

An Exploratory Study on Postnatal Depression among Postnatal Women with Normal and Caesarean Deliveries in Selected Hospitals, West Bengal

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Abstract: *An exploratory study on postnatal depression among postnatal women with normal and caesarean deliveries in selected hospitals, West Bengal. The Objectives of the study were to determine the occurrence of depression among postnatal women of normal deliveries and caesarean deliveries, and to find out association between postnatal depression and selected factors (gender biasness violence against woman, socioeconomic status and self esteem).The conceptual framework adopted for the study is based on Betty Neuman 's system model. Convenience sampling was used to select 130 samples (postnatal women).Data was collected by using two self reported questionnaires and four structured questionnaires through interview. All tools are validated by seven experts. The finding show that out of 130 postnatal women, 32(24.62%) were suffering from postnatal depression, occurrence of postnatal depression among caesarean deliveries was 26.31%.Postnatal depression among normal delivery was 22.22%.significant association s ($P>0.05$) found between postnatal depression & preference pf sex and present sex of the child, association between postnatal depression & violence against women found significant ($P>0.05$). significant associations ($P>0.05$) exist between postnatal depression & self esteem. It is important for community nurse to listen to antenatal women so that they can prepare themselves physically, mentally and socially.*

Keywords: Postnatal depression, gender biasness, violence against woman, self esteem

1. Introduction

Depression having an onset usually during the first 3 months after delivery is called postnatal depression (PND) or postpartum depression (PPD).^[1] Major depression in women has a peak onset during the childbearing years. Three different postnatal psychiatric disorders may appear in mothers during the 12 months following delivery, including the maternity blues, puerperal psychosis and postnatal depression. The most common mood disorder associated with childbirth is unipolar major or minor depression occurring at any time during the first postnatal year. After pregnancy, hormonal changes in a woman's body may trigger symptoms of depression. During pregnancy, the amount of two female hormones, oestrogen and progesterone, in a woman's body increases greatly in the first 24 hours after childbirth, the amount of these hormones rapidly drops down to their normal non-pregnant levels. This rapid change in hormone levels may lead to depression, just as smaller changes in hormones can affect a woman's mood before she gets her menstrual period.

Objectives:

- i) To determine the occurrence of depression among postnatal women with normal deliveries.
- ii) To determine the occurrence of depression among postnatal women with caesarean deliveries.
- iii) To find out association between postnatal depression and selected factors.

Psychosocial factors:

- a) Gender biasness (preference of male)
- b) Violence against woman
- c) Socioeconomic status
- d) Self esteem

2. Review of Literature

Related to occurrence of postnatal depression: A study conducted in the department of obstetrics and gynaecology, Medical College, Kolkata by **Ghosh A, Goswami S** ^[2] to evaluate the association of different factors with Postnatal Depression. The sample were six thousands postnatal women, interrogated by using Edinberg Postnatal Depression scale (EPDS) at, 4-7 days postpartum period. Socio demographic factors (age, parity, literacy, socioeconomic status, marital status and family structure), history of psychiatric disorder and abuse, mode of delivery and obstetrics outcome were also recorded. The study findings shows the incidence of Postpartum Depression (PPD) was 25%, significant association of PPD was seen with poor socioeconomic group ($P<0.05$), literacy ($P<0.05$), single mother ($P<0.001$), history of abuse ($P<0.05$), and poor obstetrics outcome ($P<0.001$), age, parity, and method of delivery showed no association. They suggested EPDS should be used routinely to screen for PPD among high risk cases.

Related to postnatal depression and mode of delivery: A prospective population based cohort study was conducted by **Roshni R Patel, Deirdre J Murphy**, to assess the association between elective caesarean section and postnatal depression compared with planned vaginal delivery and to see whether emergency caesarean section or assisted vaginal delivery is associated with postnatal depression compared with spontaneous vaginal delivery. Edinburgh postnatal depression scale was used to measure postnatal depression, out of all the subjects 10 934 (84.5%) completed the depression scale at eight weeks postnatal. The study finding shows that the response rate was similar for all delivery groups. Of these women, 8731 (79.9%) had a spontaneous vaginal delivery and 1242 (11.4%) had an assisted vaginal delivery. Of the 961 responders who had a caesarean section, 572 had an emergency operation (5.2%)

and 389 (3.6%) had an elective procedure and also find no association between postnatal depression at eight weeks and elective caesarean section compared with planned vaginal delivery. Exploration of planned vaginal delivery similarly found little evidence of an association between emergency caesarean section or assisted vaginal delivery and postnatal depression compared with spontaneous vaginal delivery.

Relationship between postnatal depression and psychosocial factors: Patel V, Rodrigues M, DeSouza N shows depressive disorder was detected in 59 (23%) of the mothers at 6-8 weeks after childbirth; 78% of these patients had had clinically substantial psychological morbidity during the antenatal period. More than half of the patients remained ill till at 6 months after the delivery. Economic deprivation and poor marital relationships were important risk factors for the occurrence and chronicity of the depression. The gender of the infant was a determinant factor in postnatal depression; it modified the effect of other risk factors, such as marital violence and hunger. Depressed mothers were more disabled and were more likely to use health services than non depressed mother.

3. Methodology

The study adopted descriptive survey approach with descriptive survey design. The research variable I&II are postnatal depression & the psychosocial factors, (gender bias, violence against woman's, socioeconomic status, self esteem. The study sample consist of the 130 postnatal women with normal and caesarean deliveries attended at outpatient basis at six weeks at the immunization clinic, Medical College & Hospital & R.G.Kar M.C.H Kolkata, West Bengal, India. Convenience sampling technique was used. The conceptual framework was based on Betty Neuman's system model. Data was collected by using two self reported questionnaires Edinburg Postnatal Depression Scale & Rosenberg self esteem measuring scale (both tool standardized and translated in Bengali) and three structured questionnaires through interview. Modified Kuppuswamy socio economic status scale (standardized and translated in Bengali) was used by interviewing. All tools are validated by seven experts. The collected data were analysed by using both descriptive and inferential statistics.

4. Results

Findings shows that out 130 postnatal women 32(24.62%) were suffering from postnatal depression; Postnatal depression among caesarean deliveries was 26.31%.

Postnatal depression among normal delivery was 22.22%.

Majority of the postnatal women (61.54%) preferred male baby, Majority (57.69%) of the study sample who expressed that they had faced violence against them. Majority (70%) belong to upper lower category among postnatal women. Majority (66 %) of the postnatal women having low self esteem.

The association between postnatal depression & preference and present sex of the child are significant as because the obtained value 4.646, is higher than the P value 3.841 at df 1 at 0.05 level of significance. That indicates that there is significant association exists between postnatal depression & preference and present sex of the child. That preference of sex of the child has been categorized as 'preference of sex of the child and having the child with different sex', The Association between postnatal depression & violence against woman (expressed opinion) Significant as because the obtained value is 6.712 which is higher than the P value 3.841 at df 1 at 0.05 level of significance.

There was a significant association between mother with postnatal depression & self esteem is significant as because the obtained value is 5.84 which is higher than the P value 3.841 at df 1 at 0.05 level of significance.

5. Conclusion

The findings showed that One fourth of the study sample were suffering from postnatal depression, this implies that there is a need for primary and secondary prevention. Majority of the postnatal women (61.54%) preferred male baby, Parents expect sons but not daughters and Most of the (80%) women with postnatal depression expressed violence against them. It is important for community nurses to listen to the antenatal women, counsel the antenatal women so that they can prepare themselves physically, mentally, socially. Nurse practitioner must adopt contemporary strategies such as meditation, therapeutic touch, and spiritual support to develop a sense of well being.

References

- [1] Weismann M, Olfson M. Depression in women: Implications for health care research. *Science*, 1995. 269; 799-801. Available from www.sciencemag.org/content/269/5225/799
- [2] Ghosh A, Goswami S, Evaluation of Post Partum Depression in a Tertiary Hospital, *The Journal of Obstetrics and Gynecology of India* (September – October 2011) 61(5):528-530 3. Roshni R Patel, Deirdre J Murphy, Tim
- [3] J Peters, Operative delivery and postnatal depression: a cohort study. *BMJ* 2005; 330:879-84. Available from http://www.uppitysciencechick.com/patel_ppd_csec.pdf.
- [4] Patel V, Rodrigues M, DeSouza N: Gender, poverty and post-natal depression: a cohort study from Goa, India. *Am J Psychiatry* 2002, 159:43-7. Available from www.centreforglobalmentalhealth.org/index.php?option

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