnatal depression in females attending postnatal clinic of TUTH is 12%.

The mean age of females was 23.92 ± 3.29 years and the range was 19 to 32 years.

Table I shows the socio-demographic profile of the women suffering from postnatal depression. Most of the females (83.33%) were in the age-group of 20-29 years. The majority of them were housewives (66.67%) followed by teachers (16.67%). Nearly all of them came from middle socioeconomic strata of the society (91.67%). All of them were either Hindu (75%) or Buddhist (25%) while other religions were not represented.

Table I: Socio-demographic profile

	N	*%*
AGE-GROUPS		
Less than 20 years	1	8.33
20-29 years	10	83.33
30-39 years	1	8.33
More than 39 years	0	-
OCCUPATION		
Housewife	8	66.67
Service	1	8.33
Business	1	8.33
Teacher	2	16.67
Farmer/labourer	0	0
Others	0	0
SOCIO-ECONOMIC STATUS		
Upper	0	-
Middle	11	91.67
Lower	1	8.33
RELIGION		
Hindu	9	75.0
Buddhist	3	25.0
Muslim	0	-
Christian	0	-
Others	0	-

Table II shows the details of obstetric history and present delivery. Half of the females were married for less than a year while the mean duration of marriage was 3.33$\pm$3.52 years. For the majority (75%) of the females present, it was their first delivery while for 8.33% each it was their second, third or fourth delivery. All the deliveries took place in hospital. For the majority of the females (75%) present, it was vaginal delivery while 25% underwent Caesarean due to different indications. 58.33% of the women had male baby while 41.67% of them had female baby.

Table II: Obstetric Profile

	N	*%*
DURATION OF MARRIAGE		
<1 year	6	50.0
1-5 years	3	25.0
5-10 years	2	16.67
>10 years	1	8.33
PARITY		
1	9	75.0
2	1	8.33
3	1	8.33
4	1	8.33
>4	0	-
PLACE OF DELIVERY		
Hospital	12	100

Home	0	-
TYPE OF DELIVERY		
Vaginal	9	75.0
Caesarean Section	3	25.0
Others	0	-
SEX OF THE BABY		
Male	7	58.33
Female	5	41.67

DISCUSSION

The present work was undertaken with the aim of studying the prevalence of postnatal depression and socio-demographic profile of patients suffering from postnatal depression. The estimated prevalence of postnatal depression was 12%, which is in keeping with the world-wide reported figure of around 10%.[1] Though the sample for the present study was relatively small, it may still be inferred that the prevalence of postnatal depression in Nepal maybe the same as that in rest of the world.

Though the majority of the females were between 20 to 29 years of age, it cannot be directly inferred that Postnatal depression is more common in this age group as maximum pregnancy occur in this age-group, though studies have reported that both older and younger women are at increased risk.[2,18] Most of the females were housewives and few were teachers, service holders or business women because almost all the females hailed from middle socio-economic strata of the society, and most of them came from the Kathmandu valley. The females were either Hindu or Buddhist and other religions were not represented because they are in minority. Most of the females were married for only one year as most of them had their first delivery. All the deliveries had taken place in hospital. There was no significant difference between the sex of the baby and the onset of postnatal depression.

There are inherent problems in studying postnatal psychiatric disorders. There are obvious difficulties in detecting depression in the postnatal period; for example, weight loss, menstrual change, low libido, appetite change and change of general interest maybe normal postpartum phenomena.[19] This has led to development of the self-rated Edinburgh Postnatal Depression Scale (used in the present study), which has proved to be particularly useful in the postpartum period.[20] The major limitation of the present study was that it was hospital-based. Though important findings have emerged from the present study, further large-scale community studies are recommended before the results can be generalized to general population.

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