A Study to Assess the Level of Postnatal Depression among Postnatal Mothers Admitted in the Krishna Hospital, Karad

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Abstract: *Postpartum depression (PPD), also called postnatal depression, is a form of clinical depression which can affect women, and less frequently men, after childbirth.. For most the symptoms are mild and short-lived; however, 10 to 15% of women develop more significant symptoms of depression or anxiety. Postpartum psychiatric illness is typically divided into three categories: (1) postpartum blues (2) postpartum depression and (3) postpartum psychosis. It may be useful to conceptualize these disorders as existing along a continuum, where postpartum blues is the mildest and postpartum psychosis the most severe form of postpartum psychiatric illness. Most cases of PND start within a month of giving birth, but it can start up to six months later. Aim: The overall aim of the study is to assess the level of depression in postnatal mothers. Objectives: To assesse the level of depression among post natal mother admitted in krishna hospital. To associate the results with demographic variables. To prepare a hand book on prevention of postnatal depression. Methodology: The research methodology indicates the general pattern to gather valid and reliable data for the problem under investigation[57] The present study was aimed to assess the level of post natal depression among the post natal mothers through assessment of mothers by Eden Burg Scale. It includes the research design, setting of the study, population, sample and sample size, sampling technique, development of the tool, method of data collection and plan for data analyze. Results & Conclusion: The distribution of demographic characteristics, of the postnatal mothers are more observed in age group of (21 to 25) i.e. 63%, it was observed that a large majority (87.9%) were Hindus,As per occupation(85%) women's are housewife, many mothers belong to joint family (67%) ,normal delivery were (75.6%).It was observed that 21-25 age group of post natal mothers were more prevalent to have post natal depression among 60 samples taken. No association was seen with religion, It was observed that high school educated post natal mothers were more .Prevalence was seen more in them. Postnatal mothers were more from joint family taken. Prevalence was seen more in them too. No prevalence was seen between sex of child .There was no any association It was observed that normal delivery were more than L.S.C.S. The prevalence of postnatal depression was more among them within 60 samples taken from maternity ward of Krishna Hospital, Karad.*

Keywords: Postnatal Depression, Postnatal Mothers

1. Introduction

Postnatal depression is the most frequent psychiatric disorder seen after childbirth, with a prevalence rate of 10% to 15%. The women at risk need to be identified by a valid and reliable method, either using a screening instrument or an interview schedule. Postnatal depression rates have increased significantly over the past 50 years, up from 8% in the 1950s to 27% today (and with a further 25% also feeling that they've possibly suffered). Why is this? There's more support available than in decades past, and more people are accessing it. The study can't give us specific causes, but it's noticeable that fewer of us have enough contact with our families these days, and that more of us are working than previously. Modern day stresses, along with less day to day practical support through the tough times, seems to be resulting in an ever advancing epidemic.

Postpartum depression may lead mothers to be inconsistent with childcare. Women diagnosed with postpartum depression often focus more on the negative events of childcare, resulting in poor coping strategies. There are four groups of coping methods, each divided into a different style of coping subgroups. Avoidancecoping is one of the most common strategies used. It consists of denial and behavioral disengagement subgroups (for example, an avoidant mother might not respond to her baby crying). This strategy however, does not resolve any problems and ends up negatively impacting the mother's mood, similarly of the other coping strategies used.

Early identification and intervention improves long term prognoses for most women. Some success with preemptive treatment has been found as well. A major part of prevention is being informed about the risk factors, and the medical community can play a key role in identifying and treating postpartum depression. Women should be screened by their physician to determine their risk for acquiring postpartum depression. Currently, Alberta is the only province in Canada with universal PPD screening which has been in place since 2003. The PPD screening is carried out by Public Health nurses in conjunction with the baby's immunization schedule. Also, proper exercise and nutrition appears to play a role in preventing postpartum, and general, depression. Postnatal depression is an important public health problem worldwide. Recent evidence suggests that rates may be relatively higher in developing countries.

Thirty six percent women scored ≥12 on EPDS. High depression score was associated with lower social support, increased stressful life events in the preceding year and

higher levels of psychological distress in the antenatal period.

There have been a number of studies that look at the effectiveness of treatment of postnatal depression. One of the most recent publications provides a meta-analysis of the factors which influence the outcome in the condition. The author concluded that the only strategy that was shown to have "a clear preventative effect" was intensive post-partum support from the healthcare professionals involved in the case. Curiously, this was found to be more effective than similar regimes which included an ante-natal component as well.

One of the most significant is the fact that one episode of postnatal depression is the greatest predictor (or risk factor) for another episode after subsequent pregnancies. The children are likely to have difficulties because of possible problems with bonding and the mother's possible negative perceptions of the behavior of the children. The morbidity associated with postnatal depression has a number of potential consequences not only for the mother, but also the child and the rest of the family as well. Some studies have shown that mothers with postnatal depression have derived beneficial help from social support during pregnancy. It would therefore appear that the key issues in this area are identification of the predictive factors that make postnatal depression more likely and then the provision of prompt supportive measures if those factors are established.

Professional counselling can be very beneficial if you are depressed. Some health visitors offer counselling on a weekly basis, otherwise you may need to ask your G.P. to arrange for you to see a counsellor. If your depression is mild, counselling alone may help to lift it. If you are given drug treatment for depression you can still ask for counselling as well as the drugs. Whilst counselling is a very valuable treatment for depressed mothers regrettably in some places counsellors are not available.

2. Literature Survey

1) Holden et al (1989) stated that 'listening visits' by health visitors can be effective and this is 1. 1. supported by Seeley et al (1996). Several studies have also demonstrated the benefits of cognitive behavioural therapy where the mother is referred to a trained counsellor or psychotherapist. The mother is encouraged to explore why she feels miserable and to examine how she might deal with her feelings in a constructive way, realise the effect they have had on her and prevent them from reoccurring.

2) Glavin K, Smith L, Sørum R. 2009 conducted the study in 2009 to identify Prevalence of postpartum depression in two municipalities in Norway The objectives of this study were to describe the prevalence of postpartum depression (PPD) in two Norwegian municipalities and (ii) to investigate whether mothers' age and parity are related to the development of PPD. A total of 2227 women, 437 from M1 and 1790 from M2 participated in the study. Mothers who had given birth between 1 May, 2005 and 31 December, 2006 completed The Edinburgh Postnatal Depression Scale (EPDS) at well baby clinics 6 weeks after delivery. The prevalence of PPD was 10.1%. However, there was a significant difference between the municipalities, with a prevalence of 14.4% in M1 and 9% in M2. Primiparous mothers showed a higher prevalence than multiparous mothers did, and the oldest mothers (36 years and over) showed the highest prevalence. PPD is an issue of importance in Norway, as in many other countries. Public health services should be aware of the higher risk of PPD among primiparous mothers and especially among older primiparous mothers. A small difference in the information provided by nurses to the mothers in the two groups at the home visit 2 weeks postpartum may have produced a significant difference in the prevalence of PPD. The findings may have implications for service delivery in public health.

3) Anoop S, 2004, conducted the study to determine whether current and postpartum maternal depression and low maternal intelligence are risk factors for malnutrition in children. In rural South India 72 children with malnutrition were identified from a central register; 72 controls were matched for age, gender, and residence. Major depression in the postpartum period, current major depression, and low maternal intelligence were associated with malnutrition inthe child. Low birth weight was also significantly associated with infant malnutrition. The interactions between current maternal depression and low birth weight and between postpartum depression and low maternal intelligence were statistically significant. The level of maternal intelligence was associated with nutritional status. The severity of malnutrition was also significantly associated with major depression during the postpartum period and low maternal intelligence. They concluded that there is evidence for an association between postpartum maternal depression, low maternal intelligence, and low birth weight with malnutrition in children aged 6-12 months.

4) Mantle, 2003, stated that Postnatal depression is a serious and debilitating condition which affects, at a conservative estimate, 10% of postnatal mothers. It can be difficult to identify due to the reluctance of some women to acknowledge their feelings. The Edinburgh Postnatal Depression Scale was developed to facilitate the elicitation of negative mood, however, it does not translate adequately into other languages or cultures. To address this problem the dosha assessment tool for postnatal depression was developed. This tool is aimed at women who are more familiar with the concepts of Ayurvedic medicine, one of the key medical systems of the Indian subcontinent. Although not yet evaluated, the tool goes some way towards the development of a culturally specific screening tool for this condition.

5) Savarimuthu, 2009, conducted the A qualitative study from rural south India. In there study they employed qualitative methodology in a representative sample of women in rural South India. Women in the post-partum period were assessed using the Tamil versions of the Short Explanatory Model Interview, the Edinburgh Postnatal Depression Scale and a semi-structured interview to diagnose ICD 10 depression. Socio-demographic and clinical details were also recorded. Some 137 women were recruited and assessed, of these,

26.3% were diagnosed to have post-partum depression. The following factors were associated with post-partum depression after adjusting for age and education: age less than 20 or over 30 years, schooling less than five years, thoughts of aborting current pregnancy, unhappy marriage, physical abuse during current pregnancy and after childbirth, husband's use of alcohol, girl child delivered in the absence of living boys and a preference for a boy, low birth weight, anda family history of depression. Post-partum depression was also associated with an increased number of causal models of illness, a number of non-medical models, treatment models and non-medical treatment models. Many social and cultural factors have a major impact on post-partum depression. Post-partum depression, when viewed from a biomedical framework, fails to acknowledge the role of context in the production of emotional distress in the post-partum period.

6) Sarkar,2008, conducted the research on The impact of intimate partner violence on women's reproductive health and pregnancy outcome of to evaluate and elucidate the impact of intimate partner violence (IPV) on women's reproductive health and pregnancy outcomes taking into account data from various countries. The search of the literature was made in MEDLINE database service for the years 2002-2008. Original articles, reviews, surveys, clinical trials and investigations pertinent to the theme were considered for this review. The lifetime physical or sexual IPV or both varied from 15% to 71% in many countries. Adolescent violence, negative emotionality and quality of the relationship with the intimate partner were associated with genesis of IPV, besides demographic, social and structural difference in attitudes. IPV affected woman's physical and mental health, reduced sexual autonomy, increased risk for unintended pregnancy and multiple abortions. Risk for sexual assault decreased by 59% or 70% for women contacting the police or applying for a protection order, respectively. Quality of life of IPV victims was found significantly impaired. Women battered by IPV reported high levels of anxiety and depression that often led to alcohol and drug abuse. Violence on pregnant women significantly increased risk for low birth weight infants, pre-term delivery and neonatal death and also affected breast-feeding postpartum. Women preferred an active role to be played by healthcare providers in response to IPV disclosure. Gynaecologists reported interventions for the patient disclosing IPV and provided treatment for their physical and emotional complaints. Educating and empowering women and upgrading their socioeconomic status may abate the incidence of IPV. Women should also seek protection against IPV.

7) Tamaki, 2008, conducted the study to know the Effectiveness of home visits by mental health nurses for Japanese women with post-partum depression. The qualitative analysis of comments about home visitation revealed four categories related to 'setting their mind at ease', 'clarifying thoughts', 'improving coping abilities', and 'removing feelings of withdrawal from others'. These results suggest that home visits by mental health nurses can contribute to positive mental health and social changes for women with post-partum depression. A larger trial is warranted to test this approach to care.

8) J.R.WFisher conducted the study to To examine depressive symptomatology in women after childbirth in Ho Chi Minh City, Vietnam. at Setting Hung Vuong Obstetrics and Gynaecology Hospital and the Maternal, Child Health and Family Planning Centre of Ho Chi Minh City, Vietnam. 506 women who participated, 166 (33%) had EPDS scores in the clinical range of >12 and 99 (19%) acknowledged suicidal ideation. In a forward stepwise logistic regression analysis, 77% of cases with EPDS scores >12 were correctly classified in a model which included unwelcome pregnancy, lack of a permanent job, <30 days complete rest after childbirth, an unsettled baby, not being given special foods, avoiding proscribed foods and being unable to confide in their husbands.there conclusion was Depressive symptomatology is more prevalent among parturient women in Ho Chi Minh City, Vietnam than reported rates in developed countries and is at present unrecognised.

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3. Methods/ Approach

The study undertaken is aimed at assessing the level of postnatal depression among post natal mothers

Setting: Krishna hospital, Karad.

Population: Postnatal Mothers admitted at Krishna hospital, Karad.

Sampling technique: Convenient sampling technique

Sample and sample size: 60 Postnatal Mother**.**

Sampling Criteria:

I. Inclusion criteria
1. Mothers in the selected Hospital area.
2. Mothers available at the time of data collection.
3. Mothers willing to participate in the Study

II. Exclusion criteria
1. Mothers who are having psychotic symptoms.
2. Mothers who are not willing to participate in study.Mothers
3. Mothers those who are Not available at the time of the study.

Data Collection Technique

1. Development of Tool: Tool used for the research study is Edinburgh postnatal depression scale.
2. Description of the tool :
The questionnaire has 2 parts. Part 1, part 2

Part I: Included items of demographic variables such as age, sex of chid, religion, income, educational status, type of family, occupation, number of children, Gravida, associated any other major diseases.

Part 2: Contain questionnaires on postnatal depression. The EPDS was developed at health centres in Livingston and Edinburgh. It consists of ten short statements. The mother underlines which of the four possible responses is closest to how she has been feeling during the past week. Most mothers complete the scale without difficulty in less than 5 minutes.

The validation study showed that mothers who scored above threshold 92.3% were likely to be suffering from a depressive illness of varying severity. Nevertheless the EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week and in doubtful cases it may be usefully repeated after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorder.

4. Results

Table 1: Distribution of mothers according to demographic characteristics

Sr. no.	Demographic variables	Frequency	Percentage
1	*Age of mother in year*		
2	<20	11	18%
3	21-25	38	63%
4	26-30	12	20%
5	More than 30	1	1.6%
2.Religion			
1.	Hindu	53	87.9%
2.	Muslim	04	6.6%
3.	Christian	1	1.6%
3.Education			
1.	Primary	04	6.6%
2.	High School	34	56%
3.	PUC & Graduation and above	22	35%
4. Occupation			
1.	Housewife	51	85%
2.	Daily wages	04	6.6%
3.	Government employee	05	8.3%
4.	Private sector employee	0	0
6.Type of family			
1.	Nuclear	20	33%
2.	Joint	40	67%
7.Number of children			
1.	One	25	40.5%
2.	Two	24	40%
3.	Three	04	6.6%
4.	Four	0	0
8.Child alive or dead			
	Alive	56	93.4%
	Dead	04	6.6%
9. Sex of child			
1.	Male	30	50%
2.	Female	30	50%
9. Type of delivery			
1.	Normal	46	75.6%
2.	L.S.C.S	14	24.4%

5. Discussion

The current data support that various factors like age ,religion, education, occupation, type of family ,type of delivery, number of children ,child alive or dead ,sex of child i.e., age of post natal mother between (21 to25),high school educated mothers ,in occupation house wife and in type of family joint family lastly in number of children , were having significant association with post natal depression (P<0.5).

Type of delivery, sex of child ,religion does not have any significant association with post natal depression (P>0.5).

The distribution of demographic characteristics, of the postnatal mothers are more observed in age group of (21 to 25) i.e. 63%, it was observed that a large majority (87.9%)were Hindus, As per occupation(85%) women's are housewife, many mothers belong to joint family (67%) ,normal delivery were (75.6%).It was observed that 21-25 age group of post natal mothers were more prevalent to have post natal depression among 60 sample's taken. No association was seen with religion, It was observed that high school educated post natal mothers were more .Prevalence was seen more in them. postnatal mothers were more from joint family taken. Prevalence was seen more in them too. No prevalence was seen between sex of child .There was no any association It was observed that normal delivery were more than L.S.C.S. The prevalence of postnatal depression was more among them within 60 sample's taken from maternity ward of Krishna Hospital Karad .Hospital Karad .

6. Conclusion

The following conclusions have been drawn keeping in mind the findings of the present study: Postnatal depression is widely prevalent among Postnatal mothers in world wide especially developing countries like India, as evidenced by the various epidemiological studies carried out around the country. Antenatal education programme needs to be implemented on a large scale and rigorously throughout the country. Though the mothers are provided opportunities for education by health personnel and anganwadi workers, the mothers seem to lack the enthusiasm to actively participate in education programme. Hence much needs to be done in the area of assessment of factors affecting digressional status of mothers The health education pamphlet distributed among the mothers revealed the need for increasing awareness among the mothers through planned awareness programmes.

7. Implication

The findings of the study have varied implications in different areas of nursing administration ,nursing education and research

1. **Nursing Administration**
   - the present study would help the nurses to develop an understanding about the knowledge of mothers regarding factors affecting post natal depression
   - The nurses working in the community could collaborate with mothers for the early recognition of factors affecting post natal depression
2. **Nursing Education**
   Ongoing in-service training helps to promote & enhance practice skills essential to manage the post natal mothers' care and improves the knowledge of staff & students in management.
3. **Implications to Nursing Research**
   The nurse researchers can further plan, implement and evaluate a planned awareness programmes among post natal mothers regarding factors responsible for postnatal depression

8. Limitations

- The study was limited to postnatal mothers.
- The study was limited to the maternity ward in Krishna hospital.
- The study included only some of the factors such as age, type of delivery ,spacing of child ,type of family sex of child ect.

9. Recommendations/ Future Scope

Having become familiar with the problems faced during the study and keeping the limitations in view, the following recommendations are offered for further research.
- The study can be replicated among rural community areas.
- The study can be replicated among mothers of home delivery.
- The tool may be modified to include the other factors affecting depressional status of postnatal mothers.
- A comparative study can be conducted to assess the knowledge of rural and urban post natal mothers
- A planned teaching programme can be evaluated for effectiveness among post natal mothers to facilitate early recognition of factors affecting digressional status.
- A large-scale study needs to be carried out to generalize the findings
- A study can be conducted to assess the knowledge of anganwadi workers on factors affecting digressional status of postnatal mothers.

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