

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*

Presented by

Ehsan Mousa Abd EL-Motaleb Mousa
(M.B.B.Ch.)

Under supervision of

Dr. Mohamed Yossry Abd EL-Mohsen

*Professor of psychiatry
Faculty of medicine - Cairo University*

Dr. Mohamed Hassan Mustafa

*Professor of obstetrics and gynecology
Faculty of medicine - Cairo University*

Dr. Marwa Mustafa Said

*Lecturer of family medicine
Faculty of medicine - Cairo University*

**Faculty of Medicine
Cairo University
2013**



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ
الْحَكِيمُ

صدق الله العظيم
سورة البقرة الآية (32)



Acknowledgement

First of all, the great thanks to **GOD** who enabled us to complete this work hoping to provide a useful guide to the scope of the postpartum depression.

I would like to express my deep gratitude and appreciation to **DR. Mohamed Yossry Abd EL-Mohsen**

Professor of psychiatry Faculty of medicine, Cairo university, for his kind supervision and support, without his continuous guidance and encouragement this thesis would have never seen light.

I am just as much indebted to **DR. Mohamed Hassan Mustafa** Professor of obstetrics and gynecology Faculty of medicine, Cairo University, every step and every detail in this work have been kindly assisted and supported by his effort and care.

A special measure of appreciation is extended for **DR. Marwa Mustafa** Lecturer of Family medicine Faculty of medicine, Cairo University. She offered me the utmost care, invaluable advice and unlimited support.

Also would like to thank every mothers who offer up some of their valuable time in an often hectic early postpartum period to precipitate in this research .

Lastly, I am also indebted to every one who assisted me in this work. And to my family.

Abstract

Background

Depression is the most frequently occurring psychiatric condition among women of childbearing age. Postnatal depression (PND) is estimated to affect approximately 5–13% 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 (EPDS).

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)

List of content

List of contents

| | Pages |
|---|----------|
| List of abbreviation | I |
| List of Tables | II III |
| List of figures | IV |
| Introduction and Aim of the work | 1 |
| Review of literature | |
| Chapter (1) : postpartum depression | |
| • Definition and General view | 4 |
| • Historical prospective | 6 |
| Chapter: (2) | |
| • Epidemiology of postpartum depression | 9 |
| • Risk factors of postpartum depression | 10 |
| • Etiology of postpartum depression | 15 |
| • Types and severity of postpartum depression | 18 |
| • Investigation | 25 |
| Chapter (3): | |
| • Screening of postpartum depression | 27 |
| • Detection of postpartum depression | 29 |
| • Screening instrument | 30 |
| • Postnatal depression scale | 32 |
| • Time of screening | 33 |
| Chapter(4):- THE EFFECT OF POSTPARTUM DEPRESSION ON THE FAMILY Role of family physician as a healthcare professional | 35 46 |
| Methodology | 53 |
| Results | 58 |
| Discussion | 76 |
| Conclusion and recommendation | 84 |
| Summary | 86 |
| References | 89 |
| Appendices | 104 |
| Arabic summary | i |

List of abbreviations

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 |

List of tables

Lists of Tables

| Table | | Page |
|-------|--|------|
| 1 | Review:- Comparison between different type of screening tools | 32 |
| 1 | Results :-Distribution of studied population according to socio-Demographic Variables | 59 |
| 2 | Severity of depression among the studied population | 61 |
| 3 | Relationship of Depression and Age of Mother at 7 th day post partum | 62 |
| 4 | Relationship of Depression and Age of Mother at 21 st day post partum. | 62 |
| 5 | Relationship of Depression and the order of child at 7 th day postpartum | 64 |
| 6 | Relationship of Depression and the Order Child and postpartum depression at 21 st day | 64 |
| 7 | Relation of Gender of the baby & the depression at 7 th day postpartum | 66 |
| 8 | Relation of the outcome of pregnancy (Male – Female) and postpartum depression at 21 st day | 66 |
| 9 | Relation of Education level and post partum depression at 7 th day postpartum. | 68 |
| 10 | Relation of Education level and postpartum depression at 21 st day | 68 |

| | | |
|-----------|---|-----------|
| 11 | Relation of Residence and postpartum depression at 7th day postpartum. | 70 |
| 12 | Relation of Residence and Postpartum depression at 21st Day postpartum. | 70 |
| 13 | Response to Q1:-ihave been laughing and seeing the funny side of things | 71 |
| 14 | Response to Q2:-Ihave looked forward with enjoyment to things | 71 |
| 15 | Response to Q3:-I have blamed myself unnecessarily when things went wrong | 72 |
| 16 | Response to Q4:-I have been anxious or worried for no good reason | 72 |
| 17 | Response to Q5:-Ihave felt scared or panicky for no very good reason | 73 |
| 18 | Response toQ6: - Things have been getting on top of me | 73 |
| 19 | Response to Q (7):-I have been so unhappy that I have difficulty sleeping | 74 |
| 20 | Response to Q8:-I have felt sad or miserable | 74 |
| 21 | Response to Q9:-I have been unhappy that I have been crying | 75 |
| 22 | Response to Q 10:-The thought of harming my self was occur to my | 75 |

List of figures

List of Figures

| Figures | | Page |
|---------|---|------|
| 1 | Prevalence of depression among studied population at 7 th day and 21 st day | 61 |
| 2 | severity of depression at 7 th day and 21 st day | 61 |
| 3 | Occurrence of depression and the age of the mother at 7 th day postpartum | 63 |
| 4 | occurrence of depression and age of the mother at 21 st day postpartum | 63 |
| 5 | Occurrence of depression and the order of child at 7 th day postpartum. | 65 |
| 6 | occurrence of depression and order of child at 21 st day postpartum | 65 |
| 7 | Occurrence of depression and the gender of baby at 7 th day postpartum. | 67 |
| 8 | Occurrence of depression and the gender of baby at 21 st day postpartum. | 67 |
| 9 | Occurrence of depression and the level of education of the mother at 7 th day postpartum. | 69 |
| 10 | Occurrence of depression and the level of education of the mother at 21 st day postpartum. | 69 |

Introduction



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)**.