Original Article

Postnatal Depression in Middle Class Pakistani Women

Yasmeen Shah, Shafqat Mukhtar and Shaheen Razaque

Objective: To assess the presence of Postnatal Depression in middle class Pakistani women.
Material & Methods: This observational study was conducted in department of Gynaecology and Obstetrics Hameed Latif Hospital, Lahore from 1st November 2009 to 31st October, 2010.Women between the age of 20 to 40 presenting to the obstetrical unit for simple vaginal delivery and caesarian section were included and were observed for 40 post natal days. Any woman with co-morbid factors such as diabetes mellitus and hypertension were excluded from the study. The Edinburgh post natal depression scale was used to assess and identify postnatal depression.
Results: 250 women belonging to middle or upper social class were studied. 94 (38%) were identified with post natal depression. 5 needed referral to a psychiatrist; the rest responded to counseling and support. Educational level had a direct bearing on the condition. Most women had never heard of post natal depression.
Conclusion: Post natal depression affects a significant number of Pakistani women but is not recognized; there needs to be better education of women in general and obstetricians in particular to manage this condition.
Keywords: Post Natal Depression and Post Partum Depression.

Introduction

Post partum or postnatal depression is not considered to be common in our country, although many studies have been conducted on it internationally. It is a different and a more serious condition than "baby blues" which is only associated with hormonal changes and stress after delivery for a short period only.[1] Research papers suggest that post partum depression (P.P.D) affects 10 to 20% of newly delivered women.[2] It has been reviewed in literature that the reported figures vary between countries and even in a country according to areas and socioeconomic status from 5% to 60%. Other factors affecting the diversity are ethnicity, genetics and culture.[3] These women present with varied symptoms like fatigue, body aches, headaches, low feeling, helplessness, lack of appetite, agitation, social withdrawal and even self harm and suicidal tendency.[4] This may extend to a period of 19 months after delivery in rare cases.[5]

Women in our country do have lot of family support, yet they have problems with their husbands and in-laws especially if they have delivered daughters! The demand for a son is always there in our society. Women are stressed due to demands of infant care and other family members which they can't cope with. Although post partum depression is caused by both biological and psychological factors, genetic factors are important as well. Siblings of mothers who had post partum depression have increased risk of the condition. It has been suggested that hormones estrogen & progesterone may contribute to the condition but there is no strong evidence to support it. Women with antenatal depression may later develop post partum depression. Study following a group of women through pregnancy revealed that antenatal depression levels equal to post partum depression.[6] There is a correlation between stress during pregnancy, preterm delivery and low birth weight. Mothers with post partum depression show withdrawal and disengagement to the children. Problems in infants may be reduced or prevented if maternal depression is prevented and treated early. Treatment includes psychological counseling and social interventions whereas some serious cases benefit from anti-depressants.[7]

Material & Methods

This observational study was conducted at Hameed Latif Hospital Lahore in one year from 1st November, 2009 to 31st October, 2011 in all obstetric patients who delivered at Hameed Latif Hospital including SVD and C sections, under care of the author. Age of these women ranged between 20 to 39 years. Women with co-morbid conditions like diabetes mellitus, hypertension, PIH, thyrotoxicosis

e.t.c were excluded from the study. Data was collected in flow charts; scoring was done according to Edinburgh post natal depression scale. Women were observed for 40 postnatal days. All the women in the study filled the Edinburgh postnatal depression scale questionnaire at their 1st postnatal visit or after 1 week of C-section or SVD.

Results

Some patients did not find it difficult to convey their opinion. Presence of husbands and in laws was a hindrance in many cases. Patients were comfortable with their mothers and family only. Direct questioning revealed symptoms of depression and vague complaints. This required repeated visits. Once talked with them, they felt better. 90% of women did not know about this condition. 250 consecutive patients in 1 year were included.

Methods used included interrogation about feelings, moods, general well being on 1st postnatal day and during hospital stay and then to be followed on first postnatal visit and thereafter; patients were called according to symptoms, especially those with vague symptoms of aches, pains, insomnia and 'low feeling'. In this study, it was observed that many new 'moms' suffered from postnatal depression which manifested in various forms with different symptoms in different age groups and socioeconomic groups i.e lower middle class women were less sensitive and had fewer cases of PPD than upper middle class women, who were more sensitive, educated and had higher IQ level. Out of 250 patients, 94 (38%) patients were diagnosed as cases of PPD, out of which only 5 required psychiatric help. Other ladies felt better with postnatal counseling, family counseling sessions and support by their obstetrician at different occasions; occasionally mild anxiolytics helped control symptoms. Main symptoms were restlessness, insomnia, body aches, loss of appetite or over eating, migraine, crying, gastric upsets etc. They were advised regular exercise which helped probably through increase in endorphin levels. Yoga exercise advice, dietary advice and vitamins were given. Upper middle class was more responsive to the counseling than the lower middle class, education level being the main criteria followed by supportive role of the husband and family.

Discussion

There is a difference between western and eastern cultures in many aspects. Western women have more knowledge about antenatel exercise, postnatal sessions and exercises and how to cope with stress in this period. All these sessions are lacking in eastern community which need to be adopted. In more severe cases, pharmacotherapy is needed to expedite the treatment.[8] There is evidence that intensive psychological treatment can be as effective as antidepressants although it is much more time consuming and expensive.[9] Response to treatment is usually good with mild cases responding to counseling and cognitive treatment.[10]

Middle class women do not respond to questions about PPD in front of their husbands and in laws but they are open to discussion alone or when their mothers accompany them. In our community pressures on the women to deliver male babies is extraordinary. They are looked down upon if they deliver females and face sarcasm from husbands and in laws. Besides, physical violence by husbands is a major cause leading to postpartum depression. It is recommended that both new mothers and fathers should attend antenatal and postnatal sessions; men should be persuaded to be supportive for their wives during all this period when they are in real need of spouse support. It is important to get the new mother out of the feelings of guilt and rejection as soon as possible. Many women tend to hide their postnatal depression & try to appear 'fine'. However family members and friends notice the difference and suggest a medical checkup. Besides, stressful events after childbirth such as feeling of isolation and responsibilities about new baby can trigger depression. Women at greater risk to develop postnatal depression are those who have previous history of depression, bipolar disorders, schizophrenia, marital and family problems and financial problems. Talking to friends and family can help rather than bottling up the feelings. One can get help for baby care as this would get the mother some time off to rest. Health visitors have a very special role in postnatal visits; they can provide help, support & counseling. Cognitive behavior therapy is a psychological therapy that helps the mother change the way she thinks, feels & behaves.

Certain ways of thinking can 'trigger' depression. One has to change one's thought patterns by the help of these sessions. It is a lengthy and time consuming form of treatment. Antidepressants work well in postnatal depression but these drugs take 2-4 weeks to take full effect. It is seen that women discontinue medication after a week or so saying that it is not helping. Postnatal psychosis is an uncommon but severe form of depression.

Conclusion

Postnatal depression affects a significant number of women in Pakistan but unfortunately it is not recognized and under diagnosed in our country. There needs to be better standard of education of women in general and specially obstetricians in particular to tangle this condition in our middle class community. If untreated, it will not only affect the mother's health adversely but also have a bad impact on the whole family and new born infant care. Medical community needs to strengthen health visitor system so that women are visited at home for early diagnosis, counseling & treatment if needed. Our women need to be told that "it is not a sign of weakness if you talk about your depression." Severe forms of depression need psychological treatment that is cognitive behavior therapy or anti depressants after psychiatric check up. Unfortunately both these forms of treatment are not popular amongst our middle class society. Evidence suggests that developmental problems that occur in a baby because of a mother's postnatal depression may persist in some cases even when the mother has recovered.

Department of Obstetrics & Gynecology
Hamid Latif Hospital, Lahore
theesculapio@hotmail.com
www.sims.edu.pk/esculapio.html

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