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## Assessment of prevalence and risk factors of postnatal depression in postnatal mothers

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### ABSTRACT

*Affective disorders occur commonly in postpartum period, ranging in severity from mild and transient “baby blues” experienced by 50–80 % of women to postpartum psychosis which affects <1 % of women . Postpartum major depression lies along this spectrum of postnatal mood disorder. The debilitating effects of postpartum depression (PPD) can involve an entire family, and women afflicted with PPD are at high risk for recurrent depression. Majority of them exhibit symptoms by 6 week postpartum and if not treated, many women continue to be depressed at the end of the first postpartum year. Despite its serious consequences and amenity to treatment, PPD often remains unrecognized. Numerous studies carried out in developed countries provide compelling evidence that postnatal depression is associated with long term emotional, cognitive, and intellectual problems in children. Non-experimental exploratory descriptive research designed is used to conduct the study. Non-Probability Purposive sampling technique was used to select the samples and Sample size was 140 postnatal mothers. Edinburgh Postnatal depression scale, standardized research tool and self structured risk factors questionnaires were used for data collection. The reliability of research tool is 0.75, which is reliable. The study results showed the majority of samples (60%) 84 postnatal mothers is having mild depression, (22%) 31 postnatal mothers are having moderate depression and (18%) 25 postnatal mothers are having severe depression. Chi square was calculated to analyzed the association between the prevalence and risk factors of postnatal depression among postnatal mothers findings revealed that there was significant association between prevalence and risk factors with complications during pregnancy, self history of depression, family history of depression and condition of baby. It emphasizes that the planned teaching programme on postnatal depression prevention, care and treatment can reduce the prevalence of postnatal depression. It may minimize the complications and reduce the morbidity rate due to postnatal depression.*

**Keywords:** Postnatal Depression, Prevalence, Risk factors, Postnatal Mothers

### 1. INTRODUCTION

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

Postnatal depression is defined as “the presence of five of the following symptoms: depressed mood, diminished interest or pleasure in activity, appetite disturbance, sleep disturbance, physical agitation, fatigue, feeling of worthlessness or excessive or inappropriate guilt, decrease concentration or ability to make decisions or recurrent thoughts of death or suicidal ideation.”<sup>4</sup>

It is the most common complication of childbearing, which can have deleterious effects on the health of the mother, her marital relationship and interaction with the newborn, as well as infant growth. Moreover, it has potential adverse impact on breastfeeding duration.<sup>4</sup>

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. Mathers and Loncar (2006) project that by the year 2030, depression will be one of the top three leading cause of death in the world.<sup>7</sup>

**2. MATERIALS AND METHODS**

Non-experimental exploratory descriptive research designed is used to conduct the study.

Non-Probability Purposive sampling technique was used to select the samples and Sample size was 140 postnatal mothers.

**3. DESCRIPTION OF TOOL**

It 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.

**4. VALIDITY, PILOT STUDY AND RELIABILITY**

Content validity of the tool was established in consultation with 12 experts from various disciplines. 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

**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
Occupation	Postgraduate	5	3
	Agriculture	45	32
	Government service	14	10
	Private service	8	6
Income	Homemaker	69	49
	Any other (specify)	4	3
	6,000-10,000	41	29
	11,000-15,000	77	55
Type of family	16,000-20,000	14	10
	Above 20,000	8	6
	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	60
MODERATE	31	22
SEVERE	25	18

**Result:** 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.

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 and risk factors of postnatal depression among postnatal mothers and their demographic variables, findings reveals that there was significant association between prevalence and risk factors with complications during pregnancy, self history of depression, family history of depression and condition of baby

## 5. CONCLUSION

The present study aims to assess the prevalence and risk factors of postnatal depression among postnatal mothers. In this study the investigator found that the majority 60% of postnatal mothers had mild postnatal depression 22% had moderate and 18% had major postnatal depression. It emphasizes that the planned teaching programme on postnatal depression prevention, care and treatment

can reduce the prevalence of postnatal depression. It may minimize the complications and reduce the morbidity rate due to postnatal depression.

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