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Associated risk factors of postnatal depression in South Asian region - a narrative review

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Abstract

Background: Postpartum depression (PPD) is a major source of morbidity among women who have recently delivered a child. The recognition and timely identification of risk factors of PPD is very essential to plan appropriate interventions. **Objective:** Current review aims to explore associated factors of postpartum depression in South Asian region. **Methods:** Searches of observational cohorts and surveys were performed in Medline (PubMed), CINAHL, ProQuest, and Scopus databases from 2005 to 2016 to identify English language articles. **Results:** Twenty-four articles were eligible for analysis. The risk factors related to postpartum depression were grouped under following categories: Demographic, psychological, social, obstetric, and infant factors. Some risk factors identified are unique to Asian culture that includes poor relationship with mother-in-law, disappointment with the sex/gender of the baby, and having never had a son. **Conclusion:** The review identifies overall risk factors associated with postpartum depression in South Asian region. Health care providers should screen the women for risk factors of PPD during antenatal and postnatal period, so that appropriate interventions can be initiated at an early stage.

Key words: After childbirth, associated factors, depression, maternal, postnatal, postpartum, perinatal, predictors, risk factors, South Asia

Introduction

Postpartum depression (PPD) is an important public health concern occurring during pregnancy and postnatal period in which a great change and transition take place in women (WHO-UNFPA, 2012, 2013). PPD is the most prevalent mood disorder that occurs anytime during the first postnatal year but is most commonly experienced within the first three months (Jennifer, 2013). Many women suffer through postnatal depression but remain undiagnosed, which may be due to lack of knowledge and awareness about mood

swing during pregnancy and after delivery (Khan, 2011). Lack of early diagnosis and treatment of PPD leads to maternal and infant morbidity and mortality, especially in countries with low income (Corey & Thapa, 2011).

PPD pose health risks for mother and child and alter family relationships. Early diagnosis of depressive symptoms, treatment, and counseling of women can prevent potentially serious consequences of PPD (Beck, 2006). A literature review reported five major risk factors associated with PPD among women in Asian cultures: Biological/physical, psychological,

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obstetric/paediatric, socio-demographic, and cultural factors (Klainin & Arthur, 2009). Several studies have consistently demonstrated the risk factors of postnatal depression. Mood changes during current pregnancy (Suguna et al., 2015; Johnson et al., 2015), stressful recent life events, poor self-esteem, lower socio-economic status, adverse life events during prenatal period, infant born with congenital deformity (Hegde et al., 2012; Johnson et al., 2015), low social support, past history of depression, stress related to childcare, maternal anxiety, complications during prenatal period and delivery, single mother, poor relationship with spouse, delivering a female baby when male is desired (Dubey et al., 2012; Desai et al., 2012), relationship with in-laws and parents, and unplanned/unwanted pregnancy were the risk factors of PPD (Patel et al., 2002). All of these potential risk factors can be determined during routine pregnancy care. Therefore, it is important that antenatal healthcare providers and women themselves are educated about these risk factors, so that women with high risk are identified early for closer follow-up and intervention (Desai et al., 2012; Beck, 2006). There are few studies in India that identified risk factors for postnatal depression. The present study attempted to identify and summarize the relevant risk factors recognized as PPD faced by women in South Asian countries, thus enhancing an understanding of this phenomenon.

Methods and materials

We conducted a literature search using the following electronic databases: PubMed, CINAHL, ProQuest, and Scopus databases from 2005 to 2016. The key words used were depression, postnatal, postpartum, perinatal, maternal, after childbirth, risk factors, associated factors, predictors, and South Asia. The original research studies in the form of observational cohorts, surveys, or database analysis and published in English language between 2005 and 2016 were included. All the articles that focused on associated risk factors for postpartum depression in South Asian countries were then selected.

Results

Twenty-eight studies were eligible for analysis (figure 1). Most of the study subjects were recruited from outpatient departments of hospitals attached with medical colleges. This study also recruited women

from well-baby clinics/immunization centers, district hospitals/maternity and child health centers in both rural and urban areas. The factors that showed significant association with development of postpartum depression were considered as risk factors for PPD.

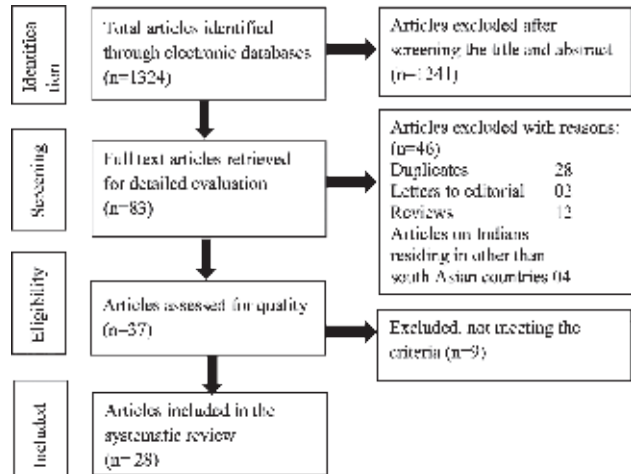


Figure 1: PRISMA Flow diagram of literature search process

Factors associated with postpartum depression

Numbers of associated risk factors were identified on analyzing the selected studies. These risk factors were grouped under following categories: Demographic, psychological, socio-cultural, obstetric, and infant factors.

Demographic factors: The demographic factors that were associated with PPD are maternal age less than 20 or over 30 years (Savarimuthu et al., 2009; Clarke et al., 2014), education/literacy level (Ghosh et al., 2011; Husain et al., 2006; Savarimuthu et al., 2009; Gupta et al., 2013; Shetty et al., 2016), type of family (Shivalli et al., 2015; Khooharo, 2010; Dubey et al., 2011; Shetty et al., 2016), and low family income (Suguna et al., 2015; Hussain et al., 2011).

Psychological factors: The factors that have shown significant association with PPD are past history of psychiatric illness (Gausia et al., 2009), stressful recent life events (Husain et al., 2006; Hegde et al., 2012; Dorheim et al., 2007; Hussain et al., 2011, Rahman et al., 2007), mood swings during pregnancy (Suguna et al., 2015 ; Johnson et al., 2015), prenatal depression (Hussain et al., 2011; Abdul, 2014; Gausia et al., 2009), Khooharo et al., 2010), history of depression/psychiatric illness in the family (Suguna et al., 2015, Sheela et al., 2016; Savarimuthu et al., 2009), maternal

stress (Giri et al., 2015; Subba & Subba, 2015; Hussain, 2006; Johnson et al., 2015,) and history of domestic abuse (Sheela et al., 2016).

Socio-cultural factors: Lower socio-economic status/poverty (Khooharo et al., 2010; Shivalli et al., 2015; Ghosh et al., 2011; Gupta et al., 2013; Giri et al., 2015; Shetty et al., 2016), poor social support (Hegde et al., 2012; Husain et al., 2006; Sadiq et al., 2016), poor relationship with the spouse (Dubey et al., 2011), conflicts with mother-in-law (Gausia et al., 2009), disappointment with the sex/gender of the baby, having never had a son (Hegde et al., 2012; Dubey et al., 2011; Sheela et al., 2016; Shivalli et al., 2015; Patel et al., 2015; Savarimuthu et al., 2009; Desai et al., 2012; Clarke et al., 2014) are associated with postnatal depression.

Obstetric and infant factors: The obstetric factors that were found to be associated with postnatal depression are unplanned or unwanted pregnancy (Kalar et al., 2012; Patel et al., 2015), complications in pregnancy/known medical illness (Shivalli et al., 2015; Kunwar et al., 2015; Bhusal et al., 2016; Giri et al., 2015), poor obstetric outcome (Shetty et al., 2016; Shivalli et al., 2015; Ghosh et al., 2011), multigravida/multiparity (Dorheim et al., 2007; Hegde et al., 2012; Clarke et al., 2014; Desai et al., 2012), intrapartum complications (Angela, 2011), infants born with congenital malformation (Hegde et al., 2012), infant health and infant birth weight (Patel et al., 2015; Savarimuthu et al., 2009; Kunwar et al., 2015).

Discussion

The primary goal of the current review is to provide an updated account on the related contributory factors. The review identified several risk factors of postpartum depression such as demographic, social, psychological, socio-cultural, obstetrics, and infant factors from South Asian countries. Studies reported on several factors related to PPD and the results of this review were found to be consistent (Roomruangwong et al., 2011; Klainin & Arthur, 2009; Mehta and Mehta, 2014).

Conclusion

This research systematically evaluated associated factors for depression in postnatal mothers. Understanding the above risk factors that contribute to perinatal depression may help health care professionals detect depression and provide appropriate support and treatment to these women in time.

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