

Postpartum Depression at 8 Weeks: Prevalence, Risk Factors and Burden Among Women Attending a Primary Health Care in Sharkia, Egypt

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Background: Postpartum depression is a common complication of child bearing and has increasingly been identified as a major public health. It affects both maternal and child physical and mental health.

Objectives: To determine the magnitude and the associated some risk factors of the postpartum depression among women who had given birth two months ago and to test the validity of Edinburgh Postnatal Depression Scale.

Subjects & Methods: In a descriptive cross sectional study, 408 women were recruited at 8 weeks postpartum from a primary health care. They provided personal, social and obstetric information. They completed Edinburgh Postnatal Depression Scale (screening), Mini International Neuropsychiatric Interview (diagnosis), Multidimensional Scale of Perceived Social Support, Women Abuse Scale and Sheehan Disability Scale. Association between postpartum depression among the participants and demographic, social and obstetric factors were investigated.

Results: Postpartum depression was reported in 28.18% of participants according to the Mini International Neuropsychiatric Interview. Using a cut off score of ≥ 13 , the Edinburgh Postnatal Depression Scale indicated a sensitivity and specificity of 91.3% and 92.1% respectively. Postpartum depression was significantly associated with complications of pregnancy, marital conflict, old age of mother, history of depression, infant's health problem, socioeconomic status and number of children.

Conclusion: A high prevalence of postpartum depression was detected among the studied women. Some risk factors were associated with postpartum depression. Screening of women during the postpartum phase is important. There is an increased need for early detection and intervention to avoid or treat these factors.

Keywords: Postpartum depression, Prevalence, Risk factors, Screening.

Abbreviations:

PPD: Postpartum Depression

EPDS: Edinburgh Postnatal Depression Scale

MINI: Mini International Neuropsychiatric Interview

APA: American Psychiatric Association

MSPSS: Multidimensional Scale of Perceived Social Support

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INTRODUCTION

Postpartum depression is a common complication of child bearing and has increasingly been identified as a major public health problem (Fitelson, et al. 2011). Recent evidence suggests that prevalence may be relatively higher in developing countries (Husain, et al. 2006). It affects both maternal and child health (Patel, et al. 2003).

Post partum depression is a serious syndrome that occurs in up to 10-20% of all mothers in the year following delivery (Regmi, et al. 2002 and Gavin, et al. 2005).

Rates in some cultures have been estimated to be relatively lower for example 1% in Singapore (Kok, et al. 1994) and 3.9% in Malaysia (Kit, et al. 1997). These rates have been estimated to be higher in Arabic countries at 18-25% (Ghubash and Abou Saleh, 1997; Barnett, et al. 1999; Chaaya, et al. 2002; Agoub,

et al. 2005 and Mohammad, et al. 2010). Postpartum depression is thought to occur three times more in the developing than in developed countries (Nakku, et al. 2006).

Ghubash et al. (1997) validated Edinburgh Postnatal Depression Scale (EPDS) into Arabic and reported a high sensitivity and specificity for screening. EPDS was used in many Arabic studies to assess prevalence of depression. It is an effective adjunct to clinical interview for diagnosis of postpartum depression.

Some risk factors for postpartum depression are common across cultures and include a genetic predisposition. These factors are previous history of depression, social isolation, poor marital relationship, personality characteristics and the new born medical problems. (Dankner, et al. 2000; Glasser, et al. 2000 and Milgrom, et al. 2008).