

ORIGINAL ARTICLE

Prevalence and Risk Factors for Postpartum Depression among Women

Neda Dastyar¹, Seideh Fatemeh Hosseini¹, Saadat Salsri^{*2}

¹ Midwifery Student, Jiroft University of Medical Sciences, Jiroft, Iran

² Department of Nursing Education, Lecturer of Nursing Midwifery Faculty, Jiroft University of Medical Sciences, Jiroft, Iran

*Corresponding author: Email: s-salary@yahoo.com

ABSTRACT

Postpartum depression (PPD) is one of the most common complications characterized by behavioral problems and mental disorders in women about 4 to 6 weeks after giving birth. In this cross-sectional study, by using sequential sampling method, information about 400 mothers that were 6 to 12 weeks into postpartum period was reviewed. Data collected by Edinburgh standard questionnaire. Samples were separated into two groups; depressed (Score equal to or greater than 13) and non-depressed (score lower than 13) by Edinburgh test. The prevalence of postpartum depression by using Edinburgh test was determined to be 40.4%. There is a significant relation between among postpartum depression and unplanned pregnancy, newborn anomaly, lack of marital satisfaction, economic status, the lack of support, Crisis in the past one year. PPD seems to be a common problem in Jiroft. EPDS seems to be a valuable tool in identifying women with PPD and vulnerable mothers with extra needs for support in a Greenlandic context. Continual routine screening is recommended

Keywords; Postpartum Depression, Edinburgh test, Prevalence

Received 21/12/2015 Accepted 24/03/2016

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How to cite this article:

Neda A, Bahareh R, Nahid H. Optimization of *Trichoderma reesei* Medium for Increasing Xylanase Enzyme Production. Adv. Biores. Vol 7 [3] May 2016: 90-93. DOI: 10.15515/abr.0976-4585.7.3.9093

INTRODUCTION

Postpartum depression is a form of depression that a mother can experience within the first few weeks, months or even up to a year after having a baby. Ten to 16% of women with postpartum depression begin experiencing symptoms during pregnancy. If left untreated, this depression can last for months or even years after the baby are born. The longer an episode of depression goes untreated, the longer the recovery and the higher the risk of suicide. It's true that it's normal for many new mothers to feel a bit down after childbirth, but if these "baby blues" last more than two weeks and affect your ability to take care of yourself and your baby, you may have postpartum depression [1,2]. Postpartum depression is an important public health problem, having a significant impact on the mother, the 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 [3]. When the mother after giving birth to baby expects enjoyable experience, she faces unknown states such as irritability, negative feelings towards the infant, insomnia, loss of ability, low self-esteem and anxiety [4]. Poor communication between mother and child has detrimental effects on infant development [5]. In addition to the harmful effects of postpartum depression on mother and child relations, it also disrupts the relationship with partner and spouses of depressed women are often depressed and if depression does not go away may lead to divorce or separation [6]. Women with postpartum depression may have obsessive thoughts and suicide and infanticide [7]. No one knows for sure what causes postpartum depression (PPD). Hormonal changes in a woman's body may trigger its symptoms. During pregnancy, the amount of two female hormones, estrogen and progesterone, in a woman's body increase greatly. In the first 24 hours after childbirth, the amount of these hormones rapidly drops and keeps dropping to the amount they were before the woman

became pregnant. Researchers think these changes in hormones may lead to depression, just as smaller changes in hormones can affect a woman's moods before she gets her menstrual period. Thyroid levels may also drop sharply after giving birth. (The thyroid is a small gland in the neck that helps to regulate how your body uses and stores energy from foods eaten.) Low thyroid levels can cause symptoms that can feel like depression, such as mood swings, fatigue, agitation, insomnia, and anxiety. A simple thyroid test can tell if this condition is causing a woman's PPD. If so, thyroid medication can be prescribed by a health care provider [8, 9]. In the past decade the results of multiple studies on postpartum depression in different countries have reported from 5% up to 34.7% rate of depression [10-13]. It is worth noting that in various studies, the most common risk factors associated with this disorder are reported to be factors such as age, unwanted pregnancy, job status and unsustainable income, marital disputes and marital relations and lack of support from spouse and crises 1 year before the birth of children [14,15]. Early detection is one of the tasks of the treatment group; Medical groups including general practitioners, midwives, and family planning experts should be able to identify people who are susceptible to mental disorders and guide about cares and supports of this period. Given that postpartum depression has adverse effects on family and in the broader on community and mothers among family members play a key and fundamental role in child care and training and are more involved with their children's disease [16, 17] and also the courage and tireless efforts of mothers in the family environment is obvious and if mothers do not have enough physical and mental health, they cannot properly handle their responsibilities and duties And thus, will have negative effects on existential structure of the family. The aim of this study is to estimate the prevalence of postnatal depression in Jiroft, Iran.

MATERIAL AND METHOD

For this cross-sectional study, data were collected from the in Women Referring to Health Centres of Jiroft City in 2013.

The study population consists of women who have given birth six to twelve weeks ago and in order to receive health and family planning services visit health centers in the city of Jiroft. In this study, 400 were selected for sampling in form of available sampling and inclusion criteria included: 1. having willingness to participate in the study 2. Passing of at least 6 weeks from childbirth 3. Having term infants alive and without congenital abnormalities child 4. No history of psychiatric drugs use. Researcher first collect data by referring to Health - medical centers of the city by providing official introduction letter and permission from the Vice Chancellor for Research and study samples were selected in accordance with the inclusion criteria and with them the necessary explanations about the objectives and implementation of the research were presented and they were assured that information will be reported as Confidential and collectively. Writing name and family name in the questionnaire that will be put at your disposal is not necessary.

2-part questionnaire is used to gather information. That includes:

1. Edinburgh postpartum Depression standard questionnaire (EPDS) that this questionnaire consists of ten questions on a scale of four degree which reviews the mental condition of people during the past seven days. Score of each question is 0 to 3. (Score equal to or greater than 13) shows Depression and (Score lower than 13) shows Non-depression, validity of this questionnaire has been confirmed in a study of Montazeri in Iran [18].

2. Demographic variables questionnaire

In this study, to evaluate the content validity, prepared Materials Scale was given to 50 spirituals that they assessed that the scale has good validity and was used after verification. After collecting, data were statically analyzed using SPSS 18 software

RESULTS

The average age of the samples was $34 \pm 9/4$. 95% of participants lived in urban areas and 5% of them were in rural areas. For various reasons, a high percentage of intended childbirths (44%) were done by caesarean and 56% of childbirths were natural. Most of the mothers had education of Secondary school level 64.0% and had more than 2 children. From 400 examined mothers, 82 of them gained score of 13 and higher and 328 of them scored lower than 13. Based on the diagnostic criteria for Edinburgh's test, depression prevalence was specified to be 40.4% and the mean score of the Edinburgh questionnaire of the whole sample was 2.10 with standard deviation of 87.3.

Most of the mothers that were depressed (58.4%) did not have a good economic condition. 65.6% of Mothers who were depressed were not satisfied with gender of baby in recent birth.

Between unwanted pregnancy and postpartum depression $P < .001$, Marital dissatisfaction $P < .001$, child's gender dissatisfaction $P < .001$, Economic level $P < .055$, Education $P < .001$, Newborn diseases

P<001, Support from family P<0/226, the crisis of the past year P<0/46, were statistically significant (table 1).

Table 1: Mean and standard deviation of the relevant factors of postpartum depression

Variable	Mean and SD	P Value
Unwanted Pregnancy yes no	15/61±1/67 16/91±1/27	0/001
Abnormal baby yes no	17/55±1/38 17/05±1/18	0/001
Marital satisfaction yes no	67/89±1/14 14/78±1/15	0/001
Satisfaction of baby yes no	16/63±1/5 15/82±16/2	0/001
Support from family yes no	16/21±1/43 16/5±1/63	0/226
illiterate-Elementary Educational level Secondary Collegiate	19/93±1/17 17/66±1/23 17/36±1/03	0/001
crisis in the past year yes no	15/90±1/41 16/5±15/8	0/046
Satisfaction with yes Economic situation no	16/35±1/03 16/50±1/62	0/055

DISCUSSION AND CONCLUSION

We evaluated depression and risk factors in women from during the Passing of at least 6 weeks from childbirth. Postpartum depression is one of the problems that are threatening the mother and baby and family life. In this study, the prevalence of depression by the Edinburgh scale and was 40/4 percent. Also in previous studies, different results are observed in Iranian groups, so that the prevalence of postpartum depression in Tabriz has been reported to be 7/34 percent, 32 percent in Hamadan, 31/3 percent in Kerman, 4 percent in Kermanshah, 23/7 percent in Qom, 9/9 percent in Mashhad and 21/3 percent in Shahrkord by researchers [20]. It seems that one of the reasons for the differences in prevalence rates reported in the literature is that Researchers may have done the assessments at different times after birth, for example in the first two weeks or a few weeks after but in this study, data has just been collected from mothers that 18-6 weeks had passed from their childbirth. Another difference in reporting may be related to the scale of measuring depression. Socio-economic development, cultural issues and traditions are probably the reasons for the high prevalence of depression in the city of Jiroft that further study in this area can help to accept or reject this theory. Unfortunately, in our country due to cultural factors most attention is focused on the baby and the mother is deprived of necessary care. Therefore, maybe one of the reasons for the higher prevalence of depression in our country and studied city is this matter.. In this study, the age higher than thirty-two years showed 1/8 higher risks of depression however this finding was not statistically significant. High maternal age, often comes with more children, unplanned pregnancy, or the unwillingness to accept responsibility of other children, in addition to endure financial difficulties following the birth of a new child that these factors in turn has increased the stress in older mothers and leads them to depression. Is consistent with Khushe Mehri's study in Tehran [21] and Khorrami in Qom [22]. According to the results of this study and other related studies a significant relationship between genders of infants and postpartum depression has been observed. So that mothers who had given birth to Female infant were more depressed that is consistent with Posmontier's study. [23] but is not consistent with Khamse study [24] that may be related to the culture of that society or they did not have fetus of child before.

We observed that in Jiroft, depression in the postnatal first year is an important public health problem and significantly related to many social, economic, and psychological factors. Informing health

professionals and social workers about these issues is important in improving the maternal and child health in developing countries.

ACKNOWLEDGMENTS

Authors would like to thank mothers, who participated in this study, the health workers of the regional health centres who worked on data collection.

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