

Postpartum Depression in Rustic Areas of Madhya Pradesh State

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Abstract

Postpartum depression is the most common postpartum complication affecting 10-15% of women, contributing greatly to maternal mortality and morbidity, but treatment is very poor in women who suffer from it. The aim is to study the prevalence of postpartum depression in women of recent birth in a rural population and the pattern of health care use for the condition in women. This is a cross-sectional study based on the population in a rural population served by a primary health center. All women in the study area who had a pregnancy outcome in the past 6 months and completed 30 days since their last childbirth were included in the study. Data on postpartum depression were collected using the Edinburgh Postpartum Depression Scale (EPDS). There were 50 postpartum women in the study area who participated in the study. The average age of the study participants was 24.5 years. The prevalence of depression in the women in the study (an EPDS score of 10 and above) was 11%. Among women with depression, a history of depression before the last childbirth was reported by 42.5% of women. Only 7.5% of the women had sought some form of health care for their problem. The study shows that the prevalence of depression in postpartum women is quite high and that the health pursuit for depression is very low. Professional nurses should be trained to educate, detect and treat depression early in postpartum women.

Keywords: Depression; Postpartum depression; Postpartum depression scale; Rustic area; Nurse role.

Introduction

Entering motherhood causes an individual to experience many emotions at the same time. The journey is filled with fluctuating affectivity, new lifestyle changes, and adaptation to new bodily transitions and variations. The news brings out a lot of joy mixed with “fear” and “loss”. The mother

tends to feel confident, but along with the experience it also brings out negative and unhealthy emotions and a pattern of fear, preoccupation with thoughts, insecurity, body image issues can come into play, resulting in depressive episodes and generation of anxiety.

It is crucial for the mother to be insightful approximately what adjustments are everyday and what isn't. She wishes to be informed approximately what wishes to be addressed and what calls for expert help, with recognition to her bodily in addition to intellectual actual fitness. There are some adjustments that a woman's frame undergoes at some point of being pregnant which at once leads to persuade in hormonal regulation, commonly ensuing in temper fluctuations, distress, irritability, fatigue, etc. These signs commonly boom over the route of being pregnant, giving

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the mother each bodily in addition to intellectual exhaustion, therefore it turns into very essential for her to examine the control of the way to address such adjustments and signs. Focus at the intellectual fitness components at some point of this segment of existence have to be a concern for each the parents. There are loads of mothers who get vulnerable to melancholy and tension issues at some point of their post partum segment.

In addition, maternal depression affects the physical and psychological health of children. Maternal depression results in lower birth weights in infants, higher rates of underweight at 6 months, poor long-term cognitive development, higher rates of antisocial behavior, and more frequent emotional problems in their children.

A study was conducted to look at changed into carried out within side the Department of Obstetrics and Gynecology, Netaji Subhash Chandra Bose Medical College, Jabalpur from 1st March 2015 to thirty first August 2016. Participants have been screened for postnatal melancholy the usage of EPDS. A chance component questionnaire that included key socio demographic and obstetrics elements have been additionally finished via way of means of all of the topics. The gift look at concludes that the superiority of post partum melancholy is 12.8% (64/500) among postnatal ladies admitted of Obstetrics unit of NSCB Medical College, Jabalpur (Madhya Pradesh) due to the fact the superiority of an EPDS score ≥ 13 (that's suggestive of PPD) changed in to determined in a sizable percentage of ladies, screening for PPD is indicated in all post partum topics to discover and right away deal with those ladies. Identification of a clean affiliation among positive chance elements and PPD will cause a prompter prognosis of PPD.

Most patients have suffered from depression for more than 6 months and, if left untreated, a quarter of them have been depressed for more than a year. The onset of post partum is the index depressive episode in > 50% of cases, again emphasizing the unique triggering effect of childbirth. Signs and symptoms cannot be distinguished clinically from major depression that occurs in women at other times. Most cases require treatment by a health care professional. Although effective strategies for psychological & pharmacological treatment existed only depression, even in industrialized countries, less than half of women who suffer from it.

The current study aims to study postpartum depression among recently delivered women in a rural population in rustic areas of Indore district in Madhya Pradesh.

Methodology

This study was conducted as a population based cross sectional study in a rural population served by Primary Health Centre, Pardeshipura of Indore district in Madhya Pradesh. The duration of study was on August, 2015. In this review, all ladies in the review region independent of whether they are an inhabitant of the town or a guest who had a pregnancy result during March to August 15th have finished 42 days since their last delivery yet are <6 long stretches of delivery were incorporated regardless of result of birth. They were met in their homes. Composed informed assent was gotten from the review members.

Data on postpartum depression were collected using the EPDS. The EPDS is easy to administer and has been shown to be an effective screening tool that has been used to identify depression in the postpartum period after assessing content and facial validity. The EPDS includes questions about symptoms of depression. There are ten questions on the scale, each scoring from 0 to 3 with a maximum score of 30. A score of 10 to 12 indicates moderate depressive symptoms and 13 or more clinically relevant depressive symptoms.

Analysis and Result

There were 50 eligible postpartum women participated in the study, and all of them gave informed consent to participate in the study.

Table 1: Demographic characteristics.

(n=50)			
Item	Total	Postpartum Depression	Chi-Square
Age			
Less than 20	04	01	5.26
20-30	36	03	
Above 30	10	02	
Education			
Illiterate	04	01	4.0
Primary	07	02	
Secondary	33	02	
Higher	06	01	
Type of Family			
Joint	24	03	0.03
Nuclear	26	03	
Socio Economic Status			
High	06	01	3.28
Middle	16	02	
Low	28	03	

The mean age of the study participants was 24.5 years, and the standard deviation was 3.3 years. Most number of participants were literates (92 %) and housewives (96%). Among the above data it's found that 12% of participants were faced any kind of postpartum depression. The demographic characteristics of age, education, type of family and socio economic status were found not to be associated with postpartum depression.

Table 2: Postpartum depression based on delivery.

(n=50)			
Item	Total	Postpartum Depression	Chi-Square
Mode of Delivery			
Caesarean delivery	15	1	4.55
Vaginal delivery	35	5	
Delivery order			
First	22	2	0.001
2 and above	28	4	
Sex of the baby			
Male	24	02	2.67
Female	26	04	
Transgender	00	00	
Delivery Outcome			
Live birth	48	5	0.08
Still birth	02	1	

Although the postpartum depression was higher among who had given birth to a girl baby, the differences were not statistically significant. A higher proportion of women who had delivered by vaginal route had a higher depression compared to women delivered by cesarean section ($P < 0.05$).

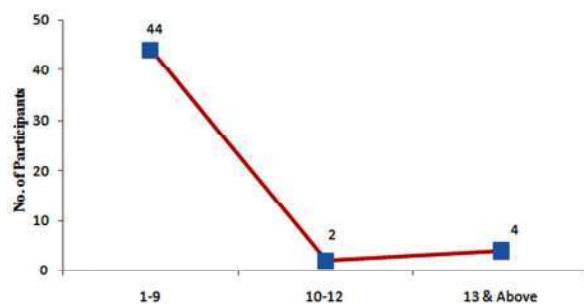


Fig. 1: Edinburgh postnatal depression scale score.

The depression among the study women (EPDS score 10 and above) was found to be 12%. The percentage of major depression (13 and above) was found to be 8%. Participants who scored 10 or more on EPDS were alluded for clinical assistance as most of sample with depression did not seek any form of medical aid.

Discussion

In this cross sectional study done among 50 women in a rustic area in Madhya Pradesh, the depression during postpartum period was found to be 12%, and among them, 66.66% had major depression.

The observing that an essentially higher extent of ladies who had vaginal conveyance endured discouragement when contrasted with those who had cesarean area is not quite the same as different examinations. Certain investigations report cesarean area as a danger factor for misery and others report no distinction in pervasiveness of despondency between vaginal conveyance and cesarean area. The finding in this review could be clarified that ladies who had vaginal conveyance needed to get back to family errands prior and had less rest as were more inclined.

The power of the research is that it's far a nursing based totally examine which protected all of the post partum girls within side the exploration area. This is one of the few research which have sought facts at the fitness care usage sample of examine girls. The obstacles are, being a cross sectional examine, range of girls with melancholy became small and so, affiliation among melancholy and different factors were now no longer significant.

Summary

The current review shows that the post partum depression among post pregnancy ladies is very high and the wellbeing looking for sorrow is extremely low. It is about time that wellbeing policy makers find important ways to remember the part of psychological wellness for regenerative. Health professionals and nurses must be prepared to bring issues to light and treat depression among post pregnancy ladies expeditiously.

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