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Review Article

Postpartum Depression

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Abstract

Postpartum or puerperium is a period following childbirth where in the mother undergoes reversal of an anatomic and physiologic changes that occur during pregnancy. It is phase of maximum adjustment to new parents and families. This iceberg problem has a global toll of 10–15% whereas in India, it is one out of five females and 10% among all fathers. Postpartum depression (PPD) sheds light on its multifaceted nature, there are various factors including hormonal, psychological, and environmental influences. This article serves as a guide for early detection of those risk factors such as age, unemployment, and history of depression, hereby prompting interventions for immediate redressal. The risk factors are other than being limited to the birth of the newborn, ranging from the factors before conception, pregnancy, and lactation contributes to it. Not only the parents but the infant also demonstrates subtle signs and symptoms ranging from emotional, cognitive, and physical domains such as nausea, anxiety, poor lactation, and weight issues. Paying close attention to those minimal changes in behavior and physiology is remedial in treatment. Use of simple screening methods such as Edinburgh postnatal depression scale and proactive healthcare given by nurses can navigate and alleviate the challenges posed by PPD. The critical role of nurses and vital support network that families can provide throughout the perinatal period can definitely make a huge difference. It is important to highlight the collective effort by cooperating improved awareness through perinatal education, timely intervention, and overall holistic well-being not just physical ailments for parents experiencing PPD.

Keywords: Family support, maternal mental health, nursing interventions, postpartum depression, screening methods

What and Why of Post partum Depression?

Birth of a newborn brings abundant happiness and joy along with newer transformations in the lives of the family especially the parents. Postpartum is a period following childbirth where in the mother undergoes roller coaster of adjustments and reversal of an anatomic and physiologic changes that occur during pregnancy. Perinatal period comprises of new duties, changes in roles, and along is the burden of unrealistic expectations from spouse and family as well as the society.

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Childbirth is not always glorious for everyone. Puerperal ailments such as pain, fever, and mastitis are very common but the iceberg problem is postpartum depression (PPD). Mood alterations and baby blues are witnessed usually post-pregnancy which resolves in few days or weeks with care and reassurance. Emotional upsets, exhaustion, and stress due to new parenthood often get masked with blues and making it difficult to differentiate from PPD. When these emotions refrain one from performing activities of daily living and childcare, it could indicate PPD.

Global toll of PPD is 10–15% whereas in India, one out of five females experiences it and is that 50% of them have reoccurrence in the next pregnancy.[1] Recent survey shows that 10% of father's also suffer from PPD which is largely ignored, undetected, and untreated.[2,3] PPD is a multifactorial phenomenon; it goes beyond pregnancy and delivery, not only limited to immediate post-birth. This also provides opportunities for health-care members to identify risk factors at different stages and thus decreasing the chances of developing PPD.

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Some of the risk factors in prenatal period are age – elderly gravida, unemployment, history of depression, and recent life events – loss of close ones.[4] During pregnancy, complications with the newborn and delivery hugely impact the emotional status of mother specially after LSCS.[5] Ill health throughout the perinatal period is also a strong indicator. Early initiation of breastfeeding shows better bonding thus decrease rate of PPD. Similarly, late initiation and early cessation lead to negative cognitions of guilt and failure thus triggering PPD.[4] Frequent crying of the child and inability to console the infant and enhances the stress in parents. Wessel's criteria can be used by nurses to assess the cry of the baby. Usually, mothers accept the fact that the sleep cycle will be altered post-delivery but it does not save her from disturbed circadian rhythm. Lack of sleep causes constant exhaustion and thereby reducing the efficacy in mothers. Low maternal self-efficacy is also strongly associated with higher risk.[4] Self-efficacies can be measured using SENR Scale (Pedersen *et al*, 1989), a 16-item questionnaire.[4]

Anyone could be a prey. Battle of importance is how do we identify? Look for the following emotional as well as physical signs in the mother, if present she could have developed or could be developing PPD.[5,6]

- Nausea and vomiting
- Sleep deprivation
- Reduced appetite
- Unreasoned rage
- Decreased concentration
- Minimal interaction
- Signs of self-harm
- Reduced libido
- Obsessive thoughts, constant worry
- Struggling to bond with child
- Negligent child care.

The risk of PPD can be easily assessed using a simple tool of a 10-point self-report – Edinburgh postnatal depression scale (EPDS).[5,7,8] Most females remain in denial and believe it is just a normal postnatal process or hormonal imbalance, leading to overwhelmed outbursts. While many remain quiet due to social stigma associated with mental health, self-guilt, feeling of being a "failed parent" and terrified of a child being taken away.

PPD affects all the aspects of daily living. A study shows that children of depressed mothers have higher risk for cognitive and behavioral disorders.[4,9,10] Mothers often fail to form a bond with new-born and the majority of newborns are poorly breastfed, leading to sequelae of nutritional problems not limiting to infancy. As depicted in the Figure 1, PPD is often triggered by unresolved stress and anxiety that reduces the levels of oxytocin – most important hormone in maintaining lactation. Due to stress, mothers may fail to form a proper latch during feeds, which reduces Lactogenesis by decreased let-down effect; of this leading to a viscous cycle of PPD and poor breastfeeding. If overlooked, PPD can even progress to puerperal psychosis. Postnatal depression has long-term

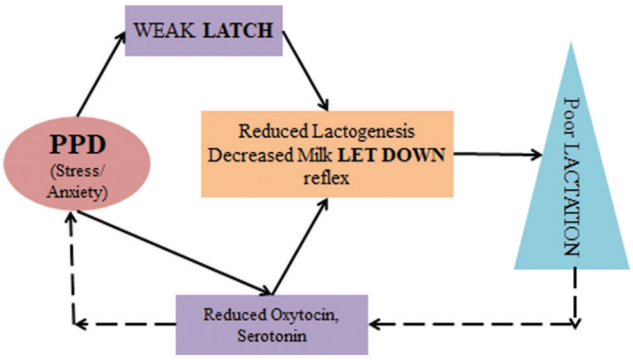

Figure 1: Vicious cycle of postpartum depression, stress, and breastfeeding

impact on parenting techniques (use of corporal punishment) and child behavior (anxiety, poor performance in school, misbehavior, etc.)[10,11]

Although new fathers are comparatively at lower risk than new mothers, 10% of experience depression.[2,3] Spouses appear to be argumentative, frustrated, and also gain weight over a period.[3,7] It increases when associated with financial crisis, intimate dissatisfaction, marital problems, and unwanted pregnancy.[5,8] Spouses of depressed individuals have a higher risk of getting depression and such relationships where both parents experience depression are more prone to negative parenting practices.[5,8,10] Usually, the father escapes the radar of healthcare workers. Paternal status can be assessed through the mother's proxy report on EPDS Scale.[7]

Studies prove that PPD has an early onset within 1st week postpartum and can be detected faster even before the parents show any signs and symptoms. Routine screening protocol with maternal blues scale and EPDS can be very beneficial.[12,13] Efforts must be taken in the prevention and reduction of physical ailments. Lactation support shall help to initiate early breastfeeding and sustain it further by decreasing rates of premature cessation. It is noticed that usually nutrition of mother is neglected during the postnatal period. Providing a well-balanced diet promotes healthy and prompt recovery whereby providing necessary strength to manage demands. Prenatal preparedness on pregnancy, delivery, breastfeeding, and new life as parents has proved to be effective in dealing the events as they come.[4] Involvement of family specially puerpera's mother in the care has also shown extremely positive results.[8]

What can family do?

- Talk to her and address her needs
- Avoid "motherly expectations"
- Let her rest; spouses can take night calls
- Believe in her, build her confidence
- *Identify triggers*
  - Familial support
  - Puerperal ailment
  - Financial crisis
  - Unwanted pregnancy

- Body image issues
- Cultural practices
- Acceptance of newborn in family.

What can mothers do?

- Mother's maternity leave is not for pending household chores; relax and bond with your child
- Eat well-balanced diet. Exercise
- Resume your daily routine, one step at a time
- Go out of the house, have spouse or family or friend to look over a child
- Voice your concerns; it's OK to get help
- Synchronize your sleep with baby
- Do periodic self-assessment. Take a 10 question EPDS test
- Avoid self-expectations and pressure to be a "perfect mom."

Health-care providers play a key role in screening and prevention of PPD. Policy changes are required, newborn immunization and postnatal follow-up care should include mental well-being assessment of parents with easiest tools such as EPDS, referring suspected cases, and persuading for psychotherapy and compliance if initiated. PPD can continue for several years[6] after the delivery hereby impacting the general life of the mother as well as the whole family.

Conclusion

As the rates of maternal mortality in India have reduced, the focus should shift on reducing maternal morbidity including mental health issues. Institutes and individual healthcare workers among with family should have a collective approach. Small steps can prevent grave problems.

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Conflicts of Interest

My intention is solely to provide knowledge regarding PPD. I declare no conflicts of interest for the article.

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