Editorial

Postpartum Depression: A Psychological Perspective

Jaweria Aftab[1], Rabeya Tariq[2]*, Tahira Khalid[3]

[1]Department of Psychology, Air University, Islamabad, Pakistan
[2]Department of Clinical Psychology, Shifa Tameer-i-Millat University, Islamabad, Pakistan
[3]Department of Obstetrics and Gynaecology, Federal General Hospital, Islamabad, Pakistan

*Correspondence: rabeyatariq97@gmail.com

Childbirth is a difficult and exhausting process. A female goes through a lot of hormonal, physical, emotional, and psychological changes throughout pregnancy. Tremendous changes occur in the mother's familial and interpersonal world. After childbirth, a mother can experience varied emotions ranging from joy and pleasure to sadness and crying bouts. These feelings of sadness and tearfulness are called "baby blues," and they tend to decrease over the first two weeks after delivery.[1] Around one in seven women can develop postpartum depression (PPD).

Postpartum depression is a critical psychiatric condition that is understudied (both clinically and experimentally) and underdiagnosed. Postpartum depression, in addition to impacting the mothers, has adverse effects on infant behavioural, emotional, and cognitive development.[2]

While women experiencing baby blues tend to recover quickly, PPD tends to last longer and severely affects women's ability to return to normal function.[1] The term "postpartum depression" refers to depressive disorders that are common during the period after delivery, which is increasingly understood in research and clinical practice to last up to one year after childbirth.[3] Postpartum depression should be distinguished from the postpartum blues, which are common in the first week to 10 days following delivery and typically go away on their own within a few days. Mood swings, irritability, interpersonal sensitivity, insomnia, anxiety, crying, and occasionally elation are among the symptoms.[3] Women with a history of depression during pregnancy are seven times more likely to experience significant postpartum depression,[4] the relationship between postpartum depression and prior onset of depression has been reported in many studies.[5] Other factors that may contribute to postpartum depression include social stressors including poor family support and financial concern.[4] A study carried out in Karachi demonstrated that 28.8 percent of women had postpartum depression and anxiety overall. It has been discovered that there is a significant correlation between postpartum anxiety and depression and domestic abuse, problems nursing at birth, and an unexpected current pregnancy.[6]

Community nurses in Pakistan can be extremely helpful in promoting women's health, screening for PPD, and making treatment referrals. However, nurses in areas with a substantial number of Pakistani immigrants should be vigilant of the possibility that these women may have PPD. During the postnatal period, routine follow-ups should involve PPD screening. Culturally relevant knowledge about healthy approaches to address the specific issues should be part of patient counseling.[7] It was discovered that, out of 14,400 patients with psychiatric problems in Pakistan's Hazara division, 86% (1,248) had postpartum disorders. Of these 1248, 60% experienced postpartum psychoses, while the remaining 40% suffered postpartum depression. Patients with postpartum depression were mostly young (20–31 years old), illiterate (80%), had a history of psychoses or depression (70%), housewives (95%), from rural areas (65%), very religious (60%), impoverished (90%), had a husband away on business,[8] risky pregnancy, which includes emergency cesarean section and hospitalizations during pregnancy.[1] Therefore, susceptible people need to be identified before delivery to receive proper care measures.[5]

The key to the prevention and successful treatment of postpartum depression is early intervention. Women may not realize they are depressed after having a baby or may realize they are struggling but

feel too embarrassed to seek help. This is why it is very important to screen all new mothers. Encouraging women not to keep postpartum depressive symptoms a secret should be a major priority in the care of all new mothers.[4] It is one of the most common complications of childbearing and is associated with impairments in mother–infant interactions that can lead to severe consequences for the infant such as illness, developmental delay, and poor growth.[9]

Residing in Pakistan, it's crucial to implement comprehensive national-level policies concerning the psychological well-being of women after childbirth. The government should establish dedicated panels to provide counseling and support services for these women, ensuring their mental health and readiness for both childbirth and child-rearing. Additionally, raising awareness about postpartum depression and its symptoms among healthcare providers and the public can help in early identification and intervention.

Furthermore, investing in mental health infrastructure, training professionals, and integrating mental health services into maternal healthcare can make a significant difference. Ultimately, mentally healthy mothers play a vital role in raising healthy children and fostering positive family environments. Depression, a treatable mental health condition, can be managed effectively with the right support and resources, leading to healthier lives and brighter futures for families in Pakistan.

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