

Original Research Paper

Prevalence Of Postpartum Depression Among Tribal Women's In A Tertiary Care Hospital – A Cross Sectional Study

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Abstract:

Background: Postpartum depression is the depression that occurs after childbirth, which most often goes unrecognized and a major public health issue. Most frequent causes are poverty, unwanted child/gender, marital disharmony and lack of family support. Maternal depression results in low birth weight of infants, higher rates of underweight at 6 months of age, emotional problems and poor long term cognitive developmental problems among their children. This study is aimed at assessing the prevalence and factors associated with postpartum depression among mothers attending a tertiary hospital

Material and Methods:

A cross-sectional study carried out in tertiary care hospital in North Maharashtra, from January 2022 to December 2023. Women's from Tribal region, having age between 20-49 years between 4-6 weeks postpartum period were included. . We excluded all pregnancies less than 24 weeks and where patient was not willing to complete the questionnaire after informed consent. Screening for postpartum depression was conducted using the Edinburgh Postnatal Depression Scale (EPDS)..

Results:

180 women's participated in the study. The mean age of enrolled participants was 25.2 ± 2.2 years and mean gestational age was 38.1 ± 1.2 weeks. Women had an EPDS score of >13 giving the prevalence of PPD of 22.7%.

Conclusion:

Absolutely, addressing mental health issues in postpartum women is crucial. Postpartum mental health problems, such as postpartum depression or anxiety, can have profound effects not only on the mother's recovery but also on her ability to bond with her baby. Early intervention and support can make a big difference in both the mother's well-being and the overall health of the mother-infant relationship.

Keywords: *Postpartum depression*, Edinburgh postnatal depression scale,

INTRODUCTION:

Postpartum depression (PPD) is a type of depression that arises following childbirth and is frequently overlooked. It is considered one of the most prevalent complications after giving birth. Studies show that approximately 20% of women experience depression during pregnancy, and those who do are

six times more likely to develop postpartum depression. Identifying and treating both antenatal and postpartum depression is essential for the health of both the mother and the baby.^{1,2} Various studies have reported the incidence of postpartum depression to be in the range of 10–15%. The most recent data from India indicates a higher incidence rate of 22%.³

Postpartum depression can go undiagnosed and, if untreated, may lead to serious consequences affecting both the mother and the infant. It can manifest immediately after childbirth or develop sequentially from antenatal depression, necessitating prompt treatment.⁴ Maternal depression can result in low birth weight for infants, higher rates of underweight at six months of age, poor long-term cognitive development, increased rates of antisocial behaviour, and more frequent emotional problems in their children.⁵ Several risk factors contribute to maternal depression, including the mother's marital status, unplanned or unwanted pregnancy, poor relationship with her partner, lack of emotional support from family, poverty, social adversity, and a previous history of depression or anxiety disorders.^{6,7} Maternal depression can have extensive long-term effects on women, children, and their families, with most cases remaining undetected and unnoticed, likely due to a lack of screening.⁸

Social and geographic isolation adversely affect maternal and infant health in tribal communities.⁹ further, almost 90% of tribal people reside in rural areas¹⁰. Rural areas in India face numerous healthcare challenges, including limited access to quality healthcare facilities, subpar primary healthcare, and ineffective training of rural healthcare professionals.¹¹ The intersectionality of belonging to a tribe, having a low socioeconomic status, and living in a forest or remote rural area compounds the disease burden, creating a quadruple challenge for maternal and child health care among tribal populations.¹² Maternal and child healthcare services are often underutilized among tribal women, with only 10% receiving full antenatal care and just 18% having institutional deliveries.¹³ Current study aims to study the prevalence of postpartum depression among recently delivered women in tribal population in in a Tertiary Care Hospital.

MATERIAL AND METHOD:

A cross-sectional study carried out in tertiary care hospital in North Maharashtra, from January 2022 to December 2023. Women's from Tribal region, having age between 18-49 years between 4-6 weeks postpartum period were included. The inclusion criteria were all deliveries after 24 weeks of gestation irrespective of the mode and outcome. We excluded all pregnancies less than 24 weeks and where patient was not willing to complete the questionnaire after informed consent Data on demographic and associated factors were collected. Screening for postpartum depression was conducted using the Edinburgh Postnatal Depression Scale (EPDS). The EPDS was translated into the native language and explained by the data collector. It includes 10 questions, each scored from 0 to 3, with a maximum possible score of 30. A score between 10 and 12 suggests moderate depression, while a score of 13 or higher indicates clinically significant depression that requires intervention. Informed consent was obtained from all participants to review the case papers and history sheets as part of the study. Additionally, patients were provided with information about the importance of emotional well-being. The data entry was done in Microsoft excel sheet, and data was analyzed by using SPSS software version 22.

RESULTS:

A total of 180 eligible postpartum women were selected for this study, and all were interviewed after providing written informed consent in their native language. The majority of these women were aged between 20 and 30 years (87.8%). The mean age of enrolled participants was 25.2±2.2 years and mean gestational age was 38.1±1.2 weeks. Women had an EPDS score of >13 giving the prevalence of PPD of 22.7%. (Table 1)

Table 1: Distribution of patients Edinburgh Postnatal Depression Scale (EPDS)

EPDS Score	Frequency %
1-9	126 (70%)
10-12	13 (7.22%)
13 and above	41 (22.77%)

The prevalence of depression (score of 13 and above) was found to be 41 (22.77%). Amongst the women who got a score of 10 and above gave a previous history of depression or any of anxiety disorders. **Postpartum depression with demographic details were analysed. (Table 2)**

Table 2: Postpartum depression with demographic details

Demography Details	Total Women	Women with Postpartum Depression
Age	2	0
<20	145	29
20-40	33	12
>41		
Educational Status	44	26
Illiterate	56	4
Primary Education	55	5
Secondary Education	25	6
Higher Education		
Socioeconomic Class	124	34
Low	30	3
Middle	26	4
Upper		

Clinical variables evaluated with EPDS score (Table 3)

Clinical variables	EPDS < 13	EPDS > 13
Previous children's death	10	0
Positive		
Bad Obstetric history	10	1
Present		
Mode of delivery	74	5
Normal Vaginal	10	1
Instrumental Vaginal	96	29
Cesarean delivery		
Lactation Status	170	4
Breast Feeding	10	1
Formula feed		

DISCUSSION:

The postpartum period is a critical time in a woman's life, marked by a wide range of emotional changes. If postpartum depression goes undiagnosed and untreated, it can have serious consequences for both the mother and the infant. Studies have shown that postpartum depression can disrupt mother-infant bonding and negatively impact infant development.

In this cross-sectional study conducted among 180 postpartum women from a tribal region in north Maharashtra, the prevalence of depression was found to be 23.7%. Of these, 10.7% had major

depression requiring medical attention. The study findings were consistent with a community-based study conducted in rural areas of India¹⁴. The prevalence of major depression is comparable to a study in Gadchiroli, where severe anxiety and depression were found in 7.4% of women.¹⁵ The actual prevalence of postpartum depression in India is 22% according to the most recently reported evidence in Bulletin of WHO 2017¹⁶. In other studies at different regions of India found variable prevalence of depression South Karnataka (2.3%), Delhi (6.0%), Goa (23.0%)¹⁷⁻¹⁸. This difference may be attributed to variations in the study methodology and the diverse socio-cultural environments of the women involved.

Throughout our study, we observed that none of the women, including those with major depression, sought any form of medical help. This lack of seeking help may be due to social stigma or a lack of recognition of the issue as a health problem. Low awareness levels among women might also contribute to this situation. In our study, all women with a score of 13 or above were referred for medical counseling and support.

The study also emphasizes the importance of establishing a liaison with psychiatry to identify any underlying organic disorders in women and ensure they receive proper and comprehensive care. It also highlights that the stigma associated with mental health problems persists in our society, which can hinder the help-seeking behavior of women and their families. Poverty among the tribes also results in insufficient nourishment for women in prenatal and postpartum period. This often presents itself as anemia, a condition suffered by 65 % of tribal women¹⁹. Due to a lack of knowledge about postpartum care and home-based neonatal care practices, young teenage mothers are vulnerable for postpartum depression.

CONCLUSION:

In our study, we observed a high prevalence of postpartum depression among women, with none of them seeking proper medical help. To address this, regular awareness camps on postpartum depression could be conducted for women attending outpatient departments. Women need to be educated about the symptoms of postpartum depression and how to distinguish it from baby blues, as neglecting symptoms is a major reason for not seeking medical help. Additionally, all health professionals should receive training to raise awareness, promptly detect, and treat depression.

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