Assessment of Postpartum Depression among Mothers at Maternity Teaching Hospital in Erbil City-Iraq

*Awaz Aziz** *Mosleh S. Kareem*** *Abdulqadir Hussan Gardi****

ABSTRACT

Background and aim: Postpartum period is the period that is associated with intense physical and emotional changes leading to anxiety and mood disturbances. The study aimed to assess the level of postpartum depression and to find out the association between levels of postpartum depression with demographic characteristics of mothers.

Materials and method: A quantitative descriptive study, deals with 150 mothers who attending to the Maternity Teaching Hospital in Erbil City-Iraq. A questionnaire was used to collect the data from the period of 5th May 2015 to 4th August 2015. Data were analyzed by using descriptive and inferential statistical (percentage, frequency, and chi –square).

Results: the study shows that the majority of mothers age between (24-32) years was 46%, shows that the majority of sample (66%) was postpartum depressed also there were high significant relationship between some of demographic characteristics of mothers.

Conclusion: The study concludes that there majority of sample was Postpartum depressed and significant relationship with their some demographic characters of mothers at $P \geq 0.5$.

Recommendation: The present study recommends that health education programs should be carried out for postnatal mothers apply by nurses.

Keywords: Postpartum depressed, mothers.

INTRODUCTION

Postpartum period is the period that is associated with intense physical and emotional changes leading to anxiety and mood disturbances. There are three degrees of postpartum mood disorders, i.e., "baby blues", postpartum depression (PPD), and postpartum psychosis (Seyfried, 2003). The severity of depression in the postpartum period varies from a feeling of the "blues," to moderate depression, to psychotic depression or melancholia. Of women who give birth, approximately 70 percent experience an emotional letdown following delivery. The incidence of moderate depression is 10 to 16 percent. Severe, or psychotic, depression occurs rarely, in about 1 or 2 out of 1000 postpartum women. Symptoms of moderate postpartum depression have been described as depressed mood varying from day to day, with more bad days than good, tending to be worse toward evening and associated with fatigue, irritability, loss of appetite, sleep disturbances, and loss of libido. In addition, the new mother expresses a great deal of concern about her inability to care for her baby. These symptoms begin somewhat later than those described in the "maternity blues," and take from a few weeks to several months to abate. The etiology of postpartum depression may very likely be a combination of hormonal, metabolic, genetic, and psychosocial influences. Treatment of postpartum depression varies with the severity of the illness. Psychotic depression may be treated with antidepressant medication, along with supportive Psychotherapy (Townsend *et. al.*, 2008). In the first 3 months after childbirth, 14.5% of women have a new episode of major or minor depression, 10 to 20% of mothers are believed to suffer with depression sometime during their postpartum course, making postpartum depression the most common serious postpartum disorder. 50% of those with a positive screen actually have postpartum depression. Children of depressed mothers are more likely to have delayed psychological, cognitive, neurological, and motor development, and are at higher risk of avoidance and distressed behavior. Higher rates of depression may be seen in low-income or ethnically diverse populations.

A study of North Carolina women, 78% of whom received Medicaid, reported an increase in postpartum depression from 6.3% before routine formal screening to 35.4% using the Edinburgh postpartum depression scale and diagnostic evaluation. Another study of mostly Hispanic and black mothers from 2 inner city practices found 22% (27 of 121) of women to

* *Lecturer / College of Nursing / Hawler Medical University / awaz_22@yahoo.com*

** *Assistant Lecturer / College of Nursing / Hawler Medical University / mosleh.saber@yahoo.com*

*** *Lecturer / College of Nursing / Hawler Medical University / abdulqadergardi @Gmail.com*

have positive Edinburgh postpartum depression scale screens (Dwenda and Barbara, 2015). Early diagnosis of postpartum depression and identification of the risk factors involved will allow the 1healthcare provider to prevent it from developing into postpartum depression. Hence, this study was conducted to assess the possible correlates involved in postpartum depression in an urban society. This study was initiated to assess the Postpartum Depression among Mothers at Maternity Teaching Hospital in Erbil City-Iraq. This study aims to assess the levels of postpartum depression among mothers and It also aims to find out association between mother's levels of postpartum depression with their demographic characteristics such as (age, educational level and residential area, occupation, of mother's, and economic status.

SUBJECT AND METHODS

A quantitative descriptive study was used to assess the postpartum depression in Erbil city-Iraq. The study was carried out during the period from 5th May 2015 to 4th August 2015. A non-probability purposive sample was selected. The sample consisted of 150 mothers; the data were collected from Mothers at Maternity Teaching Hospital in Erbil City-Iraq. Data were collected by using socio-demographic characteristics of mothers and a standardized questionnaire which is called Edinburgh Postnatal Depression Scale (EPDS) was used to measure the level of postpartum depression. The EPDS contains 10 items and each item is rated on a four-point scale, giving maximum scores of 30. A score of 13 or more is considered to be a significant 'case' of postnatal depression, while scores of 10 to12 represent 'borderline' and 0 to 9 'not depressed (Sharan *et. al*., 2006). Ethical considerations: The ethical approvals for conducting the study and sample selection were obtained from the ethical committee of research in College of Nursing/ Hawler Medical University. Permission has been taken from mother before starting the interview. Informed consent to participate and maintain confidentiality was observed. Before data collection researcher explained the objectives of this study to mother request consent for participation in the study. Data were analyzed using statistical package for social sciences (SPSS, version 20) for Windows was used to analyze the data. Percentage and frequencies were used for categorical variables, crosstab test was used to indicate the association between the level of PPD and mothers socio-demographic characteristics.

RESULTS

Table (1): Socio- demographic characteristics of mothers

Socio-eco-demographic characteristics		No	%
Age Group (years)	15-23	61	40.7
	24-32	69	46.0
	33-41	20	13.3
Mean age 25.57years (5.47=SD)			
Number of Children	1-3	113	75.3
	4-6	34	22.7
	7-9	3	2.0
Gender of new baby	Male	80	53.3
	Female	70	46.7
Age of Marriage	12-17	8	5.3
	18-23	131	87.3
	24-29	11	7.3
Mean age 20.78 years (2.32=SD)			
Patient's Education	able to read and write	15	10.0
	illiterate	13	8.7
	primary school graduate	36	24.0
	secondary school graduate	47	31.3
	High school graduate	18	12.0
	Academic degrees	21	14.0
Patient's occupation	Free works	2	1.3
	Employed	19	12.7
	Retired	1	0.7
	Housewife	128	85.3
Residential area	Urban	110	73.3
	Rural	40	26.7

Economic status	Sufficient	33	22.0
	Somehow sufficient	106	70.7
	insufficient	11	7.3
Housing ownership	Owned	107	71.3
	Rented	43	28.7
Social life	Live with her husband	138	92.0
	Supportive	11	7.3
	Non supportive	1	0.7

Table (2): Postpartum Depression scale items

No.	Edinburgh Postnatal Depression scale		No	%
1	I have been able to laugh and see the funny side of things	As much as I always could	66	44.0
		Not quite so much now	70	46.7
		Definitely not so much now	12	8.0
		Not at all	2	1.3
2	I have looked forward with enjoyment to things	As much as I ever did	86	57.3
		Rather less than I used to	46	30.7
		Definitely less than I used to	14	9.3
		Not at all	4	2.7
3	I have blamed myself unnecessarily when things went wrong	Yes, most of the time	89	59.3
		Yes, some of the time	31	20.7
		Not very often	26	17.3
		No, never	4	2.7
4	I have been anxious or worried for no good reason	No, not at all	56	37.3
		Hardly ever	52	34.7
		Yes, sometimes	29	19.3
		Yes, very often	13	8.7
5	I have felt scared or panicky for no very good reason	Yes, quite a lot	53	35.3
		Yes, sometimes	58	38.7
		No, not much	36	24.0
		No, not at all	3	2.0
6	Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all	50	33.3
		Yes, sometimes I haven't been coping as well as usual	67	44.7
		No, most of the time I have coped quite well	28	18.7
		No, I have been coping as well as ever	5	3.3
7	I have been so unhappy that I have had difficulty sleeping	Yes, most of the time	40	26.7
		Yes, sometimes	65	43.3
		Not very often	43	28.7
		No, not at all	2	1.3
8	I have felt sad or miserable when my husband or family absent to my support	Yes, most of the time	52	34.7
		Yes, quite often	60	40.0
		Not very often	36	24.0
		No, not at all	2	1.3
9	I have been so unhappy that I have been crying	Yes, most of the time	26	17.3
		Yes, quite often	62	41.3
		Only occasionally	58	38.7
		No, never	4	2.7
10	The thought of harming myself has occurred to me	Yes, quite often	3	2
		Sometimes	16	10.7
		Hardly ever	41	27.3
		Never	90	60

Table (3): Levels of postpartum depression

Levels of postpartum depression	No	%
Not depressed	23	15.3
Borderline	28	18.7
Postnatal depressed	99	66
Total	**150**	**100**

Table (4): Association between Levels of postpartum depression and Socio-eco-demographic characteristics

Socio-eco-demographic Characteristics \ Levels of postpartum depression		Not depressed	Borderline	Postnatal depressed	P-value Chi-square Test
		F	F	F	
Age Group (years)	15-23	8	4	49	0.002 HS
	24-32	10	16	43	
	33-41	5	8	7	
Number of Children	1-3	17	15	81	0.015 S
	4-6	5	13	16	
	7-9	1	0	2	
gender of children	Male	13	15	52	0.942 NS
	Female	10	13	47	
Age of Marriage	12-17	2	1	5	0. .827 NS
	18-23	19	26	86	
	24-29	2	1	8	
mothers Education	able to read and write	2	4	9	0.292 NS
	Illiterate	2	0	11	
	primary school graduate	6	8	22	
	secondary school graduate	5	5	37	
	High school graduate	3	5	10	
	Academic degrees	5	6	10	
mothers, occupation	Free works	0	0	2	0.558 NS
	Employed	4	6	9	
	Retired	0	0	1	
	Housewife	19	22	87	
Residential area	Urban	17	23	70	0.481 NS
	Rural	6	5	29	
Economic status	Sufficient	10	7	16	0.012 VHS
	Somehow sufficient	13	21	72	
	Insufficient	0	0	11	
Housing ownership	Owned	18	25	64	0.028 S
	Rented	5	3	35	

RESULTS and DISCUSSION

Table (1) shows that the highest percentage of the mothers age (46%) were within the age group 24-32years old, while the lowest percentage of sample (13.3%) were within the age group 33-41years old; the mean and standard deviation of the mothers age were 25.57 years (SD=5.47). Regarding the Number of Children, it shows highest percentage of sample (75.3%) were within the number 1-3, while the lowest percentage of the sample (2%) were within the number 7-9. Regarding the gender of new baby most of studied sample were males (53.3%), while the lowest percentage of the sample (46.7% were females. Mean age of marriage was 20.78 years. Mother's Education s most of studied sample were secondary school graduated (31.3%), while the lowest sample were illiterate (8.7%). Also 85.3% of the mothers were housewife, only (0.7%) were Retired. The majority of sample (73.3%) was from urban area, others from rural area

(26.7%).Moreover, 70.7 % of mothers were of Somehow sufficient in economic status, while (7.3%) insufficient in economic status. Finally, the table one shows that 71.3% Owned house, only 28.7% was rented. Table (2) Concerning the Edinburgh Postnatal Depression questionnaire responses, Table (2) shows that the higher percentage of sample was answered the question 3 (I have blamed myself unnecessarily when things went wrong) responded by score (Yes, most of the time), while the lowest percentage of sample was answered the questions 1,3,7 and 8 responded by score (No, not at all). Table (3) clarified that the level of postpartum depression, shows that the majority of sample (66%) was Postnatal depressed, while (18.7%) was borderline; only 15.3% was not depressed. Table (4) shows that there were statistical high significant differences between mother's age group and level of postpartum depression. Regarding the number of children and level of postpartum depression there was significant differences statistically. Also shows that there was no statistically significant differences between mothers level of postpartum depression and gender of children, age of marriage, mothers occupation, education and residential area. Regarding the economic status shows that very high significant differences statistically between level of postpartum depression and economic status. However, significant differences statistically between level of postpartum depression and housing ownership. We evaluated depression in women from Maternity Teaching Hospital in Erbil city. The study was carried out during the period from 5th May 2015 to 4th August 2015. A non-probability purposive sample was selected. The sample consisted of 150 mothers with a majority of early-married, Mean age 20.78 years (2.32=SD), young housewives with limited education. In this study, we observed that more than 66% of women had a high level of postpartum depression, this results agree with the studies done by Halbreich U, and karkun S. (2006). On the other hand also supported with the studies done by Sharan *et. al.* (2006). reported that the prevalence of PPD in Asian cultures ranged from 3.3% to 63.3%, similarly And there was no significant difference based on marriage age and education level. In addition to mother occupation and residual area, this results agree with the studies done by Stern and Kruckman (1983). A study from Israel reported that lack of social support and marital disharmony are strong predictive risk factors of PPD (Mills *et. al*, 1995). A positive pattern of family relationships might be counted as one of the most important protective factors in the etiology of PPD. It is believed that traditional family relationships in the Kurdistan region are very close and strong; however, we observed that almost 34.7% of women complained of insufficient family support during pregnancy. These results supported our suggestion that family-related social variables may be important in the etiology of depression**.**

CONCLUSION

Depression in the postpartum 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.

RECOMMENDATIONS

The present study recommends that health education programs should be carried out for postnatal mothers apply by nurses. In addition, Health education in the hospital and health center should play a role in awareness of mothers about postpartum depression. The study also recommends that mass media should play a role in educating the family or the mother's concerning psychological problem during perinatal period.

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