

Postpartum: Unpacking the Current Concerns and its Assessment

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ABSTRACT:

The postpartum period covers a critical transitional time for a woman, which includes the changes in relationships between couples and within families. It is also commonly a cause of additional financial stress, even among households with relatively high incomes. Many stress-causing factors can lead to the development of postpartum depression. Hence this study was carried out to evaluate and assess maternal concerns, maternal morbidities, the prevalence of postpartum depression, and the effectiveness of counselling on overall maternal needs. A Cross-Sectional Descriptive Study was carried out among 150 postpartum women for 6 months. Data was obtained by conducting direct interviews with the subjects which were recorded in data collection form. Here, in this study, Maternal concerns were assessed by a self-prepared maternal concern assessment tool, and the prevalence of postpartum depression was assessed by EPDS. The goal of this study is to embrace imperfections, promote well-being, and provide a nurturing environment for new moms by assessing and determining various concerns faced by them in their postpartum journey and how counselling regarding postpartum concerns was found beneficial.

KEYWORDS: Postpartum depression, Maternal morbidity, Psychological distress, Emotional support, Maternal concerns.

INTRODUCTION:

Pregnancy and childbirth are associated with dramatic changes in a woman's body shape and size, and for many women, these changes are perceived negatively, resulting in body dissatisfaction, or a negative body image. Other studies have demonstrated a relationship between postpartum body dissatisfaction or poor body image and depressive symptoms or psychological distress (1). Most maternal problems and deaths can be prevented or reduced if women had access to, or visited maternal health services during pregnancy, childbirth, and the postnatal period (2). The postpartum period is an important period for sexual health, with the World Health Organization (WHO) recommending that it should be addressed. Factors such as pregnancy, mode of delivery, contraceptive method, parity, educational status, desire for additional baby, and the demand of the partner for intercourse and residence are associated with the early return to postpartum sexual activity (3).

The postpartum period is both a happy and stressful time for a woman and her family. 42% of women in the US suffer from physical and cerebral torture due to perceived incapability to watch for their invigorated.

Floundering with the demands of minding a child, differences in body image, and changes in family composition are also possible stressors (4). Cognitive behavioral therapy is an effective intervention for people suffering from PTSD, but there has been little research into early interventions to reduce acute stress response disorders in women who experienced a stressful birth. Three studies tested the effectiveness of a single debriefing session following childbirth (5).

Yet, there is little reliable information on the prevalence of maternal morbidity and postpartum quality of life (QOL), especially in low-income settings. The latter has partly been due to the absence of appropriate measuring instruments until quite recently when the Mother Generated Index (MGI) and the Maternal Postpartum Quality of Life (MAPP-QOL) questionnaires have become available (6).

Children of mothers with postpartum depression have greater cognitive, behavioral, and interpersonal problems than those of non-depressed mothers. India is experiencing a decline in maternal mortality, and the focus of care will shift towards reducing maternal morbidity, including mental health disorders. However, there is a lack of robust evidence that looks at the overall burden and associated risk factors (7).

STUDY METHODOLOGY:

STUDY DESIGN:

This study was designed as a Cross-Sectional Descriptive Study, which was carried out in Eraviperoor Grama Panchayath for a time-period of 6 months. The sample size was determined to be 150 postpartum women, who were included based on the predetermined inclusion criteria. The study was initiated after obtaining approval from the Institutional Review Board of Nazareth College of Pharmacy, Othara, Thiruvalla.

For this study, a set of pre-determined criteria were developed:

- **Inclusion criteria**

Women who gave birth within 0 – 8 months

- **Exclusion criteria**

Postpartum women who informed their unwillingness to participate in the study. Pregnant women, non-pregnant women.

SOURCES OF DATA

1. Convenience sampling
2. Interviewing the patient

Data Collection Technique:

The data was collected through Community visits to the Family Health Center, Othara, and households of Eraviperoor Grama Panchayath. Participants were asked to fill out a prepared questionnaire to determine maternal health and concerns. Those with communication problems and those who refused to participate were excluded. Questionnaires were filled out through face-to-face interviews with patients. The questionnaire was prepared in English and translated into Malayalam language. After assessing their maternal health and concerns from the data, patient counseling was given to patients. Later, a follow-up was conducted after two weeks.

Data Collection Tools:

1. Data collection proforma 1&2
2. Pre- Designed questionnaire
3. Informed consent form

Statistical Analysis:

The data collected were entered in the Microsoft Excel-2018 version and the results were analyzed as tabular form and percentage.

RESULTS:

The study was concluded on a positive note as it was found to be 96% effective from the collected responses/results. The study involved an initial inquiry into the subject's physical and emotional changes in the immediate postpartum period, the occurrence of any morbidities was recorded, which was followed by counseling the subjects and conducting follow-up sessions after a particular period based on the subject's ability to participate in the session. In the study majority of the subjects were under the age group of 21-30 years (53%), and also 90% of women had tertiary education. Here, most of the subjects reported having their health very satisfied (56%). About 10% of subjects were very satisfied with their physical appearance. Most of the subjects had breast-related conditions in which, the majority reported having nipple cracks (80%). 20% of subjects reported leg edema, while subjects reported bladder-related conditions in which UTI was found to be the most prominent (56%). The prevalence of PPD was found to be 40% mild/moderate and 4% severe. After 6 months of inquiring, recording, and compiling the study responses, the study was found to be rather effective in assessing the various maternal concerns (Emotional and Physical factors). The effectiveness of counseling on overall maternal problems was found to be 96%. Hence, the study concluded with a successful completion regarding the effectiveness of the care given to various maternal problems and complications was found to be appropriate and effective.

DISCUSSION:

As the research light shone on the discoveries of more in depth information regarding the emotional, psychological and physical factors a postpartum woman undergoes have increased, it was thoroughly evaluated in this study. Regarding the psychological and emotional concerns of postpartum woman, these concerns could be considered as emotional support from husband, family, satisfaction with their own physical appearances and most commonly seen yet somewhat least valued factor, postpartum depression.

1. AGE GROUP:

Among the 150 postpartum participants enrolled in the study, majority of the subjects belonged to the age group of 21-30 years (53%) followed by 31-40 years (40%) and 7% of the subjects belonged to the age group of 41-50 years. This is similar to the study done by **Dejene Edosa Dirirsa et.al** also stated that increase in number of pregnancies between the age range 25 – 29 years were 36.1%. In the study majority of the pregnant subjects were within the reproductive age.

2. PHYSICAL APPEARANCE:

According to the study done by **Thompson et.al**. 1999 "Body image" has been defined as an individual's internal representation of his or her own outer appearance, and "body dissatisfaction" as one facet of body image relating to dissatisfaction with particular aspects of the body. Here in this study, it was seen that among the 150 subjects, 43% were moderately satisfied with physical appearance, 36% were slightly satisfied with physical appearance, 10% very satisfied with physical appearance, 5% very dissatisfied with physical appearance, 4% slightly dissatisfied with physical appearance and 2% moderately dissatisfied with physical appearance.

3. BREAST HEALTH:

From the population enrolled in the study out of 150, 31 had breast engorgement. Apart from overt mastitis

which is a relatively rare condition, there are problems that comprise of nipple trauma such as sore, cracked, bleeding or inverted nipples according to the study done by **R Z Zainur et.al**. Majority of participant enrolled in this study stated that 83% did not had any other problem related to breast, while 17% had specific problems related to breast. In 150 postpartum subjects enrolled in the study only 25 subjects had specific problems related to breast which were 80% with nipple crack, 8% with no milk, 4% had difficulty to feed due to pain in the breast, 4% with difficulty to produce milk for first time and 4% with breast pain.

4. BLADDER HEALTH:

Among 150 postpartum subjects enrolled in the study 88% had no problem associated with bladder, while 12% had problem related to bladder. From the postpartum population enrolled in the study 18 subjects had problem associated with bladder which include 56% with UTI, 11% with difficulty in urinating, 11% with vaginitis, 5.5% with stitch difficulty, 5.5% with leaking, 5.5 with diuresis and 5.5% with itching.

Here in this study, 16 participants had infection and the treatment they used were 31% used sitz bath, 31% used ointment, 25% used antibiotics and 13% used other methods. This can be supported by the studies conducted by **Zainur RZ et.al**. On Postpartum Morbidity-What We Can Do, which shows that the conditions like cystitis and pyelonephritis occur in the puerperium, should be treated adequately by antibiotics.

5. POSTPARTUM DEPRESSION:

150 subjects enrolled in study were counselled and their opinion was taken, which showed in before counselling 48% stated the response “A complex mix of physical, emotional and behavioural changes after delivery”, while 33% stated the response “A complex mix of physical, emotional and behavioural changes before delivery” and 19% stated the response “Type of depression seen in teenage girls and early adult women”. Then the counselling session was done which provided a better result which was 100% stating the response “A complex mix of physical, emotional and behavioural changes after delivery”.

The tables given below shows the assessment done on postpartum depression among the 150 subjects from a self- prepared pre- designed questionnaire:

Sl. no	Response	Blamed themselves when things went wrong		Thought of harming themselves		Trouble falling asleep	
		Before counselling	After counselling	Before counselling	After counselling	Before counselling	After counselling
1	Yes, most of the time	2	0	1	1	0	0
2	Yes, some of the time	34	6	1	0	89	13
3	Not, very often	35	39	28	18	26	49
4	No never	79	105	120	131	35	88
	Total	150	150	150	150	150	150

Sl. no	Response	Felt anxious or worried for no reason		Felt down or depressed		Felt scared or panicky for no reason	
		Before counselling	After counselling	Before counselling	After counselling	Before counselling	After counselling
1	Yes, most of the time	2	1	0	0	8	0
2	Yes, some of the time	24	9	2	2	52	7
3	Not, very often	51	48	19	11	44	9
4	No never	73	92	129	137	46	134
	Total	150	150	150	150	150	150

6. POSTPARTUM CHECKUP DUE 6 WEEKS:

Here in this study, it was found that majority of participant enrolled in the study, 75% had postpartum check-up after six weeks, while 25% subjects did not have postpartum check- up after six weeks. The obtained results were similar to the results obtained from the study conducted by **Patra S et.al.** in their study Maternal morbidity during postpartum period in a village of north India: a prospective study which concluded that out of 200 subjects employed in the study, 174 (82.46%) subjects completed all follow up visits during the study period.

CONCLUSION:

The study was concluded on a positive note as it was found to be 96% effective from the collected responses/results.

Following are the results obtained shown in a snippet :-

- Majority of subjects were under the age group of 21-30 years (53%), and 90% of women had tertiary education.
- 56% of women were very satisfied with health while 10% were very satisfied with their physical appearance.
- In breast related condition, 80% of subjects reported of nipple crack.
- 20% of subjects reported leg edema.
- In bladder-related conditions, UTI was found to be the most prominent (56%).
- The prevalence of PPD was found to be 40% mild/moderate and 4% severe.
- The effectiveness of counseling was found to be 96%.

ABBREVIATIONS:

1. PPD - Postpartum depression

2. QOL - Quality of life
3. EPDS - Edinburgh postnatal depression scale
4. MAPP-QOL - Maternal postpartum quality of life

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