

A Comparative Study to Assess the Level of Postnatal Depression among LSCS and Normal Delivery Mothers in Selected Hospitals at Guntur, Andhra Pradesh, India

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Abstract: Post natal depression is a type of clinical depression which can affect the postnatal mothers symptoms may include sadness, low energy, and changes in sleeping, eating patterns and reduced desire for sex, crying episodes, anxiety and irritability. Postnatal depression exact cause is unknown; it is believed to be due to a combination of physical, psychological, social, cultural, family factors. Women experience worry or unhappiness after delivery, PND should be observed when symptoms are severe and last over two weeks. About 15% of women experience depression around child birth. Ten to fifteen women in every hundred who give birth will experience it. A comparative study to assess the level of postnatal depression among LSCS and Normal delivery mothers in selected hospitals at Guntur, Andhra Pradesh. Objectives of the study was to assess the level of postnatal depression among LSCS and Normal delivered mothers and To compare the level of postnatal depression among LSCS and Normal delivered mothers and To associate the level of postnatal depression among LSCS and Normal delivered mothers with their selected demographic variables. Methods and approach used in the study were descriptive comparative study which was conducted on 100 post natal mothers in selected hospitals at Guntur and sample was selected from purposive sampling technique. Structured questionnaires were used. Data was processed by using chi-square test. Result of the study was revealed that in LSCS mothers majority 33(66%) were moderate depression 11(22%) were mild depression, 5(10%) were severe depression and one person had no depression. Where as in normal delivery mothers majority 41(82%) were mild depression and 9(18%) were no depression. The paired 't' test value was 17.44 which is statistically significant at the level of $p < 0.05$, this study was concluded that the level of postnatal depression in LSCS mothers was more than normal delivery mothers.

Keywords: post natal depression, post natal mothers, LSCS, Normal delivered mothers

1. Introduction

Postnatal depression is a type of clinical depression which can affect the postnatal mothers. Symptoms may include sadness, low energy, changes in sleeping and eating patterns, and reduced desire for sex, crying episodes, anxiety, and irritability. PND is caused by a combination of biological, psychological (spiritual) and social (cultural) factors. It results in a variety of symptoms and affects women lives in all these areas. A different combination of these factors is responsible for each women unique experience of PND. Strategies for managing postnatal depression towards recovery must address biological, psychological and social aspects of the women life. This usually requires a combination of interventions. PND exists within families and communities, not with the women alone. Assessment and intervention need to consider the significant other people in her family. Post-natal depression is a type of depression that happens after having a baby. Depression can sometimes begin during pregnancy, but it would only be called post-natal depression if it continues after you have had your baby. Post-natal depression is very common and we know that between ten and fifteen women in every hundred who give birth will experience it.

Postnatal Depression (PND) encompasses several mood disorders that follow childbirth. Postnatal depression (PND) affects 10-15% of all new mothers, but may be as high as 35% in certain demographic groups. One study found that 19.2% of new mothers were diagnosed with major or minor depression within the first three months postnatal, 7.1%

specifically with major depression. In another study of 214 women, 86 reported high levels of depressive symptoms (40.2%), but only 25 (11.7%) were actually diagnosed as being depressed. Research suggests that PND is amenable to the same treatment interventions as general depression but few randomized controlled trials exist to guide practice and policy for this population. Evidence exists for short term negative effects of maternal PND on the emotional, behavioral, cognitive, and interpersonal development of young children, but these appear to be time limited. However, prolonged or recurrent periods of maternal depression appear to be more likely to cause longer term effects on children. Public health interventions to reduce or mitigate the impact of PND on the mother-infant relationship or growth and development of children are nascent and current evidence makes it difficult to recommend them as standard practice. Many cases of PND may remain undiagnosed due to constraints such as time and concerns about the social acceptability of screening. But the majority of undiagnosed cases are probably due to the social stigma of being labeled an "unhappy mother," Postnatal depression can interfere with normal maternal-infant bonding and adversely affect child development. Postnatal depression may lead mothers to be inconsistent with childcare. Children of mothers with PND have been found to have higher rates of emotional problems, behavioral problems, psychiatric diagnoses (such as oppositional defiant disorder and conduct disorder), and hyperactivity. Postnatal Depression is a depressive illness which affects between 10 to 15 in every 100 women having a baby. The symptoms are similar to those in depression at other times.

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These include low mood and other symptoms lasting at least two weeks. Depressed mothers often worry that they might do this, but it is very rare. Occasionally, through tiredness and desperation, you might feel like hitting or shaking your baby. Many mothers (and fathers) occasionally feel like this, not just those with PND. In spite of having these feelings at times, most mothers never act on them. If you do feel like this, tell someone.

Postnatal depression (PND) affects up to 15% of mothers. Recent research has identified several psychosocial and biologic risk factors for PND. The negative short-term and long-term effects on child development are well-established. PND is under recognized and under treated. The obstetrician and pediatrician can serve important roles in screening for and treating PND. Treatment options include psychotherapy and antidepressant medication. Obstacles to compliance with treatment recommendations include access to psychotherapists and concerns of breastfeeding mothers about exposure of the infant to antidepressant medication. Further research is needed to examine systematically the short-term and long-term effect of medication exposure through breast milk on infant and child development.

Postnatal depression (PND) is a form of clinical depression related to pregnancy and childbirth. PND is a severe form of depression (major depression) that occurs within the first 4 weeks after delivery, affecting about 15% of women. By contrast, a milder condition called the "baby blues" occurs usually within the first week of delivery, affecting up to 80% of women, and usually resolving without the need for any medical or psychiatric treatment. Symptoms of the "baby blues" include sadness, anxiety, tearfulness, and trouble sleeping. These symptoms usually appear within several days of delivery and go away 10 to 12 days after the birth. Usually the only treatment needed is reassurance and some help with household chores and care of the baby. About 20% of women who have postpartum blues will develop more lasting depression. It is very important to let your health care provider know if you experience "blues" that last longer than two weeks.

In women who were receiving medical care, 50% of patients experienced depression for more than 1 year after childbirth. The review also found that in women who were not receiving clinical treatment, 30% of women with postnatal depression were still depressed up to 3 years after giving birth.

World Health organization ranked depressive disorders 4th regarding their global burden of disease. It is expected to be 2nd in the year 2020. Women are vulnerable to depression during postnatal period. However, Post natal depression (PND) is diagnosed in only 50% of the women with prominent symptoms during first year after delivery.

On the contrary, untreated PND can cause chronic depression and interferes in mother child bonding and even to the extent of suicide as well as infanticide in rare cases. However, it is important to distinguish PND from the "baby blues" that occurs between three and 10 days after giving birth; and "Post-natal psychosis" which affects one in 500 women in the first week or so after child birth.

2. Problem Statement

A Comparative Study to Assess the Level of Postnatal Depression among LSCS and Normal Delivery Mothers in Selected hospitals at Guntur, Andhra Pradesh, India.

Objectives

- To assess the level of postnatal depression among LSCS & Normal Delivered mothers.
- To compare the level of postnatal depression among LSCS & Normal Delivered Mothers.
- To associate the level of postnatal depression among LSCS & Normal Delivered Mothers with their selected demographic variables.

3. Materials and Methodology

Study Design- Descriptive design with Comparative approach.

Setting of the study- Selected hospitals in Guntur, Andhra Pradesh.

Sample—Postnatal mothers in the selected hospitals of Guntur, Andhra Pradesh

Sample size- The total sample size was 100 among 50 were LSCS mothers & 50 were Normal delivery mothers.

Sampling technique- Purposive sampling technique.

Criteria for selection of sample-

The study includes postnatal mothers who were

- 3rd to 5th day of delivery
- Available at the time of data collection
- Primi and multi gravida mothers.
- Able to speak and understand English/ telugu.
- Willing to participate in the study.
- Undergone LSCS & Normal delivery with alive child.

4. Description of the Tool

The tool was prepared based on review of research, non-research literature, and opinion of experts. The tool consists of two sections.

Section – I: Demographic variables

Demographic Variables include Age, Education, Family income, Type of family, Expectation of spouse and family towards the gender of the baby, gender of new born, Employment, Birth order of the present baby, Place of residence and mode of delivery.

Section – II: To assess the level of postnatal depression among LSCS and normal delivery mothers.

30 statements were framed to assess the level of depression by using Edinburgh postnatal depression scale. In which each statement consists of four(4) options, each options carries a=1,b=2,c=3,d=4. Total tool carries minimum-30marks and maximum 120 marks.

Scoring Interpretation

Level of knowledge	Scores	Percentage (%)
No depression	0-30	0-25%
Mild depression	31-60	26-50%
Moderate depression	61-90	51-75%
Severe depression	91-120	76-100%

Ethical Consideration

Permission was obtained from the hospital ethical committee.

5. Data Analysis

The data obtained was analyzed by using descriptive and inferential statistical test.

6. Results

Section-I

Frequency and percentage distribution of demographic variables of postnatal mothers among LSCS and normal delivery mothers⁵⁰

- Out of 50 LSCS mothers majority were belongs to 23-27 years of age group (60%) and 28% belongs to 18-22 years of age group and 12% belongs to 28-32 years of age group. Where in normal delivery mothers majority 50% were in the age group of 23-27 years and 18-22 years groups 46% respectively, 4% belongs to 28-32 years.
- In respect of education of mother majority of the LSCS (40%) mothers were completed their primary education and 30% mothers completed secondary education and 3% were illiterates and graduates were 8%. Where in normal mothers (48%) were with primary education . 30% were illiterates mothers and 18% of the mothers were completed secondary education and 4% of mothers were graduates
- Regarding family income per month, majority of LSCS mother's family income was (44%) earning Rs.5000/-to 10,000 per month and 24% were earning less than Rs.5000/- and 24% were earning Rs.10001/- to Rs.15000/-per month and 4% were earning more than Rs. 15000. Where as Normal delivery mothers family income majority was (46%) earning Rs.5000/-to 10,000 per month and 28% were earning Rs.10001/- to Rs.15000/- and 26% were earning less than Rs.5000/-
- In regards type of family in LSCS mothers majority 52% are joint family, 36% are belongs to nuclear or single unit family and 12% are belongs to extended family. Where as in normal mothers 4% were belongs to joint family, 34% were belongs to nuclear or single unit family and 20% were extended family.
- In regards to expectation of spouse and family towards gender of the baby in LSCS mothers majority 64% were expected male child and 36% were expected female child, where as normal delivery mother 52% were expected male child and 48% were expected female child
- In regards to gender of the new born baby in LSCS mother 50% were having male child and 50% were having female child. Where as in normal delivery mother majority 54% were having female child and 46% were having male child

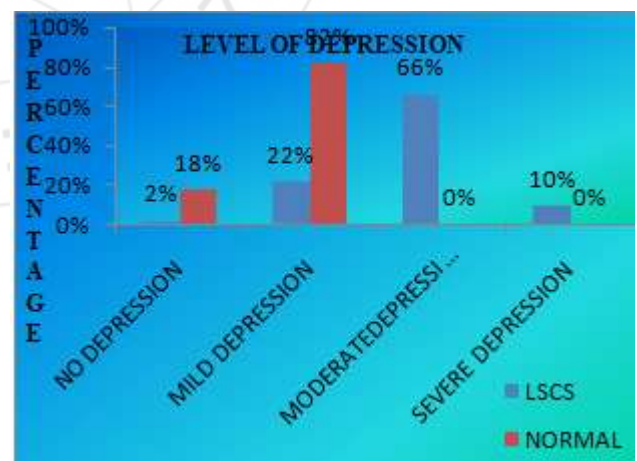
- In regards to employment of the LSCS mothers majority 32% were coolie, 30% were house wife, 18% were private employee, 18% were self employee and 2 % were government employee. Where as in normal delivery mothers majority 46% were coolie, 20% were private employee 18% were house wife, 16% were self employee.
- In regards to birth order of the baby in LSCS mothers majority 52% first baby, 46% second baby and 2% third baby. Where as in normal delivery mothers 60% first baby and 40% second baby.
- In regards to place of residence in LSCS mothers majority 54% were residing in urban and 46% residing in rural area. Where as in normal delivery mother 58% were residing in urban and 42% were residing rural.
- In regards to mode of delivery in LSCS mothers 100% were undergone operative and normal delivery mothers undergone normal vaginal delivery.

Section-II

Frequency and Percentage Distribution of Postnatal Depression Levels Among LSCS and Normal Delivery Mothers, (n=50+50)

S. No	Depression Levels	LSCS		Normal Delivery Mother	
		N	%	n	%
1	No Depression	1	2%	9	18%
2	Mild Depression	11	22%	41	82%
3	Moderate Depression	33	66%	0	0%
4	Severe Depression	5	10%	0	0%
	Total	50	100%	50	100%

Table reveals that frequency and percentage distribution of depression levels among LSCS and normal delivery mothers. In LSCS mothers majority 33(66%) were moderate depression, 11(22%) were mild depression, 5(10%) were severe depression and one person having no depression. Where as in Normal mothers majority 41(82%) were mild depression and 9 (18%) were having no depression.



Section-III Mean Standard Deviation And paired- T Test of Postnatal Depression among LSCS and Normal Delivery Mothers the LSCS mothers mean score was 72.18 with standard deviation of 19.00. Where as in the normal delivered mothers mean score was 32.78 with standard deviation of 2.5. The paired't' test value was 17.44 which is statistically significant at the level of P<0.05.

Section-IV Association between postnatal depression among normal delivered mothers with selected demographic variables. the association between postnatal depression and education ($\chi^2=35.9$), place of residence ($\chi^2=4.13$) was statistically significant at the level of 0.05 in norm delivery mothers.

The association between postnatal depression and age ($\chi^2=21.8$), family income (8.209), type of family ($\chi^2=13.107$), expectation of the spouse and family towards gender of the baby ($\chi^2=1.826$), gender of the baby ($\chi^2=8.795$), employment ($\chi^2=21.297$), birth order of the baby ($\chi^2=4.139$) were not statistically significant at the level of 0.05 in normal delivery mothers.

Association between postnatal depression among LSCS mothers with selected demographic variables the association between postnatal depression and birth order of the present baby ($\chi^2=74.121$), was statistically significant at the level of 0.05 in LSCS mothers.

The association between postnatal depression and age ($\chi^2=48.72$), education ($\chi^2=73.53$), family income ($\chi^2=56.56$), type of family ($\chi^2=51.45$), expectation of the spouse and family towards gender of the baby ($\chi^2=24.39$), gender of the baby ($\chi^2=21.73$), employment ($\chi^2=90.64$), place of residence ($\chi^2=29.60$) were not statistically significant at the level of 0.05 in normal delivered mothers.

7. Discussion

The purpose of the study was to assess the level of postnatal depression among LSCS and Normal delivered mothers and To compare the level of postnatal depression among LSCS and Normal delivered mothers and To associate the level of postnatal depression among LSCS and Normal delivered mothers with their selected demographic variables.

The study was quantitative research study and 100 samples were selected by using purposive sampling technique. The study was conducted in EB Hospital ponnur. The levels of depression were assessed by using modifying depression scale. Demographic variables such as age, education, family income, type of family, expectation of the spouse and family towards the gender of the baby, gender of the new born, employment, birth order of the present baby, place of residence and mode of delivery included in this study.

A study from Japan shows that the onset of PND can be seen within the first week after delivery. Maternal complications and related medical factors might serve as risk factors. Findings of an Iranian study shows that PND has been twice as much prevalent in Caesarean Section group compared to that of Normal Vaginal Delivery group.

A retrospective comparison study conducted in 1994, shows higher incidence of PND among subjects undergoing Caesarean Section than those who had Normal Vaginal Delivery. A review taken in account 24 studies to find out the evidence for an association between Caesarean Section PND revealed that 5 studies were having significant adverse association, 15 were having no significant adverse association and 4 studies were having mixed results.

Based on research studies, the researcher felt need to conduct a comparative study to assess the level of postnatal depression among LSCS and normal delivery mothers.

8. Conclusion

The overall findings of the study showed that the level of depression of LSCS mothers majority 33(66%) were moderate depression, 11(22%) were mild depression, 5(10%) were severe depression and one person having no depression. Where as in Normal mothers majority 41(82%) were mild depression and 9 (18%) were having no depression.

9. Recommendations

- A similar study can be conduct in large sample which may helps to draw more definite conclusions and make generalization.
- Further study can be conduct by in other teaching methods.
- The researcher will recommend the structure teaching programme to be practiced in large hospitals.

10. Limitations

- The researcher felt difficult in getting permission from authority.
- It was difficult to get cooperation from the postnatal mothers in the beginning stage but later the researcher gained cooperation.

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