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Research Article

COMPARISON OF POSTNATAL DEPRESSION IN PRIMI-PAROUS AND MULTI-PAROUS WOMEN USING EDINBURGH POSTNATAL DEPRESSION SCALE

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ABSTRACT

Background: Depression is very common among women after childbirth and is a major public health concern in both resource-rich and resource-limited countries. Postnatal depression is a clinical depression which affects women after childbirth. Symptoms are found to occur anytime from soon after delivery to up to a year post delivery.

Methodology: In this study, 60 women were taken as subjects. They were then categorized into two groups – Group A- Primi-parous Group B- Multi-parous. Both the groups were administered with Edinburgh Postnatal Depression Scale (EPDS). The mean of the scores of both the groups were taken. Comparison between the level of postnatal depression among primi-parous and multi-parous women was done using unpaired t-test.

Results: Postnatal depression was found to be more in primi-parous than multiparous women using Edinburgh Postnatal Depression Scale. ($p< 0.0242$).

Conclusions: Postnatal depression is found in both the groups but was seen more in primi-parous women than multi-parous women.

INTRODUCTION

Pregnancy and postnatal period are considered as most fragile periods for the women in her life. About 7% of the global burden of diseases among women is contributed to mental health problems, especially among women of reproductive age.[1]

Postnatal Depression (Pnd): also known as postpartum depression is defined as an episode of non-psychotic depression with onset within 6 weeks of delivery.[2] Postpartum depression is an important public health problem, having a significant impact on the mother, the family, her partner, mother-infant interaction and on the long term emotional and cognitive development of the baby.[2]

Risk Factors: include difficulties with husband's behavior, problematic relationship with in-law family (mother-in-law and sister-in-law), lower socio-economic status, birth of a girl child in cultures over-valuing boy child, antenatal depression or severe anxiety Unintended pregnancy, congenital malformations of the child, overcrowding and lack of privacy, low self-esteem and adolescent pregnancy[2]

Symptoms: are found to occur anytime from immediately after delivery to up to a year post delivery.[4]

Mental symptoms include postpartum blues, mother may feel sad or depressed, lesser quality mother-child interaction, constant worrying about herself and the baby, feeling of harming herself, negative feeling toward the child and loss of libido.

Physical symptoms include ankle swelling, loss of hair, non–dietary weight gain may also be present.[4]

The severity can vary considerably from a transient period of feeling blue to major clinical depression with thoughts of infanticide.

Postpartum Blues : Also known as 3- day blues or baby blues. This is a transitory mood disturbance following delivery (within 2 weeks) and usually occurs at the height of hormonal changes. It is characterized by irritability, feeling trapped, sensitivity to criticism, despondence, anxiety, sadness, anger, guilt or elation. It occurs cross-culturally, but is less noticeable in cultures where emotions are expressed freely and when relatives and friends surround the new mother offering care and support. It may last a few days to 2-3 weeks, although it is self-

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limiting but 20% of women who suffer from this disorder will go on to develop depression in the first postnatal year.[5]

***Major Depression*:** Major depression is a depressive syndrome (without psychosis) that can occur during pregnancy or the postnatal period. This syndrome develops at the following rates during each phase of pregnancy: 7.4% first trimester, 12.8% second trimester, 12.0% third trimester and 10-20% postnatal. Its symptoms include change in mood, sleep patterns, eating, mental concentration and libido, and may involve somatic pre-occupations, phobias and fear of harming self or infant.[5]

Postnatal Psychosis: A women is more likely to suffer from new-onset psychosis during the postnatal period than during any other time of her life. The women may become restless, unusual behavior, unable to sleep, irritable, have pressured speech, obsessional or delusional thinking or become very withdrawn. Infant injury or infanticide by the mother is rare but does occur. Symptoms develop most commonly from a few days to 4-6 weeks postnatal, although it is suggestive it may have begun in the third trimester only.[5]

In spite of so many adverse events associated with postpartum depression almost half of the postnatal depression cases goes unnoticed by the health care providers. The major reason being unrevealing of symptoms by the mother due to fear.[7]This scenario calls for more studies on postnatal depression, in an attempt to better understand the disease and its associations, with a view to prevention, early diagnosis and management. The first and most important step to manage postnatal depression is the accurate assessment of the symptoms and early diagnosis.[3]

The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying women at risk for postnatal depression. The Edinburgh Postnatal Depression Scale is easy to administer and has proven to be an effective screening tool.The scale can be completed in about 5 minutes and has a simple method of scoring.The sensitivity of the EPDS was 86% and the specificity was 78%.[7]

An openly psychotic state may develop within a few days after delivery and render the woman incapable of caring for herself or her newborn. Postnatal depression has salient but selective effects on the mother-infant relationship, child growth and development. Young children of mothers with postnatal depression have greater cognitive, behavioural, and interpersonal problems. It is exposure to prolonged episodes of postnatal depression or to recurrent episodes of maternal depression that are most likely to have long term effects on the child.[8]

The community physiotherapist, who may have come into contact with a woman, during pregnancy, labor and in the postnatal ward, and who may continue to see her at mother and baby exercises classes, may be the one member who has known the mother continuously, and will therefore be most able to recognize any changes and alert the mother's health visitor and general practitioner.

MATERIALS AND METHODS

Materials Used

Edinburgh Postnatal Depression Scale.

Study Design

- Type of study : comparative study
- duration of Study : 1 year

Sample Design

- Sample Size : 60
  Location : Metropolitan City
- Type of Sampling :Random sampling

Inclusion Criteria

- Women willing to participate.
- Women aged between 20-35 years.
- Women who had full term vaginal delivery.
- Immediate post-partum to 6 weeks postpartum.
- Multi-parous women having not more than 3 children.

Exclusion Criteria

- Previous psychiatric disorders before pregnancy.
- Lower Segment Caesarean Section.
- Forceps delivery.
- Any neurological and musculoskeletal disorders.
- Pre-mature delivery.
- Still-birth or low birth babies.
- Any congenital or genetic problems with the baby.
- Post-partum hemorrhage.

Procedure

Screening of the patients was done as per the inclusion and exclusion criteria.

Consent was taken in the language best understood by them. Before handling the questionnaire, each subject was given detailed information about the purpose of the study with an assurance that information was used only for data collection and was kept totally confidential.

Subjects were Categorized Into two Groups

GROUP A- 30 including Primi-parous women
GROUP B- 30 including Multi-parous women

Subjects in each group was asked to select one option for each question that is the closest to how they have felt in the past seven days included in the Edinburgh Postnatal Depression Scale.

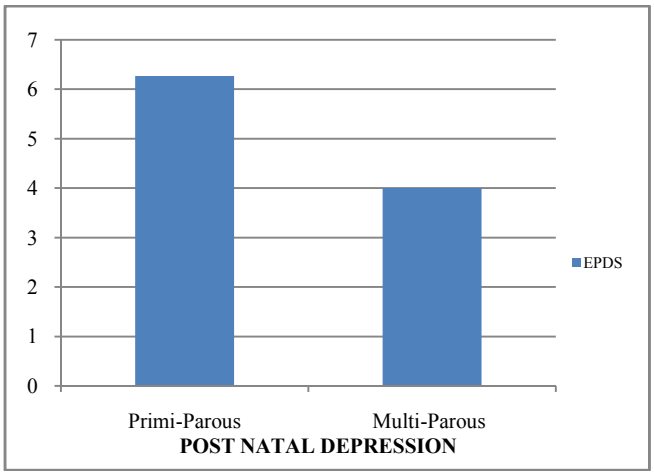
If unable to do so, assistance was provided by the presenter. The answers given by the subjects were recorded and analyzed by using unpaired t-test.

RESULTS

Table 1 Comparison of post-natal depression among primi-parous and multi-parous women in the age group of 20-35 years.

PARITY	EPDS(MEAN)	SD	p-value (p<0.05)
Primi-Parous	6.27	±4.07	
Multi-Parous	4.00	±3.49	0.0242

There was statistical significant difference in postnatal depression among primi-parous and multi-parous women. (p-value- 0.0242).



Graph 1

DISCUSSION

The purpose of the study was to compare postnatal depression among primi-parous and multi-parous women within the age group of 20-35 years. The need of the study was the scarce of literature in this field and to find out whether the parity of a female affect the level of postnatal depression.

In the current study, 60 females were chosen and screened on the basis of inclusion and exclusion criteria. The subjects were then categorized into 2 groups of 30 subjects each, primi-parous and multi-parous. Informed consent was taken and subjects were administered Edinburgh Postnatal Depression Scale as per the norms of the scale. The data was recorded and statistically analyzed using unpaired t-test.

In our study it was found that the mean level of postnatal depression in primi-parous women was 6.27 and the mean level of postnatal depression in multi-parous women was 4.00. This clearly suggests that both primi-parous and multi-parous women suffer from postnatal depression and postnatal depression was found to be more in primi-parous women than multi-parous women. Hence, there is significant association between the parity and prevalence of postnatal depression.

Possible reasons of primi-parous women suffering from postnatal depression could be no previous experience of childbirth, all the attention diverted to the child, change in body image perception and decrease in confidence, lack of emotional support from partner, fatigue and lack of privacy.

Multi-parous women have experience of the whole process of childbirth, therefore are mentally and emotionally prepared and hence suffer less from postnatal depression.

Kruthika K. *et al* conducted a study among 346 mothers with a mean age of 27±4.06 and the mist of the respondents (32.3%) were 20-24 years of age followed by (27%) age group of 25-29. The prevalence was found to be 41 (13.6%) using Edinburgh Postnatal Depression Scale. The prevalence of postnatal depression was highest in primi-parous women and lesser in multi-parous owing to their marriage and pregnancy at young age.

Shrestha. *et al* conducted a study and found prevalence of postnatal depression in females to be 12%. Out of all 31.5% were primi-parous women and 69% were multi-parous women. Hence, this study proves postnatal depression was more in multi-parouswomen than primi-parous women as opposed to our conducted srtudy.

CONCLUSION

This study concludes that both primi-parous women and multi-parous women suffer from postnatal depression but when comparison is made between them, postnatal depression was found to be more in primi-parous women than multi-parous women.

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