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Research Paper

Maternal Postpartum Depression

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ABSTRACT

Pregnancy and childbirth are major and important events in a life of a woman. Giving birth to a child is a life changing and challenging incident for every mother. The primary aim of the present study was to check the prevalence of postpartum depression in semi-urban and rural areas and to see how delivery type and gender of a born child is effective in developing postpartum depression. The study was conducted on 200 postpartum women. Postpartum Depression Screening Scale (Cheryl Tatano Beck and Robert K Gable) was used for determining the postpartum depression. The data was analyzed using descriptive statistics and comparison done with the t-test. Results show that postpartum depression does not differ among mothers with natural delivery and mothers with caesarean delivery. Mothers having female child experience more sleeping or eating disturbances, anxiety and insecurity feeling, emotional lability, mental confusion, loss of self and guilt than mothers having male child. The practical implications have been discussed in light of the research findings. This includes a need for a psychological counselor in maternity homes or clinics and beyond that there is a strong need for awareness in families about postpartum depression.

Keywords: *Maternal Postpartum Depression*

Pregnancy and childbirth are very important events in a life of a woman. Attitudes toward pregnancy and childbirth vary widely from culture to culture and also within the same culture. Giving birth to a child is a life changing and challenging event for every mother. Everything changes and still all women are supposed to cope up with all changed things. Some can't cope up properly and become victim of depression, called as postpartum depression.

Postpartum depression is getting common in Indian women **but awareness and support for these mothers is still very low (Panjabi, 2013).** Recently published report by World Health Organization (WHO) finds that about 22% of Indian women suffer from postpartum depression and the country requires more resources for capacity building in maternal healthcare.

A large percentage of women in India are not aware of this particular mental issue and will assume it as part of being a new parent. The problem is that postpartum depression can

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become a serious mental problem for a mother, sometimes leading to self-harm or even harming the baby. But a huge social stigma is attached to it currently which affects expression about it.

Maternal Postpartum depression:

Postpartum depression (PPD), also called postnatal depression, is a type of clinical depression which can affect women after childbirth. Symptoms may include sadness, lack of energy, changes in sleeping and eating patterns, and reduced sexual desire along with crying episodes, anxiety, and irritability.

Postpartum blues, commonly known as "baby blues" is a postpartum mood disorder. It is characterized by milder depressive symptoms than postpartum depression. Symptoms of these blues typically get resolved within one – two weeks. If the symptoms last longer than two weeks then there are chances of more serious depression.

There is no separate diagnosis of Postpartum Depression is given in DSM 5, but it is stated as specifier of Major Depressive Disorder.

Risk factors for postpartum depression:

Research (Stewart, Robertson, Dennis, Grace & Wallington 2003) have consistently indicated the following predictors of postpartum depression:

- Strong Predictors - Depression or anxiety during pregnancy, stressful recent life events, poor social support and a previous history of depression
- Moderate Predictors - childcare stress, low self-esteem, maternal neuroticism and difficult infant temperament
- Small Predictors - obstetric and pregnancy complications, negative cognitive attributions, single marital status, poor relationship with partner, and lower socioeconomic status

Detection, prevention and treatment:

Postpartum depression is a major health issue but most of the times it remains undiagnosed. Even if few measures are made available to detect symptoms of depression among postpartum women, it is necessary to develop postpartum depression screening programs. It is highly needful to look after building the cost-effective mental health care units to screen and provide sensible and specific interpretations along with the proper treatment for postpartum depression. Sessions for awareness of postpartum depression along with knowledge of preventive measures must be provided to the maximum population.

Statement of the problem

To study the prevalence of postpartum depression among new mothers.

Objectives

- To find out the significant differences in postpartum depression between mothers with natural delivery and mothers with caesarean delivery.
- To find out the significant differences in postpartum depression between mothers having male child and mothers having female child.

Hypotheses

- Postpartum depression would not significantly differ among mothers with natural delivery and mothers with caesarean delivery.
- Mother having male child and mother having female child would not differ significantly in terms of postpartum depression.

METHODOLOGY

Sample selection is a very important step in any kind of research. Sample is a representation of universe. It is any number of persons selected to represent the population according to the rule or plan. Sample is always smaller representation.

Universe: Mothers with new born babies from Dhule district including rural and urban environments.

Sample

The simple random sampling technique was used for the study. There are to100 natural type of delivery, which include women having 50 male and 50 female new born babies; and 100 Caesarean type of delivery, which will include women having 50 male and 50 female new born babies. Total 200 participants are included in the study. The age group between 20 to 35 years is taken for the research. The area of the research is limited to Dhule district.

Gender of new born baby	**Type of delivery**		**Total**
	Natural - a1	**Caesarean - a2**	
Male (b1)	50	50	100
Female (b2)	50	50	100
Total	100	100	200

Variables under Study

Independent Variables -
a. Type of delivery - 1. Normal (a1), 2. Cesarean (a2)
b. Gender of new born baby - 1. Male (b1), 2 Female (b2)
Dependent Variables- Postpartum depression

Design:

Based on the nature of the problem and objectives for the present research, two groups design was used.

Research Tools:

Personal Interview Form – Personal interviews were taken before solving the questionnaire to gather the related demographic information along with the medical history including pregnancy related questions. Qualitative data was taken with the help of this interview form. Around 10-15 minutes were invested for an interview.

Postpartum depression screening scale (PDSS) –The postpartum depression screening scale is developed by Cheryl Tatano Beck and Robert K Gable. The PDSS is a 35 item self-report instrument that can be completed by the respondent in 5-10 minutes. There are 7 content scales – Sleeping or eating Disturbances (SLP), Anxiety or Insecurity (ANX), Emotional Liability (ELB), Mental Confusion (MNT), Loss of self (LOS), Guilt or Shame (GLT) and Suicidal Thoughts (SUI). The measure yields the total score, which determines the overall severity of postpartum depressive symptoms and indicated whether the woman needs to be

referred for diagnostic evaluation. Cronbach's alpha reliability coefficient of 0.97 is obtained for PDSS total score.

RESULTS AND DISCUSSION

Hypothesis 1 - Postpartum depression would not differ among mothers with natural delivery and mothers with caesarean delivery.

Table No. 1 shows the mean and SD difference between the groups of mothers with natural delivery and mothers with caesarean delivery on the factors of PDSS. Significant differences are not found in the seven factors of postpartum depression mentioned above. Regarding over all postpartum depression of mother, there is no significant difference between mothers with natural delivery type and mothers with caesarean delivery type.

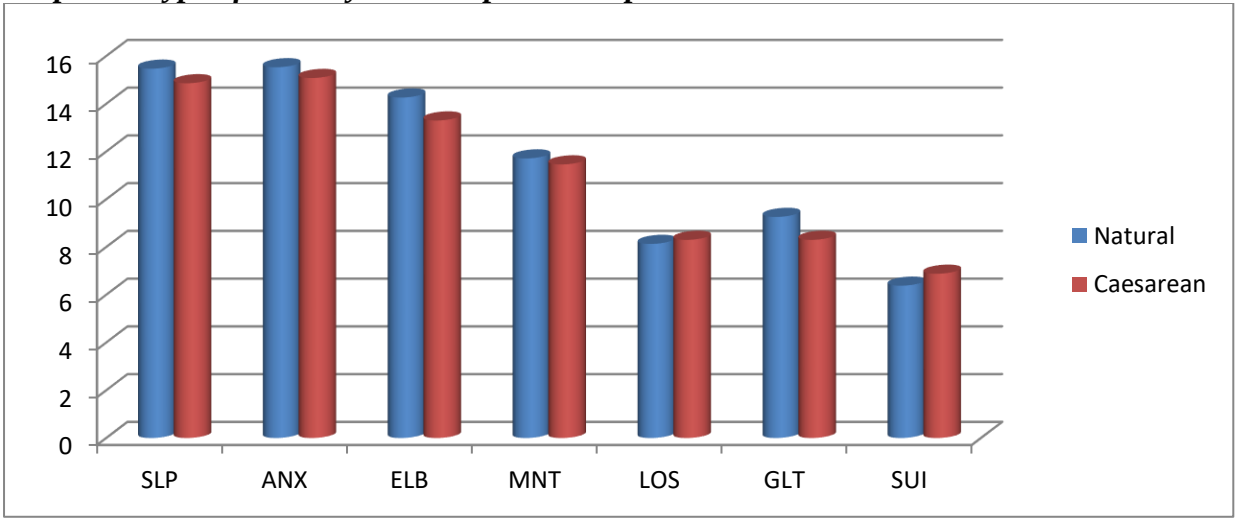
Table No. 1 – Descriptive statistics Type of delivery and Postpartum Depression

PDSS Factors	Delivery Type	N	Mean	S.D.	t
Sleeping or eating Disturbances	Natural	100	15.47	5.57	0.81
	Caesarean	100	14.86	5.06	
Anxiety or Insecurity	Natural	100	15.53	5.11	0.65
	Caesarean	100	15.08	4.60	
Emotional Liability	Natural	100	14.26	4.96	1.43
	Caesarean	100	13.30	4.50	
Mental Confusion	Natural	100	11.71	5.47	0.34
	Caesarean	100	11.46	4.69	
Loss of Self	Natural	100	8.13	4.03	0.31
	Caesarean	100	8.30	3.57	
Guilt or Shame	Natural	100	9.26	4.64	1.53
	Caesarean	100	8.30	4.22	
Suicidal Thoughts	Natural	100	6.38	2.57	1.06
	Caesarean	100	6.88	3.91	
Total	Natural	100	80.52	25.53	0.72
	Caesarean	100	78.01	23.72	

df – 198; Significant level 0.05 = 1.97; 0.01= 2.59

The obtained 't' value of these groups is 0.72. In order to be significant at 0.05, the minimum required value of 't' is 1.97.and for 0.01 level it is 2.59. Since the obtained 't' value is smaller than what is required, it is not significant at the both levels. Therefore, the hypothesis, *postpartum depression would not differ among mothers with natural delivery and mothers with caesarean delivery is accepted.* This analysis is shown in following graph clearly.

Graph 1 – Type of Delivery and Postpartum Depression



Hypothesis 2 - Mother having male child and mother having female child would not differ significantly in terms of postpartum depression.

Table No. 2 – Descriptive statistics gender of new born babies and Postpartum Depression

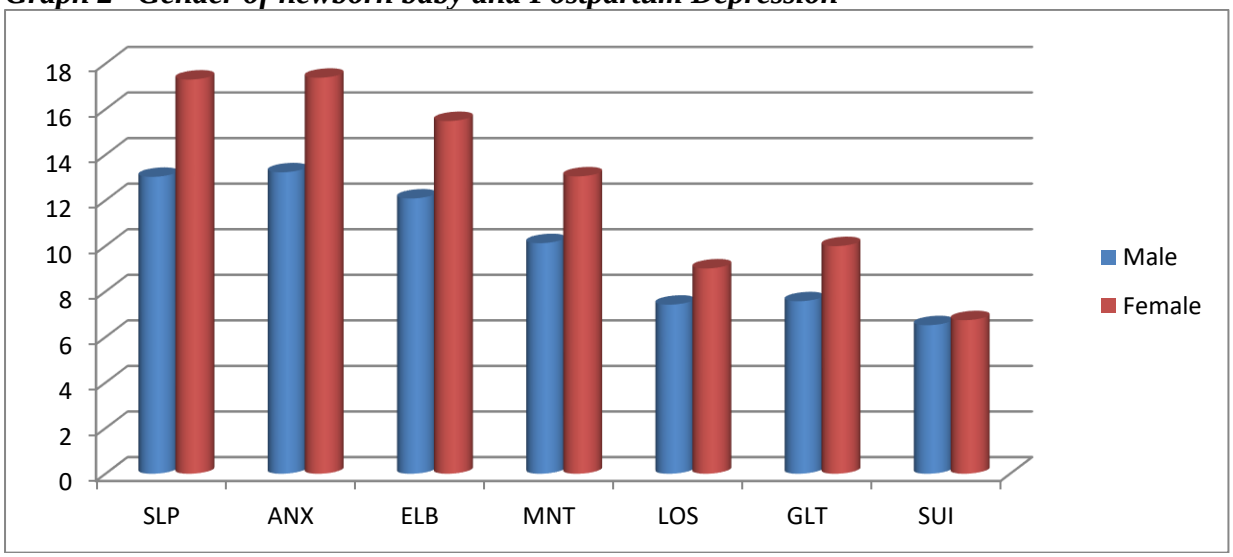
PDSS Factors	GENDER	N	Mean	SD	t
Sleeping or eating Disturbances	Male	100	13.03	4.391	6.18
	Female	100	17.30	4.85	
Anxiety or Insecurity	Male	100	13.23	4.48	6.66
	Female	100	17.38	4.32	
Emotional Liability	Male	100	12.08	4.65	5.41
	Female	100	15.48	4.23	
Mental Confusion	Male	100	10.12	4.60	4.24
	Female	100	13.05	5.14	
Loss of Self	Male	100	7.42	2.97	3.02
	Female	100	9.01	4.35	
Guilt or Shame	Male	100	7.57	3.57	3.99
	Female	100	9.99	4.90	
Suicidal Thoughts	Male	100	6.52	3.15	0.46
	Female	100	6.74	3.47	
Total	Male	100	69.88	22.06	5.82
	Female	100	88.65	23.52	

The table no. 2, shows difference between the groups of mother having male child and mother having female child on the seven factors of PDSS. Only six factors are showing significant difference between two groups at the 0.05 and 0.01 levels respectively.

It is concluded that mother having female child are experiencing more sleeping or eating disturbances ($t(198) = 6.18$, $p<0.01$), anxiety and insecurity feeling ($t(198) = 6.66$, $p<0.01$), emotional liability ($t(198) = 5.41$, $p<0.01$), mental confusion ($t(198) = 4.24$, $p<0.01$), loss of self ($t(198) = 3.02$, $p<0.01$), and guilty feeling ($t(198) = 3.99$, $p<0.01$) than mother having male child.

As mentioned above, there is significant difference found for the six factors of PDSS scale except the one factor i.e. Suicidal thoughts. There is no significant difference found for the Suicidal thoughts scale of PDSS. Regarding total score of postpartum depression of mother, there is significant difference between the groups of mothers having male child and mothers having female child. The obtained 't' value of these groups is 5.82. In order to be significant at 0.05 and 0.01 levels, the minimum required value of 't' is 1.97.& 2.59. So the obtained 't' value is greater than what is required to be significant at both levels. Therefore, the hypothesis, mother having male child and mother having female child would not differ significantly in terms of postpartum depression is rejected. The analysis for Table No.2 is shown in the following graph clearly.

Graph 2– Gender of newborn baby and Postpartum Depression



CONCLUSION

- Postpartum depression does not differ among mothers with natural delivery and mothers with caesarean delivery.
- Mother having female child are more sleeping or eating disturbances, anxiety and insecurity feeling, emotional liability, mental confusion, loss of self, and guilty feeling than mother having male child.

Implications

- The study stresses the need for a psychological counselor in maternity homes or clinics for counseling and even screening of postpartum women.
- It is necessary to create the awareness in the families regarding how it is important to provide support to the postpartum women.

Limitations

The present study is limited to Dhule district only.

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Conflict of Interest

The author(s) declared no conflict of interest.

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