

Antenatal Screening for Postpartum Depression

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Abstract

Background: To identify the risk factors for postnatal depression in antenatal patients and to detect the progression of depressive symptoms in postnatal period.

Methods: In this descriptive study, 150 pregnant women were screened at booking antenatal visit for Antenatal Depression (AND) and also for risk factors with regard to Postnatal Depression (PND). Patients having hypertension, diabetes, thyroid problem were excluded from the study. PND was assessed at 4 - 6 weeks postpartum by Edinburgh Postnatal Depression Scale.

Results : AND and PND were identified in 10% and 12.67% of the women respectively. All the women (100%) with AND in the current pregnancy and having past-psychiatric history developed PND. 60% of the women with previous history of AND and 90.90% of those having history of PND developed PND in current pregnancy. PND was found to be more common in low socio-economic group and in nulliparous women.

Conclusion: Antenatal focus on the proper screening of the risk factors may help to identify women at risk of postpartum depression.

Key Words: Pregnancy, Antenatal Depression, Postnatal Depression, Puerperium

Introduction

Depression that occurs during pregnancy is called antenatal depression and that occurring within 4 - 6 weeks post partum is called post partum depression. Depressive disorders in women are commonly associated with reproductive events. This association may be due to changing balance between estrogen, progesterone and other hormones that affect neurotransmitter function throughout a woman's life cycle. They may be related to psychosocial and economical stresses.¹ Its incidence in general is 20% in women compared with 10% in men. ² Depression among women peaks during child bearing age. Psychologists noted that delirium and liability of mood were common during pregnancy and after childbirth. They also noted many ways in which cases which occur after childbirth differ from ordinary mental illness.³

Increasing age, lack of education, domestic violence, loss of parent in early childhood, lack of social support, stressful life events and unwanted pregnancies may be associated with depression among pregnant women. The risk factors for postnatal depression include depression or anxiety during pregnancy, stressful life events during pregnancy or early puerperium, maternity blues, past history of depression and poor marital adjustments. The antenatal and postnatal period provide an ideal opportunity to screen women for these risk factors. ⁴

Untreated depression during pregnancy and postpartum period can impair mother infant bonding and attachment. Proper identification of these risk factors during antenatal period with collaboration of obstetrician and psychiatrist can reduce the morbidity associated with these type of disorders.⁵⁻⁷

Patients and Methods

This descriptive study was conducted over a period of 1 year in Obstetrics and Gynaecology Department of Pakistan Railway Hospital, Rawalpindi from March 2005 - August 2005 and KRL Hospital Islamabad from May 2006 - October 2006. All pregnant women who attended obstetrics OPD for booking antenatal visit were included in the study. Medical disorders like hypertension, diabetes and thyroid problems were excluded by history and physical examination. It was carried out in out patient department.

Women were then screened according to the specially designed questionnaire/ proforma for the risk factors for the development of postnatal depression and also for antenatal depression. Patients were interviewed in confidentiality in order to know the typical psyche of the patient. Questionnaire also included to ask about the attitude toward pregnancy, any attempt of induced abortion, past psychiatric history, family history of depression and past history of antenatal and postnatal depression.

Patients who had risk factors for PND or who had AND were classified as high risk patients. Patients who had AND were referred to psychiatry

department. Hamilton depression scale classified the patients as having mild, moderate and severe depression.

All the patients included in the study were followed up for the development of postnatal depressive symptoms by applying Edinburgh Postnatal Depression Scale at 4-6 weeks postpartum. If they developed PND they were referred to the psychiatry department for treatment and follow up.

Results

150 antenatal cases of age group 17 - 40 years were included in the study. Patients having antenatal depression (AND) were found to be 10% and 12.67% of the cases developed postnatal depression (PND) (Table 1). 60% of patients with history of AND in previous pregnancies and 90.90% of patients with history of PND in previous pregnancies developed PND in the current pregnancy. While 100% of patients with AND in current pregnancies developed PND in the current pregnancy . 100% of patients with past psychiatric history and 28.60% of the cases with family history of depression developed PND. Postnatal depression was found to be more common in low socio-economic patients 16% as compared to 11% in middle and 5% in high class patients . PND was more common in the 23 - 28 year age group (42.10%) (Table 2). PND was more common in multiparous women as compared to primiparous.(Table 3).

Table 1:Frequencies of AND & PND (n = 150)

	Frequencies	Percentages
AND	15	10
PND	19	12.70

Table 2:PND in different age groups(n=150)

Age Interval	PND in Present Pregnancies	
	Yes	No
17-22	10.50%	21.40%
23-28	42.10%	39.70%
29-34	31.60%	29.0%
35-40	15.80%	9.90%

Discussion

Postnatal depression continues to be a focus of clinical and research interest. ⁸ This is partly because the condition is so widespread, affecting between 10 - 15 % of women following childbirth and partly because evidence shows poor cognitive and behavioural

outcomes for infants of women with PND.

Table 3:PND in primiparous & multiparous women(n = 150)

	Total no. of cases	No. of depressed patients	%age of depressed patients
Primiparous	48	4	8
Multiparous	102	15	15

There is a general agreement that the aetiology of PND is multifaceted and the literature is now reasonably clear about which prenatal factors are associated with the condition. Family or personal history of mental illness, poor social support, previous history of PND, antenatal depressive symptomatology, unplanned and unwanted pregnancies have been consistently implicated. ⁹

In present study, it was found that AND was present in 15 (10%) and PND in 19 (12.67%) of the women. A study conducted at Thailand showed the prevalence of AND and PND 20% & 16.6% respectively. ¹⁰ In Pakistan, this incidence is even higher. A study done at Karachi in 2006 showed that 26 out of 75 females (34.6%) were found to have clinically significant depression according to EPDS. ¹¹

The present study recorded that 60% of the patients having history of AND and 90% of the patients having PND in previous pregnancies developed PND in the current pregnancy. This finding is in line with a study which shows that previous history of AND and PND are significant risk factors for the development of PND. Women who have experienced AND or PND have a 25 - 50% risk of recurrence with the subsequent pregnancy. ¹²

Studies reveal varying relationship of depression with parity, i.e., multiparous are more affected or primiparous? In present study multiparous are the most affected while a study from Hazara district reported primiparas to be affected more. ⁷

The most important and most significant risk factor for the development of postnatal depressive symptoms found in the current study was presence of antenatal depressive symptoms. A large number of studies conducted in different parts of the world support this finding of the present research. Antenatal depression is a strong predictor of PND. This fact is shown in a number of studies and research done on the risk factors for the PND. ^{14,15}

Conclusion

Risk factors for the postnatal depression

should be identified during antenatal period.

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