
Prevalence and risk factors of depression related to pregnancy and puerperium at benha hospital university

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- More. attention needs to be directed to understanding the role of co -occurring risk factors, which may contribute both to onset and maintenance of maternal depression and to the adverse child outcomes.
- Further studies for each of the significant risk factors individually with different methodology and with control of other risk factors.
- It remains a topic for research to determine whether these factors are etiological or a mere association or a resultant of the psychological pathology.
- There are great discrepancies between studies. It may be linked to the difference in the sampling and the methods of assessment in different studies. So, the use of a standard rating scale specifically designed to assess PND as EPDS is recommended.
- Use of EPDS as a screening measure is recommended. The scale is well accepted both by the mothers and the nurses, and its use significantly increases the number of identified cases of PND. In baby health office clinic nearly all postnatal women attend with their children for immunization. So it will be a suitable place for screening.
- The majority of women with high level of depression in postnatal period also reported elevated symptom of depression at early, mid or late pregnancy. So, it is possible to target a substantial percentage of those women who are at risk for PND. Screening for psychological morbidity in late pregnancy may be useful in identifying women at risk antenatally who may develop PND.
- In order to minimize the adverse effects of PND on the mothers and her family, intensified interdisciplinary collaboration between the professionals in the child health care system and those in general psychiatry is called for. Educational programmes should be offered to them stressing on the differentiation between normal emotional responses and pathological mood states. A team of general practitioner, a psychiatrist, a psychologist and social worker should be regularly included in pre and postnatal care. They prepare the mother for the conflict that she had to face concerning the concept of pregnancy, delivery and her role inside and outside the household.
- Women with first pregnancy may benefit from attending, together with their spouse, special family classes offering them psychological support in facing the normal transition of becoming a parent. Psychological support, birth education and discussion about delivery in early pregnancy will give a positive effect on fear of child birth. Some women may also benefit from continuing this support during the puerperium.
- Strategies concerning how to develop antenatal care aimed at decreasing maternal depression should also

take the spouse into account. Care should not be restricted to the mother but should involve the father and possibly other siblings to prepare the family for the new comer. • The direction is for prevention of antenatal depression to decrease the risk of using pharmacological agents for the treatment of depression during pregnancy. • Preventive interventions might include antenatal guidance for parenting, counselling of gender role stress, and development of support groups for postnatal couples in making a smoother transition. • Clinicians who come in contact with new mothers need to be alert to the range of possible symptoms that postpartum depressed mothers may experience so that these women are not left to suffer in silence .. Q\$ 129 & • Antenatal focus on psychological wellbeing of the mothers may help to identify women at risk of PND. 20% of severe PND would become chronic and delay of treatment is the greatest risk factor in the development of chronic depression. Thus, special attention should be given to women at risk to ensure early identification and adequate treatment. • Normal vaginal delivery is recommended as it was found to be positively correlated with satisfaction of delivery and decrease risk of PND. Women with emergency cesarean section or severe pain should be psychologically supported by staff during delivery .. Cesarean delivery carries considerable disadvantages in terms of pain and trauma of an abdominal operation and complications associated with it. However, the CS rate is constantly on the rise. Hence, there is a need to evaluate the views of women undergoing cesarean deliveries and to ascertain the role of women in decision making regarding mode of delivery. • The strong association between not breastfeeding the baby and increased risk of PND may be an important observation which might help healthworkers at the maternity ward to identify women with depression who need extra care. Engorgement of breastfeeding is recommended if we considered its association with PND as a risk factor. • Attention must be given to anxiety symptoms as it has been neglected in contrast to depression in perinatal psychiatry although anxiety is a common disorder that responds well to psychological treatment. • Screening for depression is recommended for pregnant women with unintended pregnancy, with marital problems and with past psychiatric history. • Role of family physician in education of pregnant women to raise their awareness.