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A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF POSTPARTUM DEPRESSION AMONG MOTHERS IN A SELECTED HOSPITAL, TAMIL NADU

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ABSTRACT

Background: Postpartum depression (PPD) is a mood disorder affecting approximately 10-20% of mothers (Dutta, 2013). PPD is mainly the result of sudden and significant hormonal changes in Hypothalamo-pituitary-adrenal axis, reduction of estrogen and progesterone, and dropping of thyroid hormone (Udangiu, Moldovan, Mojoescu & Papuc, 2010).

Methods: The descriptive study was done on 50 postpartum mothers in Rajah Muthiah Medical College Hospital in Chidambaram and used the Beck Depression Inventory-II to assess the level of postpartum depression. The baseline data were collected from mothers in labour and postnatal wards and followed up in home set-up at 1½ and 3 months intervals for the collection of research data.

Results: There was high level of post partum depression between 1½ and 3 months.

Conclusion: Creating awareness about the PPD and their interventions and providing measures will really help the mothers to enhance their health and ultimately make their home a happier one.

KEY WORDS: Postpartum depression, Beck Depression Inventory-II.

INTRODUCTION

Child birth is the one of the mother's most crucial life events and associated with many other life changes (Hanley and Long, 2006). Postpartum is the time of multiple physiological and psychological changes. It is also the crucial period of developing relationship with the baby. Pregnancy and postpartum are considered to be high risk periods for the emergence of psychiatric disorders. Postpartum depression (PPD) is one of the most common psychopathology affecting up to 15% of mothers. Mother needs ample attention, education and support during postpartum period. If mothers have knowledge and prepare themselves for pregnancy, they will adjust well in the postpartum period and take care of the baby happily. Postpartum depression has been the subject of medical interest since the days of Hippocrates (Hanley and Long, 2006). It affects not only the mother but also the care, growth and development of the baby, family and the community. The affected mother may not be able to take care of her child and family (Anuchithra, 2009).

Globally, the prevalence of psychosocial problems is high during pregnancy and after delivery and almost one in four women in developing countries suffers from anxiety or depression around the period of childbirth (Ali, Ali, Azam & Khuwaja, 2010). Postpartum depression affects 10-15% of mothers in resource-rich settings and in contrast, the prevalence ranges from 11% to 42% in resource-limited settings (Hegde, Latha, Bhat, Sharma, Kamath & Shetty, 2012). Johnson, Edwin, Joachim, Mathew, Ajay and Joseph (2015) conducted a cross-sectional study to screen for postpartum depression. A total of 123 postnatal women who attended the rural maternity hospital in Ramnagara district of Karnataka, India (74 women within 1 week period after delivery and 49 women at 6 to 8 weeks after delivery) were interviewed. The results revealed that 44.6% of women had postpartum depression within 1 week after delivery and 46.9% had postpartum depression in the 6 to 8 weeks period after delivery. Mood swings during antenatal period ($p = 0.027$), staying with family of birth during pregnancy ($p = 0.010$), staying away from their husband ($p = 0.027$), stressful life events ($p = 0.011$) and low self-esteem ($p = 0.041$) were the factors associated with postpartum depression. Shivalli and Gururaj (2015) did a cross-sectional study to assess the predictors of postpartum depression. A total of 102 rural postnatal women participated in 4th to 10th postpartum day in a rural tertiary care hospital of Mandya District, Karnataka, India. The results revealed that the prevalence of postpartum depression was 31.4%. Joint family, working more, non-farmer husband, poverty, female baby, pregnancy complications and known medical illness were significantly associated ($p < 0.05$) with the

postpartum depression. Afridi, Batool, Jabbar, Hassan and Shinwari (2014) conducted a descriptive study to determine the occurrence of postpartum depression. A total of 133 mothers, who were at 6 to 12 weeks of postpartum, were selected in Peshawar at Pakistan. The results revealed that the prevalence of PPD was 30% at 6 to 12 weeks postpartum assessed on the Edinburgh Postpartum Depression Scale.

STATEMENT OF THE PROBLEM

Assess the level of postpartum depression among mothers in a selected hospital, Tamil Nadu.

Methods

The selection of research approach is a basic procedure for the conduct of research study. The aim of study was to assess the level of postpartum depression among mothers.

Design

The research design selected for this study was quantitative design. Data were collected in the labour ward, Rajah Muthiah Medical College Hospital (RMMCH), Annamalai University, Chidambaram in Cuddalore district, Tamil Nadu state in India.

Participants

Participants were all the postnatal women who were admitted in postnatal ward after the delivery and the mothers were followed in the home set up.

Sample and Sampling Technique

The sample consisted of 50 postnatal mothers and the ages ranged from 18 to 35 years. All participants felt their PPD symptoms start during their first month of postpartum, whereas the time until they felt they were recovered was from 6 months to 1½ years. Inclusion criteria were postnatal mothers within 12 hours after delivery; 18 to 35 years, both primi para and multi para mothers, residing within 6 Kilometers in and around Chidambaram, had normal vaginal delivery or forceps or vacuum delivery or cesarean section, who had chronic diseases under control, who had delivered normal and term babies and babies with mild sickness. Exclusion criteria were- postnatal mothers, with previous history of psychiatric illness, who developed obstetrical complications during labour/puerperium, who were sick during data collection period, who had occurrence of death of close relative, who had still born baby or whose baby died, who were not able to communicate in Tamil language and who were not willing to participate in the study. Convenience sampling technique was used to select the samples.

The Data Collection Instrument

The tool consist of section A- Socio-demographic data, section B- Obstetrical Data, C- Rating Scale for Postpartum Depression (Beck Depression Inventory-II [BDI-II]). The BDI – II had 21 items and each item had four options, scored from 0

to 3 (0- Not depressed, 1-13 - Minimally depressed, 14-19 - Mildly depressed, 20-28 - Moderately depressed, 29-63 - Severely depressed). Maximum score was 63. The content validity was obtained from experts in the field of nursing and psychiatry. Based upon their valuable suggestions and recommendations the tool has been modified.

Ethical Consideration

Formal approval was obtained from the Institutional Human Ethical Committee of RMMC, Annamalai University. Formal permission was obtained from the higher authorities and researcher explained about self and the purpose of the study. Informed written consent was obtained.

Pilot Study

The pilot study was conducted among 10 mothers. Baseline data were collected by interview method in labour ward and postnatal ward 12 hours after delivery and they were followed up till 3 months and the level of PPD was assessed. Pilot study findings revealed that the tool was found to be feasible and practicable. Reliability of the tool was assessed by Inter-rater reliability method.

Data Collection Procedure

The samples were selected based on the inclusion criteria. The data were collected among 50 postnatal mothers in labour and postnatal wards 12 hours after delivery. Mothers were informed that they will be followed up in home set-up at 1½ and 3 months for the collection of research data. The level of PPD was assessed by using BDI-II at 1½ months and those who had minimal, mild and moderate level of postpartum depression were followed at 3rd month. All the subjects co-operated well and ventilated their accumulated feelings and got support from the researcher. All the mothers participated voluntarily and none of the mothers dropped out.

DATA ANALYSIS

Without statistics, quantitative data would be a chaotic mass of numbers. Statistical analysis helps the researcher to make sense of quantitative information (Polit and Beck, 2013). The collected data were

assembled, analyzed and tested for their significance using descriptive statistics by using SYSTAT 12 software. Descriptive statistics were used to characterize the sample.

RESULTS

Regarding socio-demographic variables and the obstetrical variables of postpartum mothers, 23(46%) mothers belonged to the age group of 21-25 years, 23(46%) mothers had education up to high school level and 4(8%) mothers were illiterates. Majority of 44(88%) mothers were housewives, though the number of nuclear family is on the rise, nowadays, the study showed that 23 (46%) mothers belonged to nuclear families, 11 (22%) were earning between Rs.3001–6000. Family support is essential for mothers to lead a happy family life. The study showed that 44 (88%) had their husbands support and 2 (4%) had the support of their mother-in-laws.

Regarding the distribution of selected obstetrical variables of mothers 22 (44%) were primi-gravid mothers, 28 (56%) were multi-gravid mothers, 24 (48%) were primi-para mothers, 26 (52%) were multi-para mothers, 7 (14%) had 1 abortion, 10 (20%) had 1 male child, 13 (26%) had 1 female child and no one had 2 female children. Regarding past history of obstetrical complications among the multi para mothers, 4(15.4%) had intra uterine death.

The distribution of level of depression of postpartum mothers at 1½ month after delivery was 9 (18%) mothers had minimal depression, nearly half of the mothers 23 (46%) had mild depression and 18 (36%) mothers had moderate depression. None of the mothers had severe depression. At 3rd month 3 (6%) mothers had minimal depression, 45 (90%) mothers had mild depression and 2 (4%) had moderate depression.

Table - 1: Comparison of Level of Depression of Postpartum Mothers between 1 ½ months and 3 months

N = 100

Level of Postpartum Depression	Range of score	1 ½ months		3 months	
		No.	%	No.	%
Not depressed	(0)	0	-	0	0
Minimally depressed	(1-13)	9	18	3	6
Mildly depressed	(14-19)	23	46	45	90
Moderately depressed	(20-28)	18	36	2	4

DISCUSSION

The distribution of socio-demographic variables of mothers revealed that 21 (42%) in the control group belonged to the age group of 25-35 years. The findings are supported by a cross-sectional study by Kolisetty and Uma Jyothi (2015) among 100 postpartum mothers in a tertiary care hospital in Andhra Pradesh, which found that 54% of the postpartum mothers were aged >25 years. Among the educated mothers, 23 (46%) had education up to high school level. Similar findings are found in a cross-sectional study conducted by Alasoom and Koura (2014) among 450 postpartum mothers in the Eastern Province capital of Saudi Arabia, where the findings revealed that 40% had completed high school education. Regarding family structure, 27 (54%) mothers belonged to joint families. A study carried out by Nimisha, Ritambhara and Jaishree (2012), among 200 Gujarati postpartum women found that 50% of the mothers belonged to joint family.

The obstetrical variables of the mothers revealed that 22 (44%) mothers were primi-gravida mothers and 28 (56%) were multi-gravida mothers. The findings are consistent with the findings of a study conducted by Logsdon, Wisner and Pinto-Foltz (2006) among 169 mothers, in Udupi district in Karnataka, India, who found that 53.3% mothers were primi gravida mothers.

The level of PPD among mothers at 1½ months revealed that 18% had minimal depression and 46% had mild depression. The study findings are supported by a cross-sectional study conducted by Johnson, Edwin, Joachim, Mathew, Ajay and Joseph (2015) among 123 postnatal women, in a rural maternity hospital in Ramnagara District of Karnataka, found that 46.9% of mothers had PPD in 6-8 weeks after delivery.

The level of PPD among the postpartum mothers at 3 months after delivery revealed that 3 (6%) mothers had minimal depression and 45 (90%) had mild depression. The findings are supported by a descriptive study conducted by Afridi, Batool, Jabbar, Hassan and Shinwari (2014) among 133 postnatal

mothers, in Hayatabad Medical Complex, Peshawar, found that 30% of the mothers had PPD on EPDS at 6 - 12 weeks. Mean scores PPD among the mothers at the end of 1 ½ months, the mean PPD level has been 19.16 and 17.56 at the end of 3 months.

NURSING IMPLICATIONS

Implications for Nursing Practice

- Nurses should take responsibility to create community awareness on the psychological health needs and health problems faced by postpartum mothers, decreasing the stigma, the need for family support and availability of effective pharmacological and complimentary therapies in the treatment of postpartum psychological conditions.

Implications for Nursing Education

- Nurse teachers while teaching students should highlight the importance of educating the mothers in the preparation of motherhood to take care of the baby, self and family in the post delivery period.

Implications for Nursing Administration

- The nurse administrators should supervise the care given by the nurses and give emphasis on the implementation of interventions for improving emotional health of postpartum mothers.

Implications for Nursing Research

- Nurses should be encouraged to participate in the research activities, take up projects that utilize therapies to overcome stress and bringing out new care to bring laurels to the nursing profession.

Recommendations

The findings of the study helped to develop further recommendations that are given below:

- The findings of the study showed that some of the mothers were illiterates and this gives a clue that, in addition to posters, pamphlets, individualized counseling and mass media communication is necessary.

- An exploratory study can be conducted on antenatal women to identify the factors influencing depression among mothers during peripartum period.
- A study can be conducted to assess the impact of PPD on the growth and development of the children of mothers with PPD.
- A study can be conducted to identify the emotional health status of the husbands of the mothers with PPD.

Limitations

- Home visits, as planned, could not be conducted and hence the investigator had to revisit the mothers on different dates.

CONCLUSION

In the modern world, mothers are challenged with home as well as job responsibilities. PPD is, on the rise and mothers need timely and appropriate information to prevent PPD and further complication.

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