

## ORIGINAL ARTICLE

# Psychosomatic Indicators in Puerperal Women

S. Deepti Surala, S. Anitha, G. Jayalakshmi\*

Department of Microbiology, Sri Lakshmi Narayana Institute of Medical Sciences, Affiliated to Bharath Institute of Higher Education and Research, Chennai – 600 073, Tamil Nadu, India.

\*CORRESPONDING: deanuniversityaffairsslims@gmail.com, jayalakshmi.2k15@gmail.com

### ABSTRACT

*The current study identifies a number of characteristics that are predictive of emotional (mood) problems, which are prevalent in postpartum women. The relationship between psychological stress and age was not found to be significant in this investigation. The women in socioeconomic class 4 are more likely to be depressed. Depression was shown to be more prevalent in Nuclear families than in Extended families. There was no link identified between psychological stress and parity. If women were not Booked and Immunized, they were 333.8% more likely to develop depression. Because "the sight cannot see what the mind does not know," obstetricians are in a unique position to guide women in having a better perspective of motherhood.*

**Keywords:** mental-illness, postpartum-blues, menstrual-period

Received 11.04.2022

Revised 21.04.2022

Accepted 27.05.2022

### How to cite this article:

S. Deepti Surala, S. Anitha, G. Jayalakshmi. Psychosomatic Indicators in Puerperal Women. Adv. Biores. Vol 13 [3] May 2022. 222-226

## INTRODUCTION

Pregnancy is a pleasant key life event in a woman's life where she enters blissful parenthood as a fulfillment of her womanhood, but it can also be a disturbing period for mothers who suffer from postpartum depression [1]. From early adolescence until their mid-fifties, women are at an elevated risk of developing serious depression for the first time. According to the National Comorbidity Survey [2,3,4], they have a lifetime rate of serious depression that is 1.7 to four times higher than that of males. The World Health Organization has highlighted depression as a leading cause of illness in the twenty-first century [5]. According to the Global Burden of Illness Survey, major depression will overtake diabetes as the second greatest cause of disease burden by 2020.

The Puerperium is one of the times in a woman's life when her risk of depression increases. Puerperium, sometimes known as the "fourth trimester," is the 6-week period following childbirth during which the bodily tissues, particularly the pelvic organs, return to their pre-pregnancy state both physically and physiologically. During this time, a lady is referred to as "puerpera" (Datta). In summary, full physiologic involution and psychological adjustment (RCOG) occur throughout this period.

Approximately 85 percent of women have some sort of mood disruption during puerperium [6-8], with the majority of symptoms being minor and short-lived. Approximately 10% to 15% of all new moms have postpartum depression, which usually occurs during the delivery of a child. A nine Maternal incapacity and strained mother-baby connections are linked to postpartum psychiatric disorders [9-11].

Postpartum blues is the mildest type of postpartum psychiatric disorder, whereas postpartum psychosis is the most severe. The appearance of these illnesses varies little across the globe; nevertheless, the frequency, incidence, and risk factors linked with these disorders varied based on the features of various research groups [12-14]. The goal of this study was to determine the causes and incidence of postpartum psychological problems in

women who are in the puerperium and have no prior psychiatric disease or clear risk factors. The research also aids in the identification of risk factors, hence averting the development of other important psychiatric symptoms.

## MATERIALS AND METHODS

Gynecology, in collaboration with the Sri Lakshmi Narayana Institutes of Medical Sciences Research's Department of Psychiatry in Chennai. For the current study, 500 women who delivered normally, instrumental or Caesarean were chosen. Those with a history of psychiatric illnesses, high-risk instances such as eclampsia, malformations, poor obstetric history, and conception after therapy were all excluded from the research. 500 Women, who gave birth, whether by vaginal delivery, instrumental delivery, or Caesarean section, were chosen to avoid the exclusion criteria. Demographic information, clinical evaluation (including extensive history taking and physical examination), and psychological evaluation were all documented. The Questionnaire and the Edinburgh Postpartum Depression Scale were used to assess the patients (EPDS).

## RESULTS

The frequency of numerous characteristics was studied and analysed in this study of 500 women. The factors that were evaluated, as well as the percentage of women who made up each variable, were included in this study. There was no familial history of mental disease among the 500 women. The proportion of mothers with elevated GHQ and EPDS scores, as well as the percentage of women with high scores on both scales, are shown in Figure 1.

52 (49.05 percent) of the parents with a high GHQ score (106), also had high EPDS scores. Only 71 of the 394 mothers with normal GHQ scores (18.02 percent) had higher EPD levels. The association between socioeconomic level and higher GHQ and EPDS scores was shown in Figure 2. Depression is more likely among people who have a higher socioeconomic position. (Statistically significant since the p value is less than 0.001). The association between family type and higher GHQ and EPDS scores. Nuclear households are more likely to suffer from depression (Figure 3). The association between parity and higher GHQ and EPDS scores. Multigravida sufferers are more likely to suffer from depression (Figure 4). Statistically significant because of the p value of 0.001.

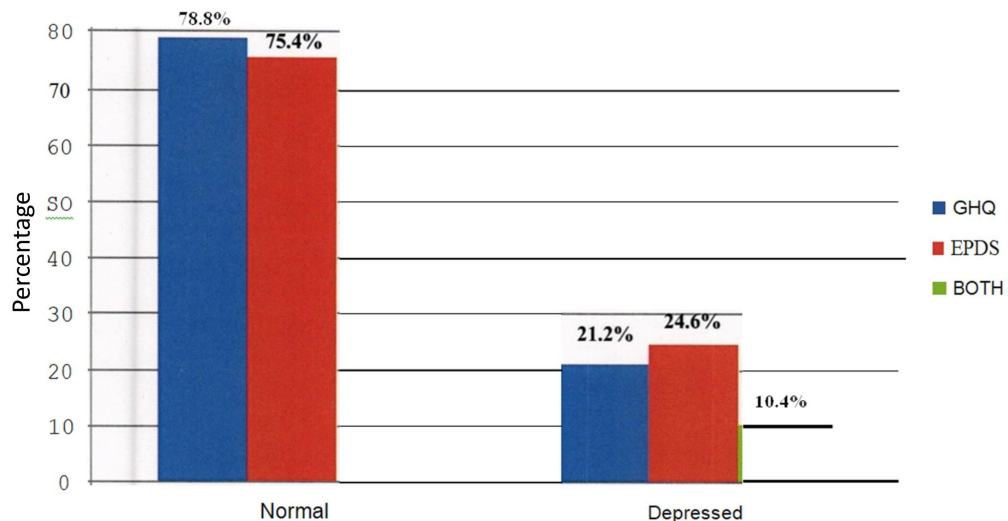


Figure 1: Percentage of women with raised GHQ score and EPDS score.

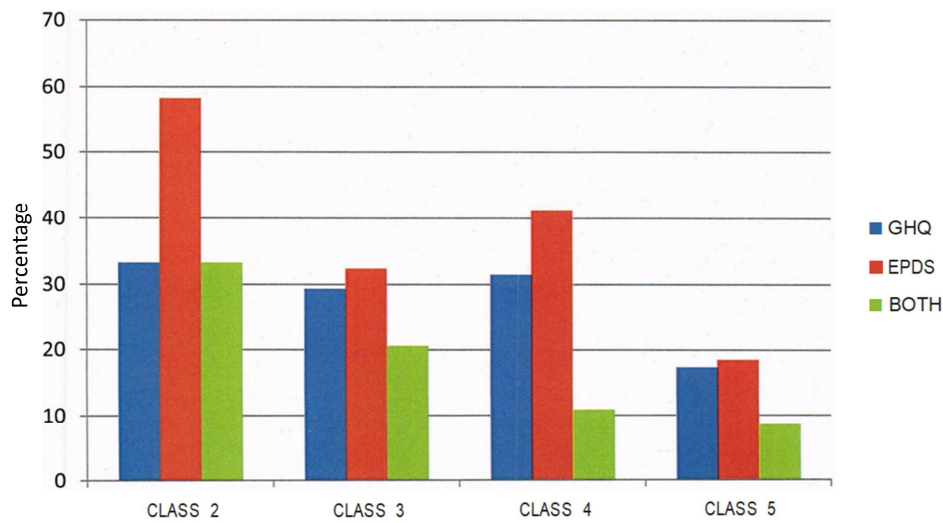


Figure 2: The association between socioeconomic level and higher GHQ and EPDS scores.

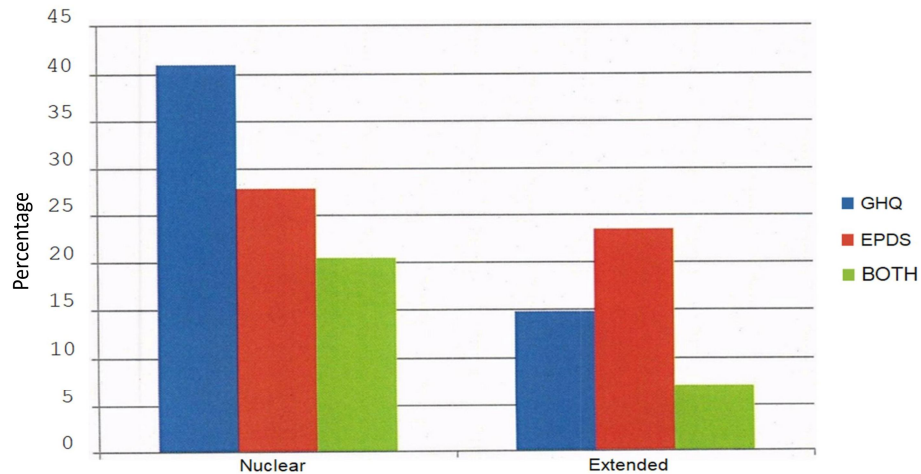


Figure 3: The association between family type and higher GHQ and EPDS scores.

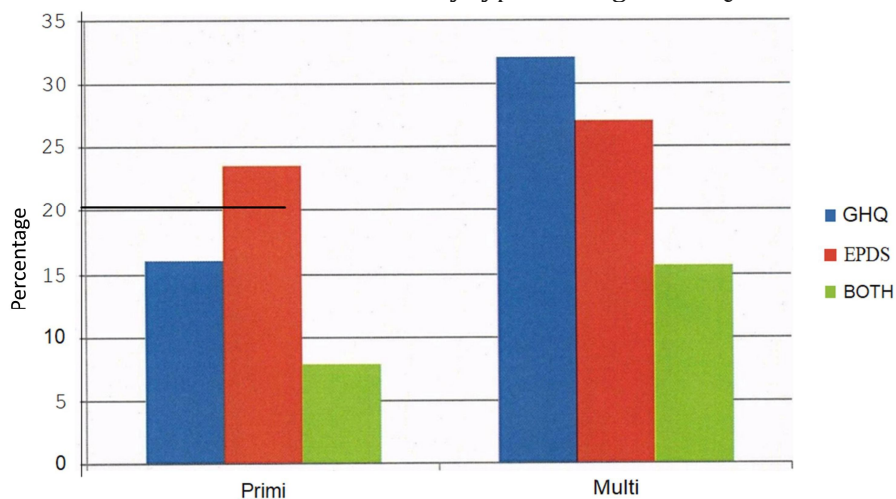


Figure 4: The association between parity and higher GHQ and EPDS scores.

## DISCUSSION

Childbirth and labour are both natural occurrences. It is a once-in-a-lifetime opportunity for a lady. However, the mother may become stressed for a variety of reasons, including family support, the course of the prenatal period, the modifications that must be made to incorporate the baby. The incidence of psychological symptoms in puerperal women is demonstrated in our

study using a variety of factors. 71 (18.02%) of the 394 women with normal GHQ levels had elevated EPDS values. Statistically significant p-values are less than 0.05. were present, with a mean age of 23.59 for normal women, 23.57 for women with higher GHQ scores, and 22.86 for women with raised EPDS scores.

The average age of the 384 women in a cohort of women from a rural region of Tamilnadu was 22.8 years (s.d. 3.7, range 17-37). A study that looked at the incidence of postpartum depression among moms aged 14 to 18 years (n=28) found a substantially higher 19 rate of disease, about 26%. [13]. However, emphasising that this is a group that requires further research to identify specific risk factors, since there may be risk factors within this younger age that predispose not just to postpartum depression. But there were fewer cases of postpartum depression in illiterate women, according to a study published in Social Psychiatry in January 2010.

A qualitative EPDS score was compared to a survey of literate women from rural south India. p Values for the following characteristics were 0.001 related with post-partum depression. 8 times more likely to experience even a single depression if they did not have an antenatal check-up and were only Booked and Immunized (did 35 percent of deliveries are not undergo regular antenatal conducted 1n health check-up). Facilities with a P value of less than 0.001. This could be due to the fact that 65 percent of mothers do not have confidence that everything, including one antenatal checkup, will be safe because both antenatal and postnatal checkups are reported to be less frequent.

## CONCLUSION

There is a lot of evidence in the literature that there is a link between postpartum depression and psychiatric problems. This fact is also supported by our current research. Psychological symptoms were shown to be a fairly prevalent and substantial concern in our study, with a considerable percentage of puerperal women suffering from them. Diagnosing any psychiatric signs as early as 3 to 5 days after delivery allows these vulnerable mothers to get immediate and timely treatment and counselling. The woman's family can be counselled to provide assistance so that she can transition to the new chapter of her life more easily and quickly. This assistance will enhance the patient's attitude, the mother-child link, interpersonal interactions within the family, particularly with the spouse, and long-term mental health. If necessary, a referral to a specialist should be explored.

## REFERENCES

1. Esen Danaci, A., Dinç, G., Devenci, A., Seyfe Şen, F., & İçelli, İ. (2002). Postnatal depression in Turkey: epidemiological and cultural aspects. *Social psychiatry and psychiatric epidemiology*, 37(3), 125-129.
2. Kessler, R. C., McGonagle, K. A., Swartz, M., Blazer, D. G., & Nelson, C. B. (1993). Sex and depression in the National Comorbidity Survey I: Lifetime prevalence, chronicity and recurrence. *Journal of affective disorders*, 29(2-3), 85-96.
3. Weissman, M. M., Bland, R., Joyce, P. R., Newman, S., Wells, J. E., & Wittchen, H. U. (1993). Sex differences in rates of depression: cross-national perspectives. *Journal of affective disorders*, 29(2-3), 77-84.
4. Kornstein, S. G. (2001). The evaluation and management of depression in women across the life span. *Journal of Clinical Psychiatry*, 62(24), 11-17.
5. Bennett, H. A., Einarson, A., Taddio, A., Koren, G., & Einarson, T. R. (2004). Prevalence of depression during pregnancy: systematic review. *Obstetrics & Gynecology*, 103(4), 698-709.
6. Murray, C. J., & Lopez, A. D. (1996). Evidence-based health policy—lessons from the Global Burden of Disease Study. *Science*, 274(5288), 740-743.
7. Zhang, H., Shao, X., Peng, Y., Teng, Y., Saravanan, K. M., Zhang, H., ... & Wei, Y. (2019). A novel machine learning based approach for iPS progenitor cell identification. *PLoS computational biology*, 15(12), e1007351.
8. Burt, V. K., & Stein, K. (2002). Epidemiology of depression throughout the female life cycle. *Journal of Clinical Psychiatry*, 63, 9-15.
9. Saravanan, K. M., & Selvaraj, S. (2017). Dihedral angle preferences of amino acid residues forming various non-local interactions in proteins. *Journal of Biological Physics*, 43(2), 265-278.
10. Kendell, R. E., McGuire, R. J., Connor, Y., & Cox, J. L. (1981). Mood changes in the first three weeks after childbirth. *Journal of affective disorders*, 3(4), 317-326.
11. Seidman, D. (1998). Postpartum psychiatric illness: the role of the pediatrician. *Pediatrics in Review*, 19, 128-130.

12. Saravanan, K. M., & Krishnaswamy, S. (2015). Analysis of dihedral angle preferences for alanine and glycine residues in alpha and beta transmembrane regions. *Journal of Biomolecular Structure and Dynamics*, 33(3), 552-562.
13. Troutman, B. R., & Cutrona, C. E. (1990). Nonpsychotic postpartum depression among adolescent mothers. *Journal of abnormal psychology*, 99(1), 69.
14. Hegde, S., Latha, K. S., Bhat, S. M., Sharma, P. S. V. N., & Kamath, A. (2012). Postpartum depression: prevalence and associated factors among women in India. *Journal of Women's Health, Issues and Care*, 1(1), 1-7.

+

**Copyright: © 2022 Society of Education.** This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.