

**The rate of Depression during Pregnancy
and Post Partum Period in Primary Health
Care Unit in Inshas El Raml, Belbas -
Sharqia Governorate**

Thesis

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Neuropsychiatry

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سبحانك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

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List of Abbreviations

ACTH	: Adreno-corticotropic hormone
CBT	: Cognitive behavioral therapy
CRH	: Corticotropin-releasing hormone
DAS	: Dyadic Adjustment Scale
DSM	: Diagnostic and Statistical Manual of Mental Disorders
ECT	: Electroconvulsive therapy
EPDS	: Edinburgh postnatal Depression Scale
EPI info	: Is a statistical software for <u>epidemiology</u> developed by <u>Centers for Disease Control and Prevention</u> .
FDA	: Food and Drug Administration
HAMD-17	: Hamilton Rating Scale for Depression
HPA	: Hypothalamic-pituitary-adrenal
ICD	: International Classification of Diseases
IPT	: Interpersonal psychotherapy

List of Abbreviations

NICE	: National Institute for Health and Clinical Excellence
NRI	: Norepinephrine reuptake inhibitors
PPD	: Premenstrual dysphoric disorder
PPHN	: Persistent pulmonary hypertension
PPOCD	: Postpartum Obsessive Compulsive Disorder
PPP	: Postpartum Psychosis
PPPTSD	: Postpartum Post Traumatic Stress Disorder
PUFAs	: Polyunsaturated fatty acids
SCN	: Suprachiasmatic nucleus
SSRIs	: Selective Serotonin Reuptake Inhibitors
TCAs	: Tricyclic antidepressants

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Introduction

Despite the belief that pregnancy is a time of happiness research has shown that many women experience depression during pregnancy **(Gaynes et al., 2005)**.

Depression can cause moodiness, irritability, changes in sleep patterns, sexual interest or appetite and inability to carry on with daily activities, in the most severe cases depression can cause thoughts of harming others or oneself. Prevalence rates of perinatal depression which occurs during pregnancy or at some point within the first postpartum year are similar to those in general population affecting 10-15% of women and up to 28% of women living in poverty **(O'hara and Swaim, 1996)**.

Depression is twice as prevalent in women as in men **(Kessler et al., 1994)**. The mean age of onset of depression for females ranges from the early 20s to early 30s coinciding with the child bearing years of a woman's life **(Weissman and Olfson, 1995)**.

For most women pregnancy is a time of positive expectation but may also be a time for psychological and physiological challenge. It is accompanied by hormonal changes and can represent a time of increased vulnerability for the onset or return of depression **(Smith et al., 2011)**.

Depression is currently the leading cause of disease related disability among women worldwide (**Gaynes et al., 2005**).

Perinatal depression has far-reaching consequences, affecting not only the women but also their children and relationships. Many consequences can arise among affected women, including poor perinatal care (**Kim et al., 2006**) increased social stress (**Flynn et al., 2007**) and poor quality of life (**Orr et al., 2007**).

Consequences for infants range from immediate risks, such as preterm delivery (**Suri et al., 2007**) and neonatal complication (**Alder et al., 2007**), to longer term sequelae, such as impaired neurological, cognitive, emotional and social development (**Milgrom et al., 2004**). In addition mothers with depressive symptoms have been found to have more complex behavioral interactions with their children, to be less responsive and sensitive and to be more intrusive in their interactions. Their children are more likely to develop an insecure attachment to their mother (**Campbell et al., 2004**).

For years, very little attention has been paid to the connection between antenatal and postnatal depressive symptomatology. However, more recently, both researchers and healthcare professionals have started to consider the

possibility that a continuum exists. The strongest predictor of perinatal depression is a history of depression **(Leigh and Milgrom, 2008)** and previous perinatal depression **(Howell et al., 2006; Dietz et al., 2007)**. Scholars have found that among women with postpartum depression, over 50 % had depression Identified either before or during the pregnancy **(Dietz et al., 2007)**.

Depression in pregnant women often goes unrecognized and untreated in part because of concerns about the safety of treating women can be difficult because its symptoms mimic those associated with pregnancy such as change in mood , energy level , appetite and cognition . Depressed women are more likely to have poor perinatal care and pregnancy complication such as nausea, vomiting and preeclampsia **(American Psychiatric Association, 2009)**.

Rationale

The prevention of perinatal depression is not reliable so early detection is the best approach. Screening all women is logical because no women can be considered risk free (*Dossett, 2008*). Antenatal depression is a predictor of postnatal depression (*Wissart et al., 2005*). The strongest argument for routine screening of all pregnant and postpartum women is the fact you can't tell simply by looking that a woman is depressed (*Wisner et al., 2002*).

Hence the perinatal depression affects healthy life quality and security of life for mother and baby as well as for other members of the family, the early detection is important.

Hypothesis

Perinatal depression affects pregnant women and women in postpartum period.

Aim of the Work

1. To determine the rate of depression in pregnant female and postpartum depression in women attending to primary care unite in Inshas El Raml, Belbas-Sharqia Governorate.
2. To study socio-demographic and clinical factors that can influence or predict perinatal depression.
3. To study marital adjustment in perinatal depressed women.

CHAPTER 1

Perinatal Depression

Perinatal depression refers to major and minor episode during pregnancy (termed antenatal) or within the first 12 months after delivery (termed postpartum or postnatal). The term maternal depression has also been used with perinatal depression. Both scientific research and public awareness have focused primarily on postpartum depression. However, it is now recognized that antenatal depression is just as problematic (perhaps more) as postpartum depression, and the two might be a continuum reflecting an underlying chronic condition among women during pregnancy and thereafter (*Leung & Kaplan, 2009*).

The term “postpartum depression” is an umbrella, which encompasses several mood disorders that follow childbirth. It is vital to distinguish between these, as each may require very different treatment or none at all. These mood disorders overlap in symptomology, but have unique, differentiating features (*Perfetti et al., 2004*).

The “baby blues” describes the most common mood disturbance in new mothers (50-80%), with an early onset, peaking at day five, and full resolution 10-14 days post-