ROLE OF FAMILY PHYSICIAN IN SCREENING OF POSTPARTUM DEPRESSION WITHIN SIX WEEKS AFTER DELIVERY

Thesis

Submitted in partial fulfillment of master degree in Family medicine

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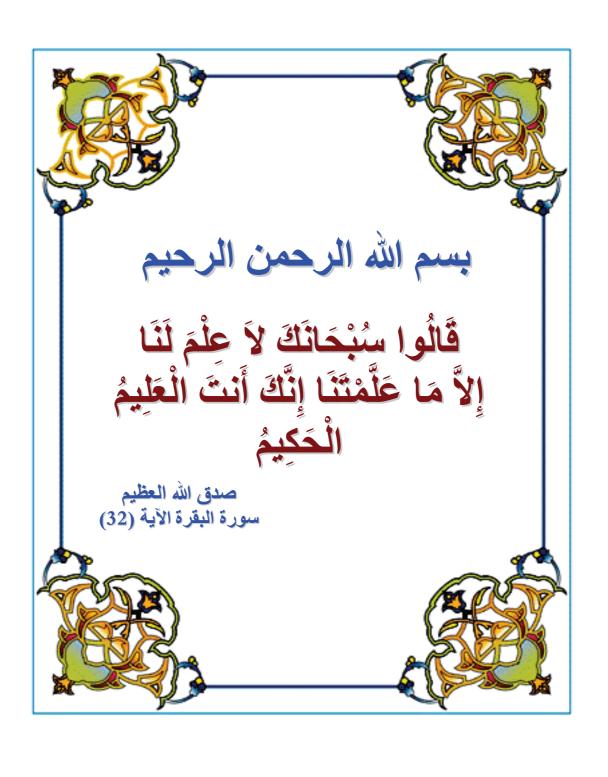
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Abstract

Background

Depression is the most frequently occurring psychiatric condition among women of childbearing age. Postnatal depression (PND) is estimated to affect approximately5–13% of women within the first year after the birth of a child with the greatest risk occurring in the first five weeks after the birth.

Objective:-

The objectives of this study is to determine the prevalence of postpartum depression and factors associated with this depression among women attending primary health care unit of AL Darassa.

Methods:-

This is a cross sectional study carried out on 100 postpartum females attending the primary health care of AL Darrasa at Cairo city using (EPSD).

Results

It was found that at 7th day postpartum 63% of studied females were depressed and 37% were not depressed while at 21st day postpartum 52% of them were still depressed and 48% were not depressed. It was found that having female baby increases the risk of postpartum depression both on the 7th day and on the 21st day postpartum. It was also found that being educated increase the liability to get depressed.

Conclusion

PPD is more common than many clinicians realize affecting not only the mother but also the whole family. Having female baby and education is considering risk factors for PPD.

We recommended using the post partum depression questionnaire routinely in all centers which offer services to the mothers either in the primary health care units or obstetrics clinic

Key words:-

(Postpartum depression (PPD) –EPDS- screen)



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List of Abbreviation

ACOG:- American College of Obstetricians and Gynecologists

WHO:- World Health organization

NICE:- National Institute for Health and Clinical Excellence

PPD:- Postpartum depression

USPSTF:- USA Preventive Services Task Force.

IQ:- intelligence quotient

PMD:- postpartum mental disease

BDI and BDI-II:- The beck Depression Inventory I-II

BPDS:- Bromley Postnatal Depression Scale

CES_D: Center for Epidemiologic Studies Depression Scale -

CIS:- Clinical Interview Schedule

DIS:- Diagnostic Interview Schedule

EPDS:- Edinburgh Postnatal Depression Scale

GHQ:- General Health Questionnaire

IDS:- Inventory of Depressive Symptomatology

PDSS:- Postpartum depression screening Scale

Zung SDS:- Zung Self-Rating depression scale

MMD:- maternal mental disease

PMS:- Premenstrual syndrome

HPA: - hippocampus axis

CRH: cortisone releasing hormone

PND postnatal depression

GHQ General Health Questionnaire



Lists of Tables

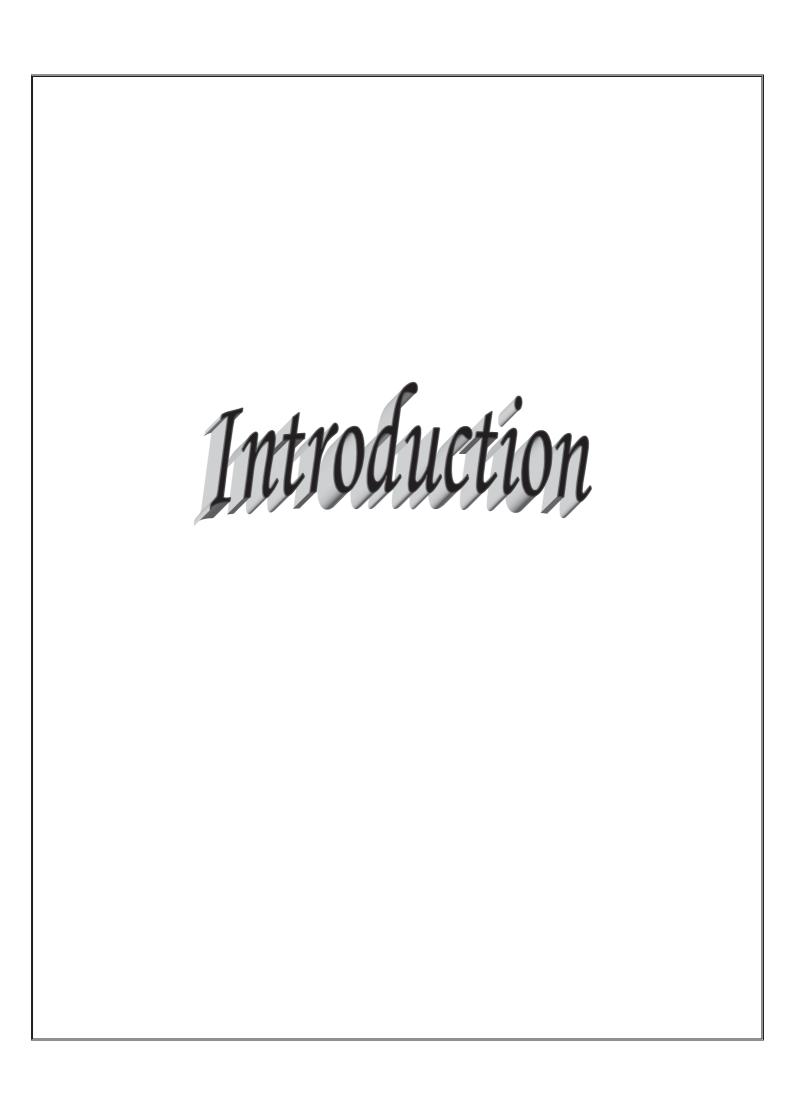
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INTRODUCTION AND AIM OF THE WORK

By 2020, the World Health Organization has predicted that depression will be the "second leading cause of global disability burden" and that one in four women will suffer from a mood disorder during their lifetime (WHO, 2007)

The World Health Organization has estimated that for women of childbearing age, depression is the leading cause of disease burden Worldwide (WHO, 2001).

The World Health Organization (WHO) has designated the first 28 days after birth as the neonatal period. Although it has never been officially designated, the postpartum period is considered to start about an hour after the delivery of the placenta and is complete six weeks after birth. After six weeks, the mother's physical status will largely return to the non pregnant state in most instances (WHO 2009)

Traditionally, postpartum depression has been used as a term covering all symptoms of depression associated with childbirth . However this is an over-generalization of an illness that causes a variety of symptoms in varying degrees of severity. The common categorization of postpartum depression divides the illness into three major types of depression, dependent on the symptoms: baby blues, postpartum depression, and postpartum psychosis (**Strass**, **2002**).