CONCLUSION

CONCLUSION

From our results, the following conclusions could be summarised:

- Because maternal mood disturbances during pregnancy and puerperium may affect developmental outcomes in the child so maternal mood must be a focus of research and clinical attention.
- As regard the prevalence of depression in this study, we found it to be 12.41% during pregnancy and to be 13.5% during postpartum period which is similar to the expected prevalence rate of 10 -15% reported in most studies taking into consideration different tools used, different time of examination and the nature of cross sectional type of study.
- In this study, we found tendency of depressed pregnant and postpartum to be associated with some social factors that include: younger age, low parity, shorter interval between pregnancies, not working, low social class, premorbid introverted personality, subjective feeling of sever stress and marital conflict.
- In this study, we found tendency of depressed pregnant and postpartum to be associated with non working mothers. This result could reflect the benefit of employment and social and professional contact with others which increase self esteem, confidence and sense of independency.
- While in some studies, positive family history of mental illness and positive history of psychiatric illness of husband were reported to be associated with antenatal and postnatal depression, we did not find such association.
- Perinatal depression was found to be infrequently associated with history of premenstrual tension syndrome.

- Past history of depression was found to be infrequently associated with antenatal depressed patients, while, mostly associated with postpartum depressed patients.
- Some obstetric risk factor were found to be associated with postpartum depression including: CS delivery , stoppage of lactation before 3 months , bad health of baby, female sex of baby , negative attitude towards sex of baby by mother and father, unplanned pregnancy and history of depression during pregnancy.
- Early identification of potential risk for periatal depression should include assessment of sociodemographic data, personality, psychiatric history and recent life events as well as past and present obstetric risk factors.
- Apart from questions about psychiatric history, a psychosocial history in early pregnancy including stressful life events, poor marital adjustment and employment status could help the health professionals to identify women at risk for recurrent or sustained depression during pregnancy and the year after giving birth.
- Recognizing and treating depression should be initiated during the antenatal, rather than post-natal period. Proper identification of these risk factors during antenatal period with collaboration of obstetrician and psychiatrist can reduce the morbidity associated with this group of disorders.
- Promoting the recognition and management of antenatal depression in pregnant women may be of interest for the prevention of postnatal depression.