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POSTPARTUM DEPRESSION: A SERIOUS ISSUE PREVAILING IN THE SOCIETY TODAY

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Abstract

Postnatal discouragement is a fairly normal and recognized wonder following labour. More than 10 percent of parturient experience clinical sorrow and over portion of all ladies experience the ill effects of liability of mind-set and uneasiness, i.e. postnatal blues, for a couple of days. In any case, as basic as the point seems to be, discouraged moms are inadequately perceived in essential social insurance. The explanations behind poor acknowledgment are different. Postnatal dejection might be viewed as an insignificant idea, which is regularly part of the baby blues time. A portion of the manifestations are very ordinary, for example, exhaustion. Encouraging polls or meeting strategies are not utilized adequately, and both the mother and the attendant at the well-child facility might be not able perceive depressive manifestations.

Key-Words

Depression, Adolescents, Teenagers, Anxiety.

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Introduction

As per The National Institutes of Mental Health, ponders demonstrate that the childbearing years are the point at which a lady is well on the way to encounter depression in her lifetime. Roughly 15% of all ladies will encounter postpartum depression following the introduction of a kid. At the point when the emotional well-being of the mother is endangered, it influences the whole family.

Postpartum depression (PPD) likewise called postnatal depression, is a type of clinical depression which can influence ladies after labour. Studies report pervasiveness rates among ladies from 5% to 25%, however methodological contrasts among the investigations influence the genuine commonness to rate hazy. Side effects of PPD can happen whenever in the principal year postpartum and incorporate, however are not constrained to, the following: Sadness, Hopelessness, Guilt, Sleep aggravations, Exhaustion, Social withdrawal, Feeling deficient in dealing with the child (or feeling like one can't deal with the infant) and Increased tension or fits of anxiety.

Reasons for Postpartum depression might be hormonal changes after labour. Profound way of life changes realized via administering to the baby are additionally oftentimes guaranteed to cause PPD. Once in a while a previous psychological maladjustment can be conveyed to the front line through a postpartum depression. Postpartum depression can be inherited. Ladies with extreme premenstrual disorder most usually experience the ill effects of postpartum depression. It's generally found in ladies whose families have a background marked by psychological sicknesses and disarranges, for example, bipolar, schizophrenia and a mental imbalance, and the better than expected rates of medication dependence and liquor addiction in those families.

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Postpartum depression may lead moms to be conflicting with childcare. Ladies determined to have postpartum depression frequently concentrate more on the negative occasions of childcare, bringing about poor adapting systems (Murray).

Early distinguishing proof and mediation enhances long haul guesses for generally ladies. Some accomplishment with pre-emptive treatment has been found also. A noteworthy piece of counteractive action is being educated about the hazard factors, and the medicinal network can assume a key part in recognizing and treating postpartum depression. Ladies ought to be screened by their doctor to decide their hazard for securing postpartum depression.

Mental disarranges amid the baby blues period are normal and ineffectively comprehended regarding pathophysiology. The significant types of these scatters are postpartum psychosis and postpartum depression. The postnatal depression is a more serious; enduring depression is experienced by up to 12% of ladies after conveyance. The outcomes of untreated postpartum depression can be not kidding due to the related danger of suicide and child murder. Usually among ladies with youthful youngsters, and is emphatically connected with money related assorted variety.

Pregnancy and puerperium are very unpleasant periods in a ladies' life. Side effects may incorporate misery, blame, trouble concentrating, poor craving, and contemplations of suicide. Among an extensive variety of reasons a special one is hormonal changes amid the postpartum period that expansion the frequency of depression in this period. The introduction of a youngster can be upbeat and leaving time, yet following labour, a few ladies may encounter postpartum disarranges that can antagonistically influence a ladies' emotional wellness. The individual is undermined by different changes, for example, mental changes and endocrine changes happening in one's body, as she is in redesign of mind as per the new mother part particularly in the principal pregnancy.

Postnatal depression is a key idea for mother-baby emotional well-being of Evidence of its effect on mother-new-born child relationship has been progressively exhibited lately. Along these lines ideal intercession is imperative for ladies and their children's emotional wellness. High rates of depression related with labour have been accounted for in numerous parts of the creating scene. In any case, the pervasiveness and relationship of antenatal and postnatal depression in the rustic populace stay obscure. Research is expected to assess the viability of aversion and treatment for post birth anxiety.

"Postpartum depression" portrays an exemplified understanding of work.

Postpartum depression happens in the body. Postpartum is an organic condition for which the logical or mental clarification is in any case lacking. Postpartum can't be foreseen, it can't be counteracted—usually secured at a snapshot of emergency. The experience of postpartum can be followed hormonally and neurologically, while being inconceivable as a physiology or a brain research. The experience of postpartum comprises

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of clairvoyant and epitomized logical inconsistencies—of sudden instabilities and peculiar simultaneities of bliss and hopelessness, satisfaction and frenzy, commitment and withdrawal. It is an affair of significant perplexity, inseparable effects, and offense.

Postpartum depression naturalizes the mother's body as a site of work. Because of this naturalization, the mother's connection to the baby is intervened by the social states of work. The reality of the kid turns out to be incomprehensibly both insignificant to the experience and unavoidably vital to it—as in Marx portrays "the protest which work delivers—work's item—stands up to it as something outsider, as a power autonomous of the maker," with the end goal that "the result of work is work which has been epitomized in a question, which has turned out to be material: it is the typification of work." This rationale frames an epistemological breaking point amongst mother and kid.

Postpartum depression requests a talk of side effects, as opposed to an account of causation.

The mother is a worker. As worker, the mother doesn't have "consent to feel low or discouraged [just] in light of the fact that they are depleted and baffled with the states of parenthood"; as Paula Nicolson clarifies, "they are required to experience the ill effects of a perceived 'ailment' before they are allowed to have their conduct 'pardoned.'" Postpartum depression is consequently a socially important "disease," which serves to additionally naturalize the mother's societal position through a talk of indications.

The side effects of postpartum depression incorporate "unsettling or crabbiness," feeling "pulled back or detached," encountering a "loss of fixation [and] vitality," "issues doing errands at home or work," or "inconvenience resting." * Such diagnostics add to the disembodied knowledge of postpartum. Postpartum is an arrangement of side effects that deny causation. In each occurrence, postpartum shows up individuated and fortuitous—instead of organized by the experience of labour. In this sense, postpartum is imagined as an issue with an answer: something by and by surmountable, to be overseen and controlled by propensities and "self-mind." To fall flat at finding an answer for postpartum turns into an impression of individual weaknesses, rather than social conditions.

Postpartum depression is basic to breastfeeding.

While offering a very factor set of manifestations as an analytic reason for postpartum depression, the medicinal wellbeing calling forces a one-sided set of social desires around the act of breastfeeding. The American Academy of Paediatrics (AAP) suggests "that infants be solely breastfed for about the initial a half year of life," signifying "no extra sustenance's [or] liquids unless therapeutically demonstrated." Along with this proposal, the AAP indicates that babies should bolster "as regularly as like clockwork," between eight to twelve times each day, including that "if your infant isn't waking without anyone else amid the initial couple of weeks, wake him if 3-4 hours have gone since the last encouraging."

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Confronting such desires for waking as every now and again as 1.5 hours, exhausting 300-500 additional calories daily, the breast feeder goes up against the arrangement of manifestations related with postpartum depression as a major aspect of their ceaseless work. The work of breastfeeding must be an ordeal of disappointment in connection to these desires—to "succeed" is to persevere through this freedom in mystery. To meet these desires requires a specific class status, which considers breastfeeding to be locked in as a type of work in any case.

The finish of breastfeeding does not resolve the inconsistencies intrinsic in nursing as a type of work. Weaning the kid is neither discrete—regardless of whether it is sudden—nor a disengaged demonstration. Despite whether the procedure is sudden or steady, it remains a procedure. Weaning is an affair of pulling back from one type of work and material connection, and growing new rhythms and examples for the work of nourishing, of comforting, of rest, and of closeness. Like breastfeeding, the likelihood of and time focused on weaning are dependent upon class status. The outcome is that the way toward weaning unfurls as connection between the weaning lady and her tyke and as a class separation among ladies. While a modest bunch of ladies absolved themselves from the work constrain while breastfeeding, most by far of moms at the same time work for a wage and for the day by day multiplication of her kid's needs. Lady remains a soundly gendered type of work, yet the class character of sex is additionally partitioned.

As it denotes a suspension of a movement, weaning is viewed as unremarkable, scarcely enlisting in the talk of postpartum. The quiet encompassing weaning disengages the mother with what is frequently an affair of bitterness, misfortune, and uncertainty toward the kid. Weaning is an extending of the mother's immateriality as opposed to the finish of her perseverance of it.

Literature Review

Postnatal Depression (PND) is a serious danger to compelling mothering, and it has results that swell through whole families. Maternal misery, especially promptly following conveyance, is a vexing general medical issue with conceivably serious results for the two moms and youngsters. Minor or real gloom is experienced by seven to 15 percent of women in the initial three months postnatal (Hirst and Moutier, 2010). Postnatal depression issue are characterized as "unsettling influences in capacity, influence or points of view that can influence the family after labour" (McKinney and Murray, 2013, p.683), yet understanding instructing centres on the new mother (Camp, 2013).

There is restricted training focusing on postnatal temperament issue (Murray and McKinney, 2013). Albeit a few ladies are instructed on the signs, side effects, and influences of postnatal inclination issue through both pre-and postnatal visits, there is limited accentuation on the educating for new fathers and other relatives on these clutters (Murray and McKinney, 2013).

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New fathers, accomplices of the mother, or relatives living with the new mother and baby are regularly let well enough alone for the postnatal discouragement discourse (Camp, 2013).

It is imperative to move the showing focal point of post Natal temperament issue from mother-driven to family-driven (Letourneau, Dennis, Benzies, Duffett-Leger, Stewart, Tryphonopoulos, Este, and Watson, 2012). Family-focused instructing is pivotal to advance positive wellbeing results for new infants and their families.

The literature review is a composed, expository outline of research discoveries on a theme of intrigue. It is an extensive entanglement of what is thought about the wonder. The reason for the literature is to get to the proof with respect to the exploration point by recognizing and blending ponders that look at the subject of intrigue.

The investigation expresses that post birth anxiety is a genuine medical problem influencing 13% ladies from different societies. Confirmation based intercessions are basic to enhance both maternal and new-born child wellbeing out comes related with pregnancy. This outcome depicts the improvement procedure of a proof based practice rule for post birth anxiety and features the training proposals identified with the affirmation, counteractive action and treatment of depressive indications in baby blues moms (1).

The examination depicts that baby blues bolster is prescribed to anticipate new-born child and maternal mortality. This review result demonstrates the distributed confirmation of the adequacy of baby blues bolster projects to enhance maternal information, states of mind and abilities identified with child rearing, maternal and psychological wellness, maternal personal satisfaction and maternal physical wellbeing. The Cochrane library was looked for randomized controlled preliminaries of intercessions started from instantly after birth to multiyear in postnatal ladies. The underlying literature seek was done in 1999 and was upgraded in 2003 and 2005. In the 1999 inquiry, 9 thinks about met the consideration criteria. The 2003 and 2005 looks distinguished 13 extra preliminaries for an aggregate of 22 preliminaries. All inclusive baby blues support to unselected ladies t okay did not bring about factually noteworthy changes in maternal-new-born child rearing aptitudes in low-wage primiparous ladies. In ladies at high hazard for family brokenness and tyke mishandle, nurture home visits joined with case conferencing delivered a factually critical change in home condition quality utilizing the home program. Additionally. in ladies at high hazard for either family brokenness or post birth anxiety, peer bolster, individually ,delivered a measurably huge decrease in Edinburgh postnatal misery scale scores (contrast 2.23,95% CI - 3.72 to - 0.74,p=0.004; and 15.0% versus 52.4%,OR 6.23, 95% CI 1.40 to 27.84, p=0.01, respectively). Educational programs diminished rehashed impromptu pregnancies and expanded preventative utilize. Maternal fulfillment was higher with home appearance program. There is some proof that high-hazard populaces may profit by baby blues bolster (2).

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The investigation clarifies around 13% ladies encounter despondency in the primary year after labour. Post birth anxiety has Logsdon malicious impact on the ladies' connections, her useful status and her capacity to nurture her baby. Essential care suppliers have the most contact with baby blues ladies, however might be not able or unwilling to screen, treat, as well as allude the ladies. In this way, numerous ladies with post birth anxiety are not getting emotional wellness benefits the reason for this article depict techniques to raise the attention to essential think gives about post birth anxiety, accordingly dispensing with a noteworthy obstruction to psychological well-being medicines of baby blues ladies (3).

The investigation express there has been expanding acknowledgment that for ladies, pregnancy might be signed with disposition issues, specifically despondency that may affect both mother and kid. With distinguishing proof of hazard factors for post pregnancy anxiety and a developing information about a biologic defencelessness for state of mind change following conveyance, investigate has gathered on endeavours to avert post birth anxiety utilizing different psychosocial, psychopharmacologic, and hormonal techniques. The greater part of psychosocial and hormonal have indicated little impact post pregnancy anxiety. Despite comes about because of starter preliminaries of relational treatment, subjective social treatment and antidepressants demonstrate that these methodologies might be of advantage. Despite the fact that a couple of studies demonstrate promising outcomes, more thorough preliminaries are required .The flourishing negative confirmation in the literature shows the post birth anxiety can't be effortlessly anticipated yet (4).

The examination incorporated that cross-sectional, partner and case control considers from created nations that evaluated ladies for sorrow amid pregnancy for first year baby blues with a clinical meeting. Arrangement, combination and results conditions of the 109 articles reviewed, 28 met our incorporation criteria for major & minor melancholy, the joined point commonness gauges from Meta examination went from 6.5%-12.9%at distinct trimesters of pregnancy & months in the first baby blues year. The consolidated pervasiveness demonstrates that upwards of 19.2%of ladies have a depressive scene (Major depressive scenes) amid the 1 st three months baby blues, the greater part of these scenes have beginning after conveyance. All evaluations have wide 95% certainty interims, indicating critical uncertainly in their actual levels .No conclusions could be made in regards to the relative occurrence of gloom among pregnant and baby blues ladies contrasted and ladies at kid bearing circumstances .To better portray times of pinnacle commonness and rate for perinatal sorrow and recognize high hazard subpopulations, we require examines with bigger and more illustrative examples (5).

The investigation assesses the relationship between post pregnancy anxiety and Interruption of elite breastfeeding in the initial two months of life. Partner investigation of

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429 infants ≤ 200 long stretches of age to four essential medicinal services units in Rio de Janeiro, Brazil. Interference of selective breastfeeding (result) was characterized as the presentation of water, other sort of fluids, drain, or equations or any sustenance. Post pregnancy anxiety was surveyed utilizing the Edinburgh post-natal Depression Scale. Relationship between factors were communicated as pervasiveness proportions (pattern) and hazard proportions (development), with their individual 95% confidence intervals, evaluated by Poisson relapse with hearty fluctuation. Offspring of mother with baby blues depressive side effect were at high danger of early intrusion of elite breastfeeding in the first and second a long time of follow up considering moms that were solely breastfeeding at first month, post birth anxiety was not related with interference of restrictive bosom sustaining in the second month. The outcome show the significance of material psychological wellness for the accomplishment of select bosom nourishing (6).

Need for the Study

Post birth anxiety is an enduring melancholy experienced by around 12% ladies after conveyance. The rate of post pregnancy anxiety is genuinely comparative around the globe. In recent years, there has been expanding acknowledgment that for a few ladies, pregnancy might be scorched with mind-set issues, specifically gloom that may affect both mother and tyke.

The post pregnancy anxiety influences numerous ladies all around. In the many months that take after the introduction of a youngster, between 10 and 20 percent of moms encounter genuine or direct manifestations of discouragement. Today, the post pregnancy anxiety is influencing 13% ladies from different cultures. 10-15% ladies depends postnatal depressive ailment. In India, thinks about have demonstrated that sorrow among young ladies (20-30 years) is most normal and unskilled (80%) house spouses with (95%) from provincial territories very religious (60%) poor (90%) prime para (80%) and with a live child conceived (70%). The postnatal gloom influences 10-20% of ladies in United States. Despite the all-around reported hazard variables and wellbeing aware of post birth anxiety if regularly stays undetected and untreated. The predominance rates changing from 4.4% to 73%. The most incessant mental issue seen after labour, with a pervasiveness rate of 10% to 15%. The setting up of pertinent and productive counteractive action and advancement programs requires a superior comprehension of the impact of pressure and social help on the psychological wellness of moms.

The danger of mental issue in ladies increments amid the baby blues period. That can antagonistically influence a ladies' psychological wellness additionally passionate, social and subjective advancement of the new conceived. Antenatal depressive indications are additionally the most grounded indicator of postnatal discouragement. This might be because of poor information and absence of certainty. In Australia, considers demonstrated that activity have a vital part to treat post birth anxiety with ladies. In this way examiner wanted to survey the information and certainty is critical for postnatal moms to defeat the

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post birth anxiety

By knowing the above actualities, specialist that essential for a lady to set herself up for the parenthood in the beginning time.

Objectives of the study

- To evaluate the post pregnancy anxiety among postnatal moms.
- To build up a self-direction module and control to postnatal moms on administration of post birth anxiety.
- To discover the relationship between post pregnancies anxiety with chose statistic factors of postnatal moms
- To teach postnatal moms on quick care of post pregnancy anxiety.

Study Selection and Data Extraction

For a study to be included in the systematic review, it had to be original research done in India, within a cross-sectional framework of a few weeks to 1 year post-birth. We excluded research done in a specific population, such as mothers living with human immunodeficiency virus; research including mothers with any current chronic disease. To have a fairly recent estimate of the burden of postpartum depression, we considered only studies published from the year 2000 and later. After initial screening of titles and abstracts, we reviewed the full text of eligible publications. Decisions about inclusion of studies and interpretation of data were resolved by discussion among the reviewers. Data from all studies meeting the inclusion criteria were extracted and tabulated.

Data analysis and interpretation

We completed a meta-examination of the detailed commonness of post birth anxiety in the included investigations. Heterogeneity between thinks about was evaluated by the I2 measurement. We considered I2 esteems > 50% to speak to significant heterogeneity. 16 the level of heterogeneity among the investigations was high (> 95%), and along these lines we utilized an irregular impacts model to determine the pooled gauge for post pregnancy anxiety in moms. The last gauges of predominance were accounted for as rates with 95% CI.

We completed a subgroup investigation by barring articles in which gloom was surveyed inside 2 weeks postpartum, 1, 17, 18 since a few specialists contend that it is hard to separate post birth anxiety from baby blues inside 2 weeks of birth. Moreover, the Edinburgh postnatal discouragement scale, which was utilized as a part of the lion's share of studies we distinguished, can give false-positive outcomes in the early baby blues period.

We additionally separated subgroup examinations on every one of the accompanying components: place of study (land area; country or urban; clinic or network); think about instrument utilized; quality score of the articles; time of distribution; and time of moms. Not every one of the investigations gave information on the mean age of the

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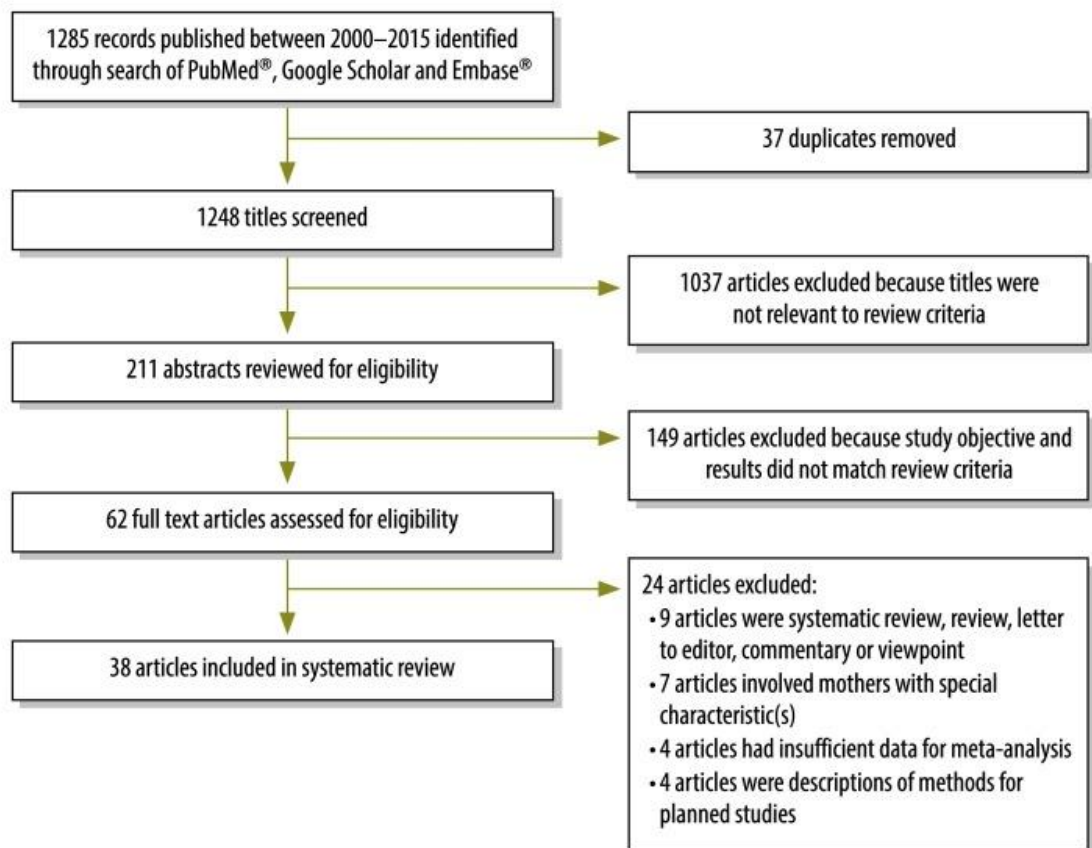
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examination members that was required for subgroup examination; in any case, the extent of moms in particular age ranges were accessible. Utilizing this data, we evaluated the mean age of the investigation members. For contemplates that revealed the commonness of post pregnancy anxiety in moms at various time focuses, we utilized the predominance announced in the most punctual time point to diminish the impact of lost to development. We utilized meta-relapse examination to distinguish factors adding to the heterogeneity as a result measure, i.e. the pooled extent of moms with post birth anxiety.

Results



Of the 1285 articles we identified in our search, we screened 1248 titles of unique articles. Out of these, we reviewed 211 relevant abstracts, assessed 62 full-text articles for eligibility and included 38 articles in our final analysis.¹⁹⁻⁵⁶ (Fig 1). These 38 studies included data from 20 043 mothers in total. More of the articles (26 studies) were published in the most recent five-year period 2011–2015 than in the earlier periods 2000–

2005 (6) and 2006–2010 (6). The majority of studies were from south India (16 studies), followed the western (9) and northern regions (7) of the country; 24 studies were done in an urban setting and 29 in hospitals (Table 1; available at: <http://www.who.int/bulletin/volumes/94/10/17-192237>). In 19 studies, the mean age of the study mothers was ≤ 25 years. The Edinburgh postnatal depression scale was the most commonly used study instrument (29 studies). The median quality score for the studies was 5 (21 articles had a score of ≤ 5 and 17 had a score > 5).

2.

Table 1

Characteristics of the studies identified in the systematic review of the prevalence of postpartum depression in mothers, India, 2000–2015

Study	Place of study (region)	Study setting	Study design	Study instrument	Mean age of participants, years (SD)	Timing of data collection postpartum	No. of women	No. of mothers with depression	Quality score ^a	
Affonso et al., 2000 ⁵⁶	Kolkata (east)	NR	Cross-sectional	EPDS	$> 25^b$	At 1-2 weeks	110	39	6	
						At 4-6 weeks	102	33		
				BDI		At 1-2 weeks	106	35		
						At 4-6 weeks	101	25		
Patel et al., 2002 ⁵⁵	Goa (south-west)	Urban hospital	Cohort	EPDS	26 (4)	At 6–8 weeks	252	59	8	
							At 6 months	235		51
Chandran et al., 2002 ⁵⁴	Tamil Nadu (south)	Rural community	Cohort	CIS-R	22.8 (3.7)	At 6–12 weeks	301	33	8	
Patel et al., 2003 ⁵³	Goa (south-west)	Urban hospital	Cohort	EPDS	26 (NR)	At 6–8 weeks	171	37	7	
Sood & Sood, 2003 ⁵²	Uttar Pradesh (north)	Urban hospital	Cohort	BDI	24 (3)	At 3–7 days	75	15	4	
							At 4–6 weeks	70		9
Prabhu et al., 2005 ⁵¹	Tamil Nadu (south)	Not clearly defined	Cross-sectional	EPDS	NR	At 3–4 weeks	478	28	5	
Kalita et al., 2008 ⁵⁰	Assam (North east)	Urban hospital	Cross-sectional	EPDS	25.1 (4.7)	At 6 weeks	100	18	4	
Nagpal et al., 2008 ⁴⁹	Delhi (north)	Urban community	Cross-sectional	EPDS	27 (25.8–28.2) ^c	Within 6 months	172	63	8	
Mariam & Srinivasan.	Karnataka (south)	Urban hospital	Cohort	EPDS	23.9 (3.6)	Within 6–10 weeks	132	39	3	

BDI: Beck depression inventory; CIS-R: clinical interview schedule-revised; DSM-IV: diagnostic and statistical manual of mental disorders 4th edition; DSM-IV-TR: “text revision” of diagnostic and statistical manual of mental disorders 4th edition; EPDS: Edinburgh postnatal depression scale; MINI: M.I.N.I. international neuropsychiatric interview; NR: not reported; PHQ-9: 9-item patient health questionnaire; PRIME-MD: primary care evaluation of mental disorders; RCT: randomized controlled trial; SD: standard deviation.

^awe used the Newcastle–Ottawa quality assessment scale with a maximum score of 10.¹⁴

^B Reported average age of participants > 25 years.

^C Range is 95% confidence interval.

^D Range of ages.

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3. Based on the random effects model, the overall pooled estimate of the prevalence of postpartum depression in Indian mothers was 22% (95% CI: 19–25; Fig. 2). Eight studies included women reporting depression within 2 weeks of delivery.

4. The estimated overall pooled prevalence was highest in the southern region of the country (26%; 95% CI: 19–32), followed by eastern (23%; 95% CI: 12–35), south-western (23%; 95% CI: 19–27) and western regions (21%; 95% CI: 15–28; Table 2). The northern region of India had the lowest prevalence (15%; 95% CI: 10–21). The pooled prevalence was higher, but not significantly so, for studies conducted in hospital settings (23%; 95% CI: 19–28) than in community settings (17%; 95% CI: 13–22); Fig. 4; Table 2) and in urban versus rural areas (24%; 95% CI: 19–29 versus 17%; 95% CI: 14–21). Prevalence was 20% (95% CI: 16–24) and 21% (95% CI: 16–26) when studies with mean maternal age of ≤ 25 years and > 25 years were pooled respectively.

Study characteristic	No. of women	No. of studies	Pooled prevalence, % (95% CI)	P	P for meta-regression
All	20 043	38	22 (19–25)		
Region					
East	11911	3	23 (12–35)	<0.05	0.63
West	1 968	9	21 (15–28)		0.66
North	2 579	7	15 (10–21)		0.20
South	3 062	16	26 (19–32)		Ref.
North-east	100	1	18 (10–26)		0.81
South-west	423	2	23 (19–27)		0.70
Setting^a					
Hospital	11 898	29	23 (19–28)	<0.05	Ref.
Community	7 557	7	17 (13–22)		0.41
Area^a					
Urban	11 093	24	24 (19–29)	<0.05	Ref.
Rural	8 362	12	17 (14–21)		0.16
Study instrument					
EPDS	12 840	29	24 (20–28)	<0.05	Ref.
Others ^b	7 203	9	17 (13–22)		0.22

5. Pooling of studies that used the Edinburgh postnatal depression scale as the study instrument produced a prevalence of 24% (95% CI: 20–28) compared with 17% (95% CI: 13–22) in those that used other study instruments (Table 2).

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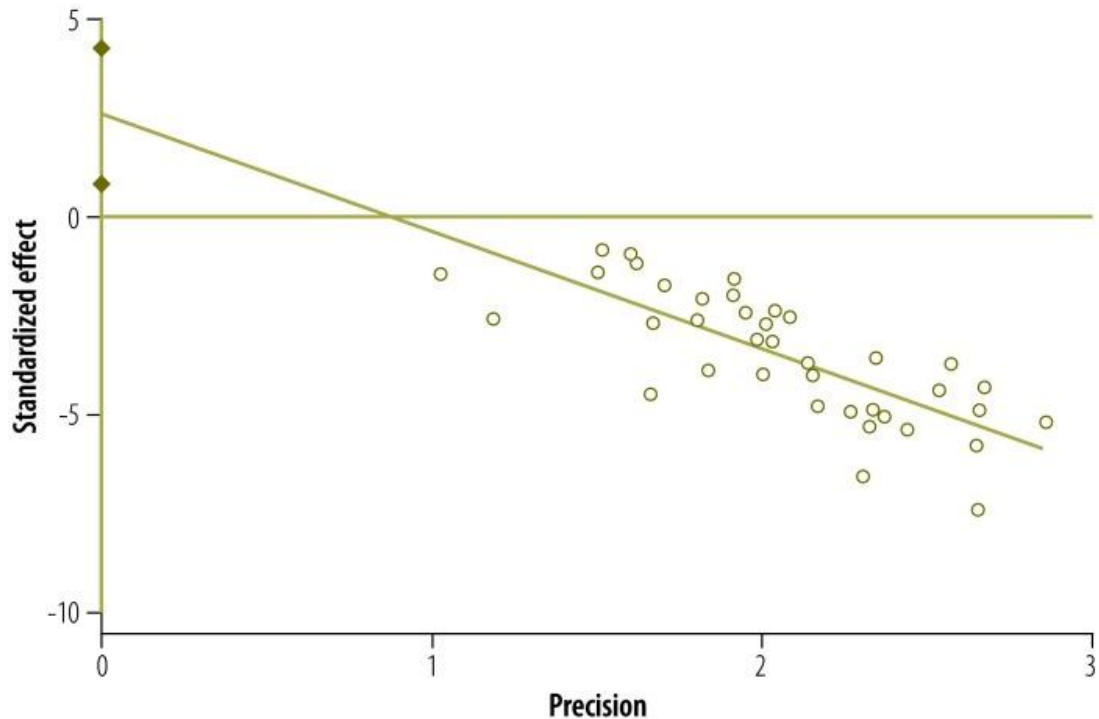
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Studies with a quality score ≤ 5 had a pooled prevalence of 22% (95% CI: 18–27) and those with a score > 5 had a prevalence of 21% (95% CI: 18–25).

The studies had a high degree of heterogeneity ($I^2 = 96.8\%$). Both the Egger plot (Egger bias = 2.58; 95% CI: 0.83–4.33;



6. A total of 32 studies reported risk factors for postpartum depression. The risk factors most commonly reported were financial difficulties (in 19 out of 21 studies that included this variable), domestic violence (6/8 studies), past history of psychiatric illness in the mother (8/11 studies), marital conflict (10/14 studies), lack of support from the husband (7/11 studies) and birth of a female baby (16/25 studies). Other commonly reported risk factors were lack of support from the family network (8/14 studies), recent stressful life event (6/11 studies), family history of psychiatric illness (7/13 studies), sick baby or death of the baby (6/13 studies) and substance abuse by the husband (4/9 studies). Preterm or low birth-weight baby, high parity, low maternal education, current medical illness, complication in current pregnancy and unwanted or unplanned pregnancy and previous female child, were some of the other reported risk factors

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Variable	No. of studies	
	Total	Reporting risk for postpartum depression
Individual factors		
High maternal age ^a	28 ^b	4
Low maternal age ^a	28 ^b	3
Low maternal education	27 ^c	10
Current medical illness	6	2
Past history of psychiatric illness, anxiety or low mood	11	8
Family history of psychiatric illness	13	7
Recent stressful life event	11	6
Low self-esteem	4	2
Husband & marital relationship factors		
Marital conflict	14	10
Domestic violence	8	6
Lack of support from husband	11	7
Addiction in husband	9	4
Financial difficulties	21	19
Pregnancy-related factors		

Conclusion

Postpartum depression does not have a single cause, but likely results from a combination of physical and emotional factors. Postpartum depression does not occur because of something a mother does or does not do.

After childbirth, the levels of hormones (estrogen and progesterone) in a woman's body quickly drop. This leads to chemical changes in her brain that may trigger mood swings. In addition, many mothers are unable to get the rest they need to fully recover from giving birth. Constant sleep deprivation can lead to physical discomfort and exhaustion, which can contribute to the symptoms of postpartum depression.

The adjustment to motherhood can be very stressful as you learn to navigate your new role, balancing care for yourself and an infant (and possibly other children and family members). This can be demanding, exhausting and overwhelming. If you are a new mom

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with feelings of anxiety or depression, you may even feel guilty or ashamed. It is important to know that postpartum depression is not your fault. Postpartum depression is a medical condition that can be treated. By sharing your feelings with a professional, you will be on your way to making positive changes that will have a big impact on your daily well-being.

List of References

1. MYLES "Text book for Midwives"14th edition, Gillian Fletcher 2004, P 661-664
2. Stein A, Gath DH, And P Cooper PJ "The Relationship between Postnatal Depression and Mother Child interaction" .Br J Psychiatry.1991 Jan; 158:46-52
3. Mc Queen, Montgomery, Lappon-Gracon S, Evans M, Hunter J, "Evidence based recommendations depressive symptoms in postpartum. Gynecol Neonatal Nurse.2008 Mar-Apr: 37(20): 127-36
4. Shaw E, Levitt C, Wong S, and Kaczorowski; "Effectiveness of postpartum care" PMID: 16948721 Birth .2007 Jan: 34(2): 188-9
5. Logsdon MC, Wisner K, Billings DM, Shanahan B "Raising the awareness of primary care providers about postpartum depression" Issues Ment Health Nurs.2006 Jan; 27(!): 59-73
6. Zinga D, Philipps SD, Born L, "Effect on Postpartum depression". Rev Bras Psiquiatr.2005 Oct; 27 Suppl 2: 556-64.Epub 2005 Nov
7. Hasselmann MH and Werneck GL, "Symptoms of postpartum depression and early interruption of exclusive breastfeeding in the first two months of life". Cad Saude Publica.2008; 24 Suppl 2: S 341-52.
8. Seguin L and Cossette L "Post natal depression: the socio environmental factors". Sante Ment Que.1991 Jun ;16(1):149-64.
9. Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, G Garttehnar, T.Swinson, "Prevalence and incidence of perinatal depression". Obstet Gynecol.2005 Nov 10; 1071-83.
10. [http\\www.wikipedia.encyclopedia.com](http://www.wikipedia.encyclopedia.com)
11. Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: scarcity, inequity, and inefficiency. Lancet. 2007. September 8;370(9590):878-89. 10.1016/S0140-6736(07)61239-2 [PubMed] [Cross Ref]
12. Baron EC, Hanlon C, Mall S, Honikman S, Breuer E, Kathree T, et al. Maternal mental health in primary care in five low- and middle-income countries: a situational analysis. BMC Health Serv Res. 2016. February 16;16(1):53. 10.1186/s12913-016-1291-z [PMC free article] [PubMed] [Cross Ref]
13. Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World

Vol. 3 Issue 1 (February 2017)

Editor-in-Chief: Dr. Bijender Singh

The Expression: An International Multi-Disciplinary e-Journal

(A Peer Reviewed and Indexed Journal with Impact Factor 1.854)

www.expressionjournal.com

ISSN: 2395-4132

- Health Organization; 2015. Available from: http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1 [cited 2017 Aug 25].
14. Herzog R, Álvarez-Pasquin MJ, Díaz C, Del Barrio JL, Estrada JM, Gil Á. Are healthcare workers' intentions to vaccinate related to their knowledge, beliefs and attitudes? A systematic review. *BMC Public Health*. 2013. February 19;13(1):154. 10.1186/1471-2458-13-154 [PMC free article] [PubMed] [Cross Ref]
 15. Wells G, Shea B, O'Connell D, Peterson J, Welch V, Losos M, et al. The Newcastle-Ottawa (NOS) for assessing the quality of nonrandomized studies in meta-analysis. Ottawa: Ottawa Hospital Research Institute. Available from: http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp [cited 2017 Aug 25].
 16. Higgins JPT, Green S, editors. *Cochrane handbook for systematic reviews of interventions*. London: The Cochrane Collaboration; 2008 . Available from: <https://dhosth.files.wordpress.com/2011/12/cochrane-handbook-for-systematic-reviews-of-interventions.pdf><http://>[cited 2017 Aug 25].
 17. Lee DT, Yip AS, Chan SS, Tsui MH, Wong WS, Chung TK. Postdelivery screening for postpartum depression. *Psychosom Med*. 2003. May-Jun;65(3):357-61. 10.1097/01.PSY.0000035718.37593.87 [PubMed] [Cross Ref]
 18. Dennis CL, Ross LE. Depressive symptomatology in the immediate postnatal period: identifying maternal characteristics related to true- and false-positive screening scores. *Can J Psychiatry*. 2006. April;51(5):265-73. 10.1177/070674370605100501 [PubMed] [Cross Ref]
 19. Shivalli S, Gururaj N. Postnatal depression among rural women in South India: do socio-demographic, obstetric and pregnancy outcome have a role to play? *PLoS One*. 2015. April 7;10(4):e0122079. 10.1371/journal.pone.0122079 [PMC free article] [PubMed] [Cross Ref]
 20. Shrestha N, Hazrah P, Sagar R. Incidence and prevalence of postpartum depression in a rural community of India. *J Chitwan Med Coll*. 2015;5(2):11-9. 10.3126/jcmc.v5i2.13149 [Cross Ref]
 21. Suguna A, Naveen R, Surekha A. Postnatal depression among women attending a rural maternity hospital in south India. *Ntl J Community Med*. 2015;6(3):297-301. Available from: www.njcmindia.org/home/download/689 [cited 2017 Jul 19].
 22. Kumar P, Krishna A, Sanjay SC, Revathy R, Nagendra K, Thippeswamy NR, et al. Determinants of postnatal depression among mothers in a rural setting in Shimoga District, Karnataka. A cross-sectional descriptive study. *Int J Preven Curat Comm Med*. 2015;1(4):74-9.

Vol. 3 Issue 1 (February 2017)

Editor-in-Chief: Dr. Bijender Singh

The Expression: An International Multi-Disciplinary e-Journal

(A Peer Reviewed and Indexed Journal with Impact Factor 1.854)

www.expressionjournal.com

ISSN: 2395-4132

23. Srivastava AS, Mara B, Pandey S, Tripathi MN, Pandit B, Yadav JS. Psychiatric morbidities in postpartum females: a prospective follow-up during puerperium. *Open J Psychiatry Allied Sci.* 2015;6(2):101–5. 10.5958/2394-2061.2015.00005.1 [Cross Ref]
24. Kolisetty R, Jyothi NU. Postpartum depression- a study from a tertiary care hospital. *Indian J Basic Appl Med Res.* 2015;4(4):277–81.
25. Bodhare TN, Sethi P, Bele SD, Gayatri D, Vivekanand A. Postnatal quality of life, depressive symptoms, and social support among women in southern India. *Women Health.* 2015;55(3):353–65. 10.1080/03630242.2014.996722 [PubMed] [Cross Ref]
26. Hirani D, Bala DV. A study of postnatal depression and its determinants in postnatal women residing in rural areas of Ahemdabad district, Gujarat, India. *IOSR-JDMS.* 2015;14(7):10–5.
27. Hiremath P, Mohite VR, Naregal P, Chendake M, Gholap MC. A study to determine the prevalence of postnatal depression among primigravida mothers in Krishna hospital Karad. *Int J Sci Res.* 2015;4(2):247–9.
28. Patel HL, Ganjiwale JD, Nimbalkar AS, Vani SN, Vasa R, Nimbalkar SM. Characteristics of postpartum depression in Anand District, Gujarat, India. *J Trop Pediatr.* 2015. October;61(5):364–9. 10.1093/tropej/fmv046 [PubMed] [Cross Ref]
29. Johnson AR, Edwin S, Joachim N, Mathew G, Ajay S, Joseph B. Postnatal depression among women availing maternal health services in a rural hospital in South India. *Pak J Med Sci.* 2015. Mar-Apr;31(2):408–13. 10.12669/pjms.312.6702 [PMC free article] [PubMed] [Cross Ref]
30. Poomalar GK, Arounassalame B. Impact of socio-cultural factors on postpartum depression in South Indian women. *Int J Reprod Contracept Obstet Gynecol.* 2014;3(2):338–43.
31. Dhande N, Khapre M, Nayak S, Mudey A. Assessment of postnatal depression among mothers following delivery in rural area of Wardha District: a cross sectional study. *Innov J Med Health Sci.* 2014;4(2):53–5.
32. Saldanha D, Rathi N, Bal H, Chaudhari B. Incidence and evaluation of factors contributing towards postpartum depression. *Med J D Y Patil Univ.* 2014;7(3):309–16. 10.4103/0975-2870.128972 [Cross Ref]
33. Jain A, Tyagi P, Kaur P, Puliye J, Sreenivas V. Association of birth of girls with postnatal depression and exclusive breastfeeding: an observational study. *BMJ Open.* 2014. June 9;4(6):e003545. 10.1136/bmjopen-2013-003545 [PMC free article] [PubMed] [Cross Ref]
34. Dhiman P, Say A, Rajendiren S, Kattimani S, Sagili H. Association of foetal APGAR and maternal brain derived neurotropic factor levels in postpartum depression. *Asian J*

Vol. 3 Issue 1 (February 2017)

Editor-in-Chief: Dr. Bijender Singh

The Expression: An International Multi-Disciplinary e-Journal

(A Peer Reviewed and Indexed Journal with Impact Factor 1.854)

www.expressionjournal.com

ISSN: 2395-4132

35. Psychiatr. 2014. October;11:82–3. 10.1016/j.ajp.2014.06.022 [PubMed] [Cross Ref]
36. Gupta S, Kishore J, Mala YM, Ramji S, Aggarwal R. Postpartum depression in north Indian women: prevalence and risk factors. J Obstet Gynaecol India. 2013. August;63(4):223–9. 10.1007/s13224-013-0399-x [PMC free article] [PubMed] [Cross Ref]
37. Prakash M, Komal PT, Pragna S. Sociocultural bias about female child and its influences on postpartum depressive features. Int J Sci Res. 2013;2(12):462–3.
38. Sudeepa D, Madhukumar S, Gaikwad V. A study on postnatal depression of women in rural Bangalore. Int J Health Sci Res. 2013;3(1):1–6.
39. Gokhale AV, Vaja A. Screening for postpartum depression. Gujarat Med J. 2013;68(2):46–51.
40. Desai N, Mehta R, Ganjiwale J. Study of prevalence and risk factors of postpartum depression. Natl J Med Res. 2012;2(2):194–8.
41. Hegde S, Latha KS, Bhat SM, Sharma PSVN, Kamath A, Shetty AK. Postpartum depression: prevalence and associated factors among women in India. J Womens Health Issues Care. 2012;1(1):1–7.
42. Dubey C, Gupta N, Bhasin S, Muthal RA, Arora R. Prevalence and associated risk factors for postpartum depression in women attending a tertiary hospital, Delhi, India. Int J Soc Psychiatry. 2012. November;58(6):577–80. 10.1177/0020764011415210 [PubMed] [Cross Ref]
43. Prost A, Lakshminarayana R, Nair N, Tripathy P, Copas A, Mahapatra R, et al. Predictors of maternal psychological distress in rural India: a cross-sectional community-based study. J Affect Disord. 2012. May;138(3):277–86. 10.1016/j.jad.2012.01.029 [PMC free article] [PubMed] [Cross Ref]
44. Iyengar K, Yadav R, Sen S. Consequences of maternal complications in women's lives in the first postpartum year: a prospective cohort study. J Health Popul Nutr. 2012. June;30(2):226–40. 10.3329/jhpn.v30i2.11318 [PMC free article] [PubMed] [Cross Ref]
45. Manjunath NG, Venkatesh G, Rajanna. Postpartum blue is common in socially and economically insecure mothers. Indian J Community Med. 2011. July;36(3):231–3. 10.4103/0970-0218.86527 [PMC free article] [PubMed] [Cross Ref]
46. Sankapithilu GJ, Nagaraj AKM, Bhat SU, Raveesh BN, Nagaraja V. A comparative study of frequency of postnatal depression among subjects with normal and caesarean deliveries. Online J Health Allied Sci. 2010;9(2): 1–5.
47. Savarimuthu RJ, Ezhilarasu P, Charles H, Antonisamy B, Kurian S, Jacob KS. Postpartum depression in the community: a qualitative study from rural South India. Int J Soc Psychiatry. 2010. January;56(1):94–102. 10.1177/0020764008097756 [PubMed] [Cross Ref]

Vol. 3 Issue 1 (February 2017)

Editor-in-Chief: Dr. Bijender Singh

The Expression: An International Multi-Disciplinary e-Journal

(A Peer Reviewed and Indexed Journal with Impact Factor 1.854)

www.expressionjournal.com

ISSN: 2395-4132

48. Ghosh A, Goswami S. Evaluation of post partum depression in a tertiary hospital. *J Obstet Gynaecol India*. 2011. October;61(5):528–30. 10.1007/s13224-011-0077-9 [PMC free article] [PubMed] [Cross Ref]
49. Mariam KA, Srinivasan K. Antenatal psychological distress and postnatal depression: A prospective study from an urban clinic. *Asian J Psychiatr*. 2009. June;2(2):71–3. 10.1016/j.ajp.2009.04.002 [PubMed] [Cross Ref]
50. Nagpal J, Dhar RS, Sinha S, Bhargava V, Sachdeva A, Bhartia A. An exploratory study to evaluate the utility of an adapted Mother Generated Index (MGI) in assessment of postpartum quality of life in India. *Health Qual Life Outcomes*. 2008. December 2;6(1):107. 10.1186/1477-7525-6-107 [PMC free article] [PubMed] [Cross Ref]
51. Kalita KN, Phookun HR, Das GC. A clinical study of postpartum depression: validation of the Edinburgh postnatal depression scale (Assamese version). *Eastern J Psychiatry*. 2014;11(1):14–8.
52. Prabhu TR, Asokan TV, Rajeswari A. Postpartum psychiatric illness. *J Obstet Gynaecol India*. 2005;55(4):329–32.
53. Sood M, Sood AK. Depression in pregnancy and postpartum period. *Indian J Psychiatry*. 2003. January;45(1):48–51. [PMC free article] [PubMed]
54. Patel V, DeSouza N, Rodrigues M. Postnatal depression and infant growth and development in low income countries: a cohort study from Goa, India. *Arch Dis Child*. 2003. January;88(1):34–7. 10.1136/adc.88.1.34 [PMC free article] [PubMed] [Cross Ref]
55. Chandran M, Tharyan P, Muliylil J, Abraham S. Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India. Incidence and risk factors. *Br J Psychiatry*. 2002. December;181(6):499–504. 10.1192/bjp.181.6.499 [PubMed] [Cross Ref]
56. Patel V, Rodrigues M, DeSouza N. Gender, poverty, and postnatal depression: a study of mothers in Goa, India. *Am J Psychiatry*. 2002. January;159(1):43–7. 10.1176/appi.ajp.159.1.43 [PubMed] [Cross Ref]
57. Affonso DD, De AK, Horowitz JA, Mayberry LJ. An international study exploring levels of postpartum depressive symptomatology. *J Psychosom Res*. 2000. September;49(3):207–16. 10.1016/S0022-3999(00)00176-8 [PubMed] [Cross Ref]
58. Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol*. 2005. November;106(5 Pt 1):1071–83. 10.1097/01.AOG.0000183597.31630.db [PubMed] [Cross Ref]

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The Expression: An International Multi-Disciplinary e-Journal

(A Peer Reviewed and Indexed Journal with Impact Factor 1.854)

www.expressionjournal.com

ISSN: 2395-4132

59. Gelaye B, Rondon MB, Araya R, Williams MA. Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. *Lancet Psychiatry*. 2016. October;3(10):973–82. 10.1016/S2215-0366(16)30284-X [PMC free article] [PubMed] [Cross Ref]
60. Joseph G, da Silva IC, Wehrmeister FC, Barros AJ, Victora CG. Inequalities in the coverage of place of delivery and skilled birth attendance: analyses of cross-sectional surveys in 80 low and middle-income countries. *Reprod Health*. 2016. June 17;13(1):77. 10.1186/s12978-016-0192-2 [PMC free article] [PubMed] [Cross Ref]
61. Mannava P, Durrant K, Fisher J, Chersich M, Luchters S. Attitudes and behaviours of maternal health care providers in interactions with clients: a systematic review. *Global Health*. 2015. August 15;11(1):36. 10.1186/s12992-015-0117-9 [PMC free article] [PubMed] [Cross Ref]

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