



Effect of Postpartum Depression (PPD) on Indian Women's Health: A Literature Review

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ABSTRACT

Over the past few decades, the burden of mental diseases has increased. It has led to rising cases of psychiatric problems in people of various age groups. Postpartum depression (PPD) is a problem that affects women after giving birth. Psychiatric postpartum depression affects mothers shortly after giving birth to a child. Various risk factors are responsible for postpartum depression. Many women experience emotional symptoms during postpartum four to six weeks after delivery. Symptoms experienced in postpartum depression are mood lability, sadness, dysphoria, emotional confusion, and tearfulness. According to studies, the prevalence of PPD in India ranges from 4% to 48.5%. The exact cause of PPD is unclear; however, hormonal fluctuations during pregnancy and childbirth, genetic susceptibility, birth trauma as well as psychosocial and demographic factors may serve as potential risk factors. If women's get instance support to her family, especially her husband then she sure overcome this issue.

Keywords: PPD, Psychiatric, dysphoria, emotional confusion

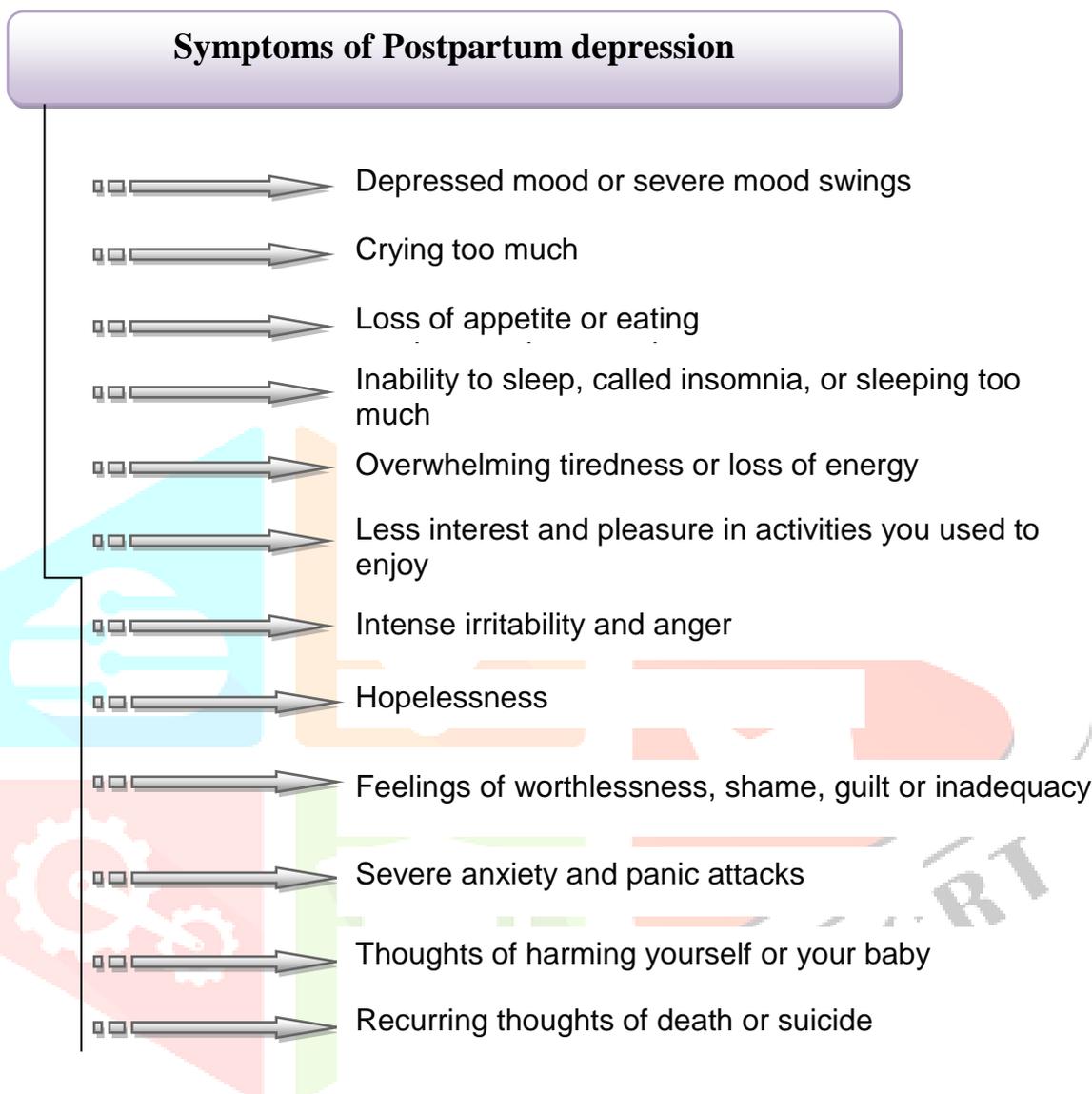
INTRODUCTION

Postpartum depression (PPD) is a serious mental health condition that can affect women who are pregnant or have recently given birth. It can cause intense feelings of sadness, anxiety, and despair that can make it difficult to perform daily tasks. Postpartum depression Symptoms usually develop within the first few weeks after giving birth. But they may begin earlier — during pregnancy — or later — up to a year after birth. Postpartum depression symptoms may include: Depressed mood or severe mood swings. In the another words PPD can occur up to one year after delivery, but usually begins about one to three weeks after childbirth. It can be mistaken for the baby blues, but the symptoms of PPD are more intense and last longer. PPD occurs in 10 to 15% of new mothers (1). Groups of women at higher risk include inner city women (50–60%) (2), mothers of pre-term infants (3) and adolescents (4, 5). Postpartum depression (PPD) is a common issue in India, with a prevalence of 19.8–23.3%. A 2017 WHO bulletin reported that the overall

pooled estimate of PPD in India was 22%. The prevalence of PPD varies by region in India, with the highest rates in the south (26%), followed by the east (23%), southwest (23%), and west (21%). A systematic review and meta-analysis found that The overall pooled estimate of the prevalence of postpartum depression was 22% (95% CI: 19–25). The pooled prevalence was 19% (95% CI: 17–22) when excluding 8 studies reporting postpartum depression within 2 weeks of delivery. According to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), PPD is a serious form of depression that begins four weeks following birth and continues for one year. Pregnancy and the period after delivery can be hazardous for women. Mothers undergo significant biological, emotional, financial, and societal changes during this time. Many postpartum women do not acknowledge the seriousness of their condition, and many depressed mothers go untreated. Untreated PPD is harmful to both the mother and the newborn. Postpartum depression can predispose to chronic or recurrent depression, which may affect the mother–infant relationship and child growth and development. Children of mothers with postpartum depression have greater cognitive, behavioural and interpersonal problems compared with the children of non-depressed mothers. The exact cause of PPD is unclear; however, hormonal fluctuations during pregnancy and childbirth, genetic susceptibility, birth trauma as well as psychosocial and demographic factors may serve as potential risk factors. The Edinburgh postnatal depression scale (EPDS) is a validated tool for postpartum depression screening. Its widespread use raised the rate of postpartum depression diagnosis, from 3.7% before screening to 10.7% after the screening, with 19.8% of women having an abnormal screening test result. Postpartum depression has an impact on the child’s behavior which affect the child’s health, growth, and development. Children's neurodevelopment and ensuing mental health are impacted by postpartum depression.

Symptoms of Postpartum depression

Postpartum depression may be mistaken for baby blues at first — but the symptoms are more intense and last longer. These may eventually interfere with your ability to care for your baby and handle other daily tasks. Its symptoms may include:



OBJECTIVES OF THE STUDY

The present study intends to explore how Postpartum Depression impacts women's health and what effect does it have on the child and mother.

LITERATURE REVIEW

Prevalence of PPD in India: According to studies, the prevalence of PPD in India ranges from 4% to 48.5%. The study, which included mothers who delivered naturally and by cesarean section in a hospital environment, reported the lowest (about 4%). The prevalence of PPD among women in India is estimated to be 18% based on the average score across all research. Agarwala et al., in a study that evaluated the mothers in the community, found that PPD was prevalent in new mothers at a rate of 21.5%.

Lanjewar, S., Nimkar., S. & Jungari, S. (2021) reported that Higher levels of postpartum depression in urban mothers affect the women and their children's health. His study concludes that lack of social and spousal support can be significant reasons for women going into postpartum depression. Research findings point to a need for integrating mental health of pregnant and newly delivered women with existing reproductive and child health (RCH) programmes in India.

Rajeev, S.P. et al. (2024) revealed that The study found a significantly low volume of studies conducted in India to determine the prevalence of postpartum depression. The reported prevalence rate of postpartum depression (PPD) in India varies across different studies, ranging from 4% to 48.5%. Among mothers who gave birth either naturally or by cesarean section in a hospital setting, one study reported the lowest prevalence rate (4%). The prevalence of PPD among women in India is estimated to be 18% based on the average score across all research. Many studies point to the lack of social support as a significant risk factor for mental health complications after delivery.

Masih, J., & Masih, C. (2022) suggested in his research that A major indicator of the well-being of a new mother is the support she gets from her family, especially her husband in taking care of her child and equally sharing the household work so that enough rest is provided to her to heal herself from postpartum depression. Long term PPD can prove to be hazardous for both mother and the child and evidences are mounting that working women are more vulnerable to PPD.

Bener, A. et al. (2012) reported that The prevalence of postpartum depression among the study sample was 17.6%. In his research, he found that Financial difficulties, prematurity, lack of family support, and poor marital relationships have been identified as main risk factors for developing postpartum depression.

CONCLUSION

Based on the above study, it can be concluded that in India Higher levels of Postpartum depression in Indian mothers affect the women and their children's health. It has negative implications such as less self-esteem, no self-confidence, feeling lonely and alone and even the urge to commit suicide. lack of social and spousal support can be significant reasons for women going into postpartum depression. After delivery, the shift of attention from mother to baby was also a significant association with postpartum depression. If women's get instance support to her family, especially her husband then she sure overcome this issue.

REFERENCES

1. Bener A, Burgut FT, Ghuloum S, Sheikh J. A study of postpartum depression in a fast developing country: prevalence and related factors. *Int J Psychiatry Med.* 2012;43(4):325-37. doi: 10.2190/PM.43.4.c. PMID: 23094465.
2. Hendrick V, Altshuler LL, Suri R. Hormonal changes in the Postpartum and implications for Postpartum Depression. *Psychosom.* 1998;39(2):93-101.
3. Masih, J. & Masih, C. Effects of Postpartum Depression (PPD) in Working Women. 2022, Vol 5 Iss 2. ISSN: 2582-3264.
4. Rajeev S. P., Nair GM, K. KK, Maria C. India's Silent Struggle: A Scoping Review on Postpartum Depression in the Land of a Billion Mothers. *Indian Journal of Psychological Medicine.* 2024;0(0). doi:10.1177/02537176241245773
5. Westerhof GJ, Keyes CL. Mental illness and mental health: The two continua model across the lifespan. *J Adult Dev.* 2010; 17(2): 110-19.
6. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10927066/>
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9573019/#:~:text=Over%20the%20past%20few%20decades,to%20six%20weeks%20after%20delivery>
8. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5689195/#:~:text=The%20overall%20pooled%20estimate%20of,within%20%20weeks%20of%20delivery>
9. <https://www.sciencedirect.com/science/article/abs/pii/S187620182100023X>

