

An Overview of the Prevalence of Postpartum Depression

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ABSTRACT

Postpartum depression is a prevalent disease that has undesirable effect on mother's and child's health. The postpartum depression symptoms are: lack of interest to activities, changing in appetite, fatigue, problem in having sleep, not caring the baby well, feeling guilty and the thoughts of suicide. The findings indicate that the depression prevalence in postpartum periods is different. Because of the fact that depressed patients impose large emotional and economical costs on family, society and themselves and cause irreparable damages to themselves and their babies, this article hence aims for consider the prevalence of postpartum depression and the factors related to it.

By considering and over-viewing the researches and experiments conducted before, this article is going to show that many women are significantly affected to postpartum depression which is ranged minimally between 7-36.7 % in various researches in which various economical, social, cultural, psychological and individual factors are affecting within.

There is a significant relationship between variables such as previous records of depression, the records of drug addiction, disaster in last months, marital disputes, changing in hours of sleeping, etc. and the prevalence of postpartum depression.

According to the results achieved from the current research and the relatively high postpartum depression and its relationship with stressors events of life, it is recommended that required arrangements are made for taking care of pregnant women's mental health along with health care of clinical networks in pregnancies, and the pregnant mothers must make use of supporting and training programs and the ways of dealing with depression and stress to play their maternal role in best and to bring up healthy children in the society.

KEY WORDS: postpartum depression, depression, stress.

INTRODUCTION

One of the interesting issues in medical and psychiatry science is the differences related to gender in getting affected to diseases and disorders. The differences related to gender in appearing depression can be initiated after the puberty and be continued during the pregnancy. Getting affected to depression is more prevalent among women than men in various forms. In general, the occurrences related to depression are mostly the causes of emotional problems among women. For instance, simultaneous depression with contraceptive drugs, menstrual-related depression, postpartum depression and the menopausal depression can be named. For this reason, the various mental and physiological mechanisms involved in this regard should be considered along with the relationship between women's reproductive performance and depression disorders [1].

None of the occurrences in women's life can be compared to glandular and neurological changes and the psychological states of pregnancy and childbirth [2].

Depression is prevalent in pregnancy and its prevalence is reported between 4%-29% [3,4,5].

Psychosis is appeared three days after the childbirth and it is identified with psychosis and depression. Later symptoms are suspicion, confusion, irrelevant speech, unreasonable talking, lack of interest to take care of baby or even having inclined to damage to oneself and or baby, and the amount of prevalence is one or two of thousands childbirth [6].

Based on the fact that the course of postpartum depression can be perpetuated and damaging outcomes are caused for the baby and many tortures for mother, this issue must

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therefore take for granted. Accordingly, the aim of this research is an overview to research results and current scientific resources for integrating the information and data concerning dealing with postpartum depression.

What is postpartum depression

Postpartum depression is a clinical syndrome which its symptoms are a depressed appearance and lack of being involved to activities, changing in appetite, fatigue, problems in having sleep, having problem in taking care of baby, feeling guilty and the suicide thoughts. Postpartum depression includes almost all the essential characteristics of depression along with sudden occurrences during the first four weeks after the childbirth [7].

Most women are affected to mood symptoms in postpartum periods (4-6 weeks after the childbirth). The symptoms relevant to baby blue are reported in most of these women which is a mood disturbance and is characterized by mood instability, feeling of unhappiness, feeling of dysphoric, mental confusion and weeping. These feelings, which may be taken a couple of days, have been attributed to women's rapid hormone levels changes, having stress of childbirth, becoming aware of increasing the maternal responsibilities. The blue of having a new child has another specialized treatment other than training and supporting the parturient. The assessment of postpartum depression is necessary if the symptoms will be taken over two weeks. The postpartum depression characteristics are: a depressed mood, an extreme anxiety, insomnia and changing in body weight. This disorder is generally initiated during 12 weeks after the childbirth [8].

A comparison between childblue and postpartumblue

characteristics	Childblue	Postpartum depression
The amount of appearance	50% of childbirth in women	10% of childbirth in women
The time of initiation	3-5 days after childbirth	During 3-6 months after the childbirth.
Duration	Some days to some weeks	Some months to some years if left untreated
Associated stressors factors	No, it can be seen in all cultures and social and economical classes.	There is a strong relationship
Mood disorder records	There is no relationship	There is a strong relationship
The family records of mood disorders	There is no relationship	There is a relationship to some extent
weeping	Yes	Yes
Mood instability	Yes	Often, but sometimes completely.....
Lack of feeling pleasure	No	Often
Sleep disorders	sometimes	There is sometimes a relationship
Thinking of suicide	No	In some cases
thinking of making damage to children	Scarcely	Often
Feeling guilty and incompetence	There is a relationship but in a slight form	There is often a strong relationship

There is no historical evidence indicating that "childblue" is occurred after a period of depression. Such a study indicates that postpartum depression increases the emerging of essential depression during life [8].

The history of postpartum depression

Historically speaking, Hippocrates is often known as the first one who recognized mental illness after the childbirth. However, it seems that what he described was puerperal psychosis that was so prevalent at that time [9]. In fact, there was no exact reference and individual division of the mental puerperal diseases up to the 17th and 18th centuries. Until some instances of patients affected to puerperal psychosis has been reported in French and German medical journals in that time. The most well-known person in describing the mental disorders was a French physician named Victor Luis Mars who was established new notions concerning the mental disorders of pregnancy and postpartum and the first one who proposed the effects of mental changes of the puerperal disorders on maternal moods [9].

Although most physicians of the 19th century was become familiar to puerperal psychosis, they were paid low attention to puerperal disorders. Until in the 1960s, Pit described an unknown depression that was less severe than that of puerperal psychosis, took a shorter period and affected mothers after the childbirth so soon, and it was the kind of disorder that was later named as postpartum blues. Finally, another form of postpartum disorder was reported during the 1980s in a form of more severe non-delirious depression disorder and was called postpartum depression [9].

Postpartum prevalence of depression and the related factors was performed in some research. Depression is prevalent in pregnancy and its prevalence has been reported in 4%-29% [3,4,5].

Ohera and colleagues indicated the amount of depression prevalence in 9% during the childbirth and 12% in postpartum using the research diagnostic criteria [6]. It has been identified in another research that 10% of the women during the pregnancy and 7% in postpartum was depressed [10].

In a research conducted by Negahban Bonabi and colleagues (2002) entitled as "postpartum depression prevalence in Rafsanjan pre-province in the year 2002, it was shown that 24.8% of mothers had significantly affected to depression. The variables such as depression records, marital disputes, the head and leg trauma records, convulsion, the records of disaster in the last 6 months before childbirth and the spouse's drug addiction have significant effects on postpartum depression. In addition, the suicide thoughts was 9.1% and the disappointment prevalence was 20.3% in this study [11].

In the study performed by Hapkins and colleagues (1984) and Richman and colleagues (1982), the results showed that there is a relationship between postpartum depression and the quality of marital relationship. Furthermore, there is a relationship between lack of support of the woman by husband and the severity of depression. [12,13].

Drug addiction has also been considered as a social problem that can be effective in the quality of marital relationship concerning the social issues, and the studies showed that postpartum depression is more prevalent in the women who have drug-addicted husbands than that of those who their husbands are not drug-addicted. This may be the reason why addicted husbands are not so supportive of their spouses, and this issue is a cause of more discontent among them [13,14].

The previous record of depression is involved in making depression in postpartum as a significant and effective variable. In a research in United Arab Emirates on 95 women accepted in New Dubai Hospital, it has been found out that there is a significant relationship between the records of mental disease and postpartum depression [15].

In a research conducted by Ghafarinejad and colleagues (1999) in a cross-sectional study in Kerman province, 400 women who had a childbirth from two weeks to two months were randomly selected and was experimented with depression test and the questionnaire related to individual characteristics. The research findings showed that 31.1% of them was depressed. Depression was more prevalent in the women who had childbirth for the first time or had the abortion and child death in the past and are unwillingly became pregnant [16].

In a research conducted in the west of Turkey in 2003, 317 women were randomly selected of 1337 ones who had childbirth in the west of Turkey during 6 months in Manisa city and 257 ones finally completed the criterion for assessing depression in individual characteristics questionnaire. It was resulted that 14% of these women are affected to depressive syndrome, and the number of the past living children, emigration, severe problem in child health, the past records of mental disorders, mental disorder of husband and having no sympathetic relationship with spouse's parents are among the factors effective in depression prevalence [17].

In a research performed by Najafi and colleagues (2004) entitled as "postpartum depression prevalence in Al-Zahra Hospital of Rasht in the year 2004, it was reported that 18.2% had mild depression and 1.8% had moderate depression, but no mother was in the group of severe depression. The depression prevalence was achieved 20% in this study. In a research performed in Netherland, the depression prevalence was reported between 7%-14% [18]. In another research with the same method, disorder prevalence was reported as 9.3% [19]. In a research performed in Canada with Edinburgh Depression Standard (EDPS), the disorder prevalence was 29.5% in the first week, 23% in the fourth week and in the 8th week was 20.5% [20].

In some other studies, disorder prevalence was 14% in Turkey [17], 36.7% in Chile [21], 13% in Sweden [22], 22.6% in Israel [23] and 19.8% in Hong Kong [24].

In a research conducted in Spain through clinical interview of the structure of SCID achievement, disorder prevalence was obtained 10-15% [25]. The psychological reference books also reported the disorder prevalence 10-20% [26]. However in the study conducted by Jafarpour and colleagues (2005) entitled "postpartum depression prevalence and its relationship with stressors occurrences in life (Kermanshah, 2005), it was shown that 17.5% of the subjects was affected to depression. The results also indicated that significant changes of quarrels with spouse, having problem with spouse's family, starting or ending of an academic course, changing of

residence location, couples separation, loss of property owned before and changing of sleeping hours have mostly been related to postpartum depression amongst the stressors events in life. There has also been a significant relationship between the numbers and severity of stressors occurrences and postpartum depression in this study [27].

In a study conducted by Jafarpour and colleagues (2005), postpartum depression prevalence was reported 17.5% and this finding is compatible with the ones conducted before [28,29]. The study performed by Herrick showed that 7.5% of women are experienced the postpartum depression [30]. In the study performed by Chandran and colleagues it was found out that 11% of women are affected to postpartum depression [31].

The reasons why the research results are different

1. Various methods and tools have been used in considering the depression prevalence in different studies which are different from each other in terms of sensitivity and specialty.
2. This studies are performed in various seasons in which seasonal changes and the difference in the amount of received light may be effective in the amount of emerging depression [32].
3. This studies are performed in different postpartum times and not all of them was done in a specific period of time.
4. Cultural, social and economical differences in various communities can be the reasons why the achieved results are different [33].

RESULTS AND DISCUSSION

The occurrences and processes of reproduction have deep psychological evidences which some of them are lead to obvious mental trauma [8]. Postpartum depression is one of these occurrences that which has an undesirable effect on the child's cognitive and emotional progress and are affected them to behavioral disorders and delayed learning [34].

In addition, postpartum depression outcomes may be emerged as neglecting of children, disintegration of the family and making damages to oneself and suicide concerning mother, child and family. Short-term damages of mother and child resulted from depression symptoms such as anorexia and apathy should also be brought into consideration. The depressed mothers have less interest for appropriate nutrition which is directly related to child health. The exact identifying and treatment of this disorder is therefore necessary.

Various economical, social and cultural factors have many effects in this kind disorder in different researches, and there is an obvious relationship between stressful occurrences on the life and postpartum depression prevalence. Because of the fact that drug treatment of postpartum depression is so hardly occurred because of the danger of transferring anti-depressive drugs within babies' milk and his/her body [8], hence every research in pregnant women's emotional conditions and their problems can be as the first steps in reducing the postpartum depression prevalence.

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