A Study to Assess the Prevalence and Risk Factors Regarding Postnatal Depression Among Postnatal Mothers in Postnatal Ward, MGM Hospital, Aurangabad

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ABSTRACT: *Postnatal depression (PPD) affects women around the world and it is estimated that its prevalence runs at about 10-15%. Some studies show that postnatal depression may affect up to 30% of all women after delivery and has a significant impact on the mother and long term consequences on the cognitive and emotional development of children. The occurrence of postnatal depression can have serious consequences not only on the mother but also on the mother-infant bonding and indirectly hinder the psycho affective development of the child, hence it's important to detect early. In long term untreated depression may lead to subsequent emotional, behavioral and cognitive problems for child.The present study was carried out in Mahatma Gandhi Hospital, Aurangabad, Maharashtra, among postnatal mothers admitted in postnatal ward. 100 postnatal mothers were the study participants out of which 45 were primipara and 55 were multipara. Prevalence was assessed using Standardized Edinburgh postnatal depression scale (EPDS) and risk factors were assessed using self-administered questionnaire.The study results showed Highest percentage (51%) was in age group of 18-23yrs. Majority of postnatal mothers (41%) have completed their primary education. Most of the (49%) postnatal mothers are homemaker. Majority of postnatal mothers (55%) were having family income 11,000-15,000. Most of the (67%) postnatal mothers were from joint family type. Majority of postnatal mothers (75%) were Hindu. Most of postnatal mothers (53%) were having 1-3 yrs of marriage duration. Around (58%) of postnatal mothers were from rural area. Most of the (48%) postnatal mothers have postpartum day of 4-6 days.The study results showed that majority of sample i.e. (60%) 60 postnatal mothers are having mild depression. (22%) 22 postnatal mothers are having moderate depression. (18%) 18 postnatal mothers are having severe depression. There is no significant association between risk factors and selected demographic variables and there is no significant association between prevalence and selected demographic variables*

KEYWORDS: postnatal depression, prevalence, risk factors

INTRODUCTION

Postnatal depression is a non psychotic depressive episode of mild to moderate severity, beginning in or extending into the first postnatal year.[1]

Postnatal depression is an important public health problem, having a significance impact on the mothers, the family, her partner, mother-infant interaction and on the long term emotional and the cognitive development of the baby. Indian studies also show postnatal depression as a cause of significant psychiatric morbidity in mothers and malnutrition in infants.[1]

According to the World Health Organization (2003) postnatal depression symptoms include feelings of anxiety, hopelessness, decreased appetite, inability to concentrate, decrease interest in the baby or life in general, and altered sleep patterns.[2]

Postnatal depression onset occurring within four weeks of delivering a baby. The most recent episode occurring during pregnancy as well as in the four weeks of delivering a baby.[3]
Becoming a mother is associated with emotional distress in about 30% of women. The postnatal period is of particular vulnerability for decompensations or the outbreak of some psychiatric disorders. Postnatal depression is one of the most common complications in women in the postnatal period.[3]

According to the World Health Organization (WHO) depression has become the leading cause of disease burden for women of reproductive age.[4]

The diagnosis is difficult because of the variability in clinical presentation. In addition, some health professionals do not have the required competence for diagnosis. Therefore, postpartum depression is often confused with baby blues or postpartum psychosis.[3]

The occurrence of postnatal depression can have serious consequences not only on the mother but also on the mother-infant bonding and indirectly hinder the psycho affective development of the child, hence it's important to detect early. In long term untreated depression may lead to subsequent emotional, behavioral and cognitive problems for child.[5]

Statement of the Problem
"A study to assess the prevalence and risk factors regarding postnatal depression among postnatal mothers in postnatal ward, MGM'S Hospital, Aurangabad"

Objectives
1)   To assess the prevalence of postnatal depression in postnatal mothers.

2)   To assess the risk factors of postnatal depression in postnatal mothers.
3)   To find out the association between prevalence and risk factors of postnatal depression among postnatal mothers with selected demographic variables.

MATERIALS AND METHODS

Exploratory approach was considered for present study. Non-experimental exploratory descriptive research designed is used to conduct the study. Study is conducted in postnatal ward at MGM Hospital, Aurangabad which is 980 bedded multispecialty hospital out of which 60 beds are of postnatal beds. The study is conducted in Obstetrics and Gynecological in patient department, in the MGM Hospital, N-6 CIDCO, Aurangabad. Purposive sampling technique was use to select the sample for present study. Sample size was 100 postnatal mothers attending postnatal ward of MGM Hospital Aurangabad.

Description of Tool
It is consists of three sections:
➢   Section A: It consists of 9 items of demographic data like age, education, occupation, income, type of family, religion, marriage duration, residence, postpartum day.
➢   Section B: It consists of self structured risk factors questionnaires. It consists 15 items for assessing risk factors regarding postnatal depression among postnatal mothers.
➢   Section C: It consists of prevalence questionnaires. It consists of 10 items for assessing prevalence of postnatal depression among postnatal mothers.

Validity, Pilot study and reliability
Content validity of the tool was established in consultation with 12 experts from various discipline faculties i.e., from Medical Surgical Nursing, Community Health Nursing, Gynecology and Obstetrical Nursing, Mental Health Nursing. Pilot study was conducted in a selected Hospital on postnatal mothers and the study was found to be feasible. Reliability was established by using split half method. The reliability coefficient (r) was calculated and the score is equal to 0.75

Ethical Aspects – Formal permission was taken from the concerned authorities of the Hospital. Individual consent was also taken from the subjects.

MAJOR FINDINGS OF THE STUDY

Table 1: Distribution of samples in relation to demographic data by frequency and percentage:

Demographic data	Category	Frequency	Percentage (%)
Age	18-23 yr	72	51
	24-29 yr	52	37
	30-35 yr	8	6
	36-41 yr	8	6
Education	Illiterate	8	6
	Primary	57	41
	Secondary	56	40
	Graduate	14	10
	Postgraduate	5	3
Occupation	Agriculture	45	32
	Government service	14	10
	Private service	8	6
	Homemaker	69	49
	Any other (specify)	4	3
Income	6,000-10,000	41	29
	11,000-15,000	77	55
	16,000-20,000	14	10
	Above 20,000	8	6
Type of family	Joint family	94	67
	Nuclear family	46	33
Religion	Hindu	105	75
	Muslim	24	17
	Christian	7	5
	Any other (specify)	4	3
Marriage duration	1-3 yr	74	53
	4-6 yr	45	32
	7-9 yr	13	9
	10 yr above	8	6
Residence	Urban	59	42
	Rural	81	58
Postpartum day	1-3 day	52	37
	4-6 day	67	48
	7-9 day	21	15

Table 3- **Distribution of risk factors in frequency and percentage obtained by this study group.**

Risk factors	Category	Frequency	Percentage (%)
Habit	**Tobacco**	4	3
	Drinking	4	3
	Any other(specify)	4	3
	No	128	91
Treatment for pregnancy	**Yes**	21	15
	No	119	85
Complication during pregnancy	**Anemia**	8	6
	Oligohydramnios	41	29
	PIH	18	13
	Any other(specify)	11	8
	No any	62	44
Complication in previous pregnancy	**Anemia**	10	7
	Oligohydramnios	8	6
	PIH	13	9
	Any other(specify)	3	2
	No	106	76
Self history of depression	**Yes**	31	22
	No	109	78
Family history of depression	**Yes**	28	20
	No	112	80
Feeding baby currently	**Exclusive breastfeeding**	118	84
	Mixed feeding	18	13
	No breastfeeding	4	3
Self desire for baby	**Male**	74	53
	Female	35	25
	Not specific	31	22
Family desire for baby	**Male**	52	37

	Female	67	48
	Not specific	21	15
Gender of baby	Male	80	57
	Female	60	43
Method of delivery	LSCS	96	69
	Normal delivery	41	29
	Any other(specify)	3	2
Parity	Primigravida	63	45
	Multigravida	77	55
Baby condition	Normal	112	80
	IUGR	10	7
	LBW	10	7
	Congenital abnormality	4	3
	Any other(specify)	4	3

Table 4: Distribution of postnatal mothers in relation to prevalence score.

GRADE	FREQUENCY	PERCENTAGE
MILD	84	6O
MODERATE	31	22
SEVERE	25	18

RESULT

Above table shows that majority of sample i.e. (60%) 84 postnatal mothers is having mild depression. (22%) 31 postnatal mothers are having moderate depression. (18%) 25 postnatal mothers are having severe depression. The mean score is 9.1%.

Chi square was calculated to analyzed the association between the prevalence of postnatal depression among postnatal mothers and their demographic variables, findings revels that there was no significance association between prevalence and age, education, occupation, income, type of family, religion, duration of marriage, residence and postpartum days.

CONCLUSION

The present study aims to assess the prevalence and risk factors The conclusion drawn from this study is postnatal mothers in postnatal ward of MGM'S Hospital Aurangabad; have prevalence regarding postnatal depression among postnatal mothers. It emphasizes that the planned teaching programme on postnatal depression prevention and care can reduce the prevalence of postnatal

depression, which lead to minimizing the complication and reducing the mortality and morbidity rate due to postnatal depression.

RECOMMENDATION-
Replication of the study could be done with large samples to validate and to generalize the findings.
➢ A comparative study can be carried out on mothers at two different setting.
➢ Study can be conducted to assess the effectiveness of planned teaching programme on postnatal depression
➢ A similar study can be on large samples; thereby findings can be generalized for a large population.
➢ A study may be conducted to evaluate the effectiveness of information booklet versus other methods of health teaching on postnatal depression.

REFERENCES
1. DC Datta, textbook of obstetric, 8th edition, new central book agency, New Delhi.
2. Dr. G.K Sandhu, obstetric and midwifery, 8th edition, Jaypee publication.
3. Myles, textbook for midwifery, 5th edition, jaypee publication.
4. B.T Basvanthappa, textbook of midwifery and reproductive health nursing, jaypee publication.
5. Mannual of obstetric, 3rd edition, shrish N. daftary.
6. Danforth obstetric, gynecology, 10th edition.
7. Mannual of obstetric, 2nd edition, shrish N. daftary.
8. Journal of south asian federation of obstetric and gynecology.
9. Journal of midwifery and women's health the official journal of the American college of nurses.