THE FACTORS THAT AFFECT THE EMERGENCE OF POST-PARTUM DEPRESSION

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Abstract

Post-partum depression is a term used to describe a heterogeneous group of depressive symptoms that appear to the mother, the first four weeks after birth (DSM-IV, American Psychiatric Association, 1994, 2000). Various researches provide various statistics of the frequency of post-partum depression. The presence of these symptoms is result of the particular social role of the new mother during this important period of her life together with biological, hormonal and physiological changes that occur at the same time. But not all the women who become mothers have symptoms of post-partum depression. The aim of this study was to study which are the risky factors that affect the emergence of post-partum depression and analyze the way in which they affect. The first step that is followed in this study was to review the literature and to identify the factors that favor the emergence of post-partum depression. According to that, there have been found some risky factors such as economic status, symptoms of depression during pregnancy, social support, planned / unplanned pregnancy, women's employment, intellectual status, family support, first / not first pregnancy, and child's sex. The second step it was a meta-analysis; to analyze how these factors affect the emergence of this depression. Finally it has been realized a quasi-experiment at the obstetric-gynecological hospital in Shkodra with a duration of about 3 months to find out if the symptoms of depression during pregnancy affect the appearance of post-partum depression. The instruments that are used are Beck Depression Inventory and Beck's Postpartum Depression Screening Scale. It has been found that in 20 women who had symptoms of depression during pregnancy, 14 of them resulted withsymptoms of post-partum depression. As of 20 women who had no symptoms of depression during pregnancy, only 2 of them resulted withsymptoms of post-partum depression.

Keywords:*Post-partum depression, risky factors, Beck Depression Inventory, Beck's Postpartum Depression Screening Scale, pregnancy.*

Post-partum depression is a term used to describe a heterogeneous group of depressive symptoms that occur before four weeks after birth (Diagnostic and Statistical Manual of Mental Disorders, DSM-IV, American Psychiatric Association, 1994; Evins, Theofrastous, & Galvin, 2000). Various research provide various statistics on the frequency of post-partum depression. These figures vary between 10% - 53% in different studies. (Drago-Carabotta, Panagopoulos, Laganara, Maggino& Alessi, 1997; Hobfoll, Ritter, Lavin, Hulsizer, & Cameron, 1995; Kitamura, Shima, Sugawara, & Toda, 1996; Moraitou, 2002, Steiner M, Dunn E, Born L., 2003; Henshaw C, D Foreman, J. Cox, 2004). The presence of these symptoms, especially is result of the social role of the new mother during this important period of her life, together with her biological, hormonal and physiological changes, that occur at the same time. Symptoms include depression, fatigue, changes in sleeping and eating, diminished libido, crying, anxiety and irritability.

The consequences of postpartum depression can be devastating. It has negative effects on the mother, child and family. These mothers have less chance of well-fed, to read or sing to their children, to send them to pediatric visits. Mothers are more likely to develop poor quality of life (Beck, 1993), recurrence of depressive episodes (Gabba et al 2007, Leonard 1998), uncertain about the child, attachment problems (McMahon, Barnett, & Tennant 2007 Kowalenko), to be less interactive, to have marital problems (Gjerdingen& Yawn, 2007; Yawn 2007). Children are more likely to have social, intellectual, cognitive and emotional problems.

But not all the women who become mothers, suffer from post-partum depression. Why? Are there factors that influence the emergence of post-partum depression? Which are these factors? How do they affect the appearance of post-partum depression?

Considering the frequency of post-partum depression and negative consequences associated with it, and also seeing this phenomenon closely, I had an idea to realize a scientific study on this issue.

The main purpose of this study is to understand which are those risky factors that affect the appearance of symptoms of post-partum depression and to analyze how do they affect. This purpose is divided into the following objectives:

a. First, the study of literature and identification of factors that favor the emergence of symptoms of post-partum depression.
b. Meta-analysis; to analyze how these factors influence the emergence of depression.
c. The realization of a quasi-experiment with a group of 40 pregnant women, to see how these factors affect the emergence of post-partum depression.

Methods

The following study is realized in the Gynecological sector of Shkodra Regional Hospital, during the period March-April 2013. Target groups for this study were pregnant women from urban as well as rural areas. In the samples are included 20 women who have been with symptoms of depression during pregnancy and 20 other woman without symptoms of depression during pregnancy.

The inclusion in this sample had the following criteria:
1. The women had to be in the 34th week of pregnancy or more.
2. Participants are aged between 18-40 years old.

The exclusion criteria were:
1. Pregnancy should not be result of a rape.
2. The woman is not planning to abandon the baby in an orphanage, after birth.

Initially,in the 34-35 week of pregnancy, a questionnaire for demographic analysis, is applied to all the woman. In this questionnaire are collected data on age, economic level, educational level, previous history of depression, planned/unplanned pregnancy and preference about baby sex. Also at this point were realized three other tests to measure levels of self-esteem (Rosenberg 1965), the level of anxiety and the level of social and spousesupport (ramps, Dahlem, ramps & Farley, 1988). Then another assessment was made to these women to measure symptoms of depression during pregnancy. This assessment is made by Beck Depression Inventory (BDI: Beck, Ward, & Medelson, 1961). It is one of the most used instruments for measuring the severity of depression. This instrument is used for individuals over 13 years old and consists of units dealing with symptoms of depression (such as hopelessness and irritability), cognition symptoms (such as feelings of guilt or feelings of being punished), physical symptoms (such as fatigue, weight loss and lack of interest in sex).

In the 3-4 week after birth,it is made the assessment of two different groups of women, (groups with and without symptoms of depression). This assessment is realized through Edinburgh postnatal Depression Scale (Cox, Holden, & Sagovsky, 1980). EPDS was created in 1980 by John Cox, a consultant psychiatrist in the UK along with his colleaguesJeniHolden and Ruth Sagovskyand it is used to identify women who have post-partum depression. This is the most used instrument for assessing post-partum depression. (Detection, Prevention and Treatment of postpartum depression, Cindy-Lee PhD RN Denni) It consists of a 10 unit questionnaire, in which women tell how they are felt during the past 7 days. It includes the inability to laugh, inability to wait things with joy, feeling anxious or worried, feeling scared, feeling angry, crying, difficulty sleeping and self-damaging thoughts, low energy. Each question is scored on a 0-3 scale.

Analises

Early identification of women at risk for post-partum depression is essential for a successful prevention. Studies have found that some factors correlate with increased risk for postpartum depression. These factors include genetic predisposition, hormonal changes, stressors, inadequate social support, nutrition and sleep deficits, depression and anxiety during pregnancy, a previous history of depression, low socio-economic status, low self-esteem (especially in terms of parenting skills), unplanned pregnancy. (Miller, L., LaRusso, E. 2011).
Another study (Beck 2002), describes the predictive factors of post-partum depression, based on two studies Beck (1996, 2001). In the first study (Beck 1996), there were identified nine factors which had a significant role. These confirmed factors were depression during pregnancy, childcare stress, life stress, social support, anxiety during the

pregnancy, the couple satisfaction, previous history of depression, child temperament and baby blues. In another study (Beck 2001), were added 4 new predictors: self-esteem, marital status, socio-economic status and the plannification of pregnancy. When the effect size of these 13 factors was interpreted, 10 predictive factors had a moderate or strong relationship with post-partum depression and 3 had little relationship (marital status, socioeconomic status, planning of pregnancy).

In the other study that was a meta-analysis (Robertson, E., Celasun, N., and Stewart, DE 2003),were analyzed the works of Beck and O'Hara and Swain on risky factors of post-partum depression, which have been mentioned in the previous study.

Depression during pregnancy or its symptoms are associated with post-partum depression. Depression is an illness that affects the way people think, act, and feel. O'Hara and Swain (1996) included 13 studies with over 1000 people for their analysis, while Beck 21 studies with over 2300 people. Results showed that symptoms of depression during pregnancy were a medium to a strong factor that influence in the post-partum depression. As it is known depression causes changes in eating, sleeping, lack of energy, feeling hopeless, sad, worthless, crying for no reason, lack of interest and pleasure in usual activities delight. If depression during pregnancy is not treated, it may lead to the emergence of post-partum depression because those symptoms / problems may increase even more because depression during pregnancy can cause premature birth, low baby birth weight, which further exacerbates the previous state. In addition, when the confronting of mother with the new role, and with the social and interpersonal changes is not achieved properly, it is likely to arise the post-partum depression.

Social support is another factor contributing to postpartum depression. Women who are socially isolated from family and friends are more likely to have symptoms of postpartum depression. When I say the word social support, I intend the emotional support that a person gets from others. When a woman does not have a close circle with which has frequent contacts, with whom they can feel free to express everything and to whom they may believe, this makes her feel and be alone, afford every single thing alone, to feel excluded, to enter in her own closed circle, because she perceives as she is not receiving the support that she is attending. As a result, this can also arise depressive symptoms.
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Poor marital relationship, especially the satisfaction in relationship, is another very important factor. Emotional and physical support, wealthy communication, care toward the pregnant woman, harmonious relations, are very important for the psychological aspect of the pregnant women. When these conditions do not exist and even more when the couple is going through a serious marital problem, this influences to the women to feel lonely, to be concerned, to be unhappy with the marriage and to affect her psychological state.

To support the two factors above, I will mention the study below. According to Inandi, et al., (2005) women who have a supportive family or relatives, have less chances of suffering from post-partum depression. Their study included 1350 women during their first year after birth and aimed to identify the risky factors for depression. Higher scores were found among women who had poor or not at all family support during pregnancy (Beck, 1996; Menaghann, 1990, Richman et al., 1991; Seguin et al., 1999). Two recent studies have shown that lack of social support is a strong risky factor for symptoms of post-partum depression (Forman et al., 2000; Seguin et al., 1999).

Stresses of life during pregnancy are another indication of postpartum depression. The loss of job, the deaths, the accidents, divorces, financial crises, job changes / unemployment, are all factors that affect a woman to be concerned, to be stressed, to withdraw, lose optomizmin for life, to have symptoms of anxiety or depression, as a result leading to postpartum depression. Paykel et al (1980), shows that negative events during the life, classified as medium or severe, were associated with increased chances of being diagnosed this symptoms of depression. Another study shows that high levels of stressful events during pregnancy were associated with higher levels of depressive symptoms and higher opportunities for diagnosis of post-partum depression (O'Hara,Rehm, & Campbell, 1982; O'Hara, Rehm, & Campbell, 1983).

The intellectual level affects the appearance or not of depressive symptoms. A woman with a high intellectual level is likely to have high or average incomes. She is able to understand and manage the changes that occur during pregnancy and also the normal changes that occur after birth. Women who are at a low intellectual status, are less informed and more likely to have symptoms of postpartum depression

Self-esteem has to do with women's feelings regarding validity and acceptance of herself. This is another factor that contributes to the emergence of depression. Low self-esteem reflects negative feelings in term of personal skills. When a person does not feel better in terms of himself, ie has low self-esteem, he feels worthless, he sees no good quality of himself, creates a negative image of themselves, no expectations, no self-confidence and as a result he begins to have depressive symptoms. To a person who has low self-esteem, it begins to contribute also image of himself because in this period many physical changes occur.

A strong relationship is reported between the level of anxiety during pregnancy and the level of symptoms of postpartum depression (Hayworth et al., 1980, Watson et al., 1984). Anxiety during pregnancy is often created when a woman thinks all the time thatwhen the child will born will have health problems, will have nutrition problems, sleeping problems, whether she will be a perfect mother... These thoughts affect to the woman to create negative expectations about the future.

The fact whether the pregnancy is unplanned / unwanted, especially to the women becoming mothers for the first time, is another problematic factor. Pregnancy changes the course of life of women, there are changes in terms of the rhythm of life, work, socialand personal relationships, free time and all these changes can be expected with discomfort, annoyance, withdrawal, symptoms depression, from some women.

I think that preferences related to the child sex is another factor that may affect in higher depressive symptoms. In Albanian culture, people give a high importance to the child sex and have more preferences for males. So when a woman feels and knows this fact from the family, more so when this is said to her and she is despised of this fact, it is likely that she will manifest symptoms of depression.

From the analysis of above studies, we conclude the following information regarding the relationship of the factors contributing to the emergence of post-partum depression.

Strong Relationship	Moderate Relationship	Poor Relationship
Depression during pregnancy	Stress related to the care of child	Obstetric complications
Anxiety during pregnancy	Low self-esteem	Cognitiv attributes
Stressful events in life	Difficult temperament of child	The quality of relationship with the partner
Lack of social support		Socio-economic status
Previous history of depression		

Results

Correlations

		Level of self-esteem	Level of anxiety	Level of education	Preferred sex of child	Percept. of social support	Planning of pregnancy	Level of depression during pregnancy
Level of self-esteem	Pearson Correlation	1	-.636**	.092	-.311	.637**	-.465**	-.777**
	Sig. (2-tailed)		.000	.570	.051	.000	.002	.000
	N	40	40	40	40	40	40	40
Level of anxiety	Pearson Correlation	-.636**	1	-.041	.419**	-.543**	.232	.757**
	Sig. (2-tailed)	.000		.800	.007	.000	.150	.000
	N	40	40	40	40	40	40	40
Level of education	Pearson Correlation	.092	-.041	1	-.254	-.001	-.028	-.248
	Sig. (2-tailed)	.570	.800		.114	.995	.863	.122
	N	40	40	40	40	40	40	40
Preferred sex of child	Pearson Correlation	-.311	.419**	-.254	1	-.483**	.155	.508**
	Sig. (2-tailed)	.051	.007	.114		.002	.340	.001
	N	40	40	40	40	40	40	40
Percept. of social support	Pearson Correlation	.637**	-.543**	-.001	-.483**	1	-.198	-.744**
	Sig. (2-tailed)	.000	.000	.995	.002		.221	.000
	N	40	40	40	40	40	40	40
Planning of pregnancy	Pearson Correlation	-.465**	.232	-.028	.155	-.198	1	.393*
	Sig. (2-tailed)	.002	.150	.863	.340	.221		.012
	N	40	40	40	40	40	40	40
Level of depression during pregnancy	Pearson Correlation	-.777**	.757**	-.248	.508**	-.744**	.393*	1
	Sig. (2-tailed)	.000	.000	.122	.001	.000	.012	
	N	40	40	40	40	40	40	40

In the study realized in the obstetrical - gynecological service, ofShkodra Regional Hospital (as explained above) there are taken in consideration the following factors as contributors to the emergence of symptoms of depression during pregnancy: the level of self-esteem, anxiety

levels during pregnancy, level of education, the desired sex of the child, the social perception of the support, the planned pregnancy. Data analysis was performed using SPSS. As seen from the above table, there is a very strong correlation between the level of self-esteem, the level of anxiety, the social perception of support and depressive symptoms occurring during pregnancy (respectively: -0777, 0757, -0744) . There is a strong negative correlation between the level of self-esteem in a pregnant women and depression symptoms because high level of self-esteem are associated with less symptoms of depression. There is a strong positive correlation between the level of anxiety during pregnancy and symptoms of depression during pregnancy because high levels of anxiety are associated with high depressive symptoms. There is a strong negative correlation between the perception of social support and symptoms of depression during pregnancy because low perception of social support is associated with symptoms of depression.

There is also a significant correlation between child sex preferences and planning a pregnancy or not, with the symptoms of depression during pregnancy (respectively: 0508, 0393), but these correlations are moderate. There is a correlation between middle-level education and the symptoms of depression during pregnancy, but this correlation is not significant, -0248. The correlation is negative because low education level is associated with symptoms of depression, but from the analysis it results that this is a very weak correlation.

Correlations

		Level of depression during pregnancy	Level of post-partum depression
Level of depression during pregnancy	Pearson Correlation	1	.799[**]
	Sig. (2-tailed)		.000
	N	40	40
Level of post-partum depression	Pearson Correlation	.799[**]	1
	Sig. (2-tailed)	.000	
	N	40	40

The above table shows the correlation between symptoms of depression during pregnancy and symptoms of post-partum depression. As seen, there is a very strong positive correlation between them. Concretely, this correlation is 0.799, which means that a high level of depressive symptoms during pregnancy is associated with high levels of symptoms of post-partum depression and vice versa.

As a result we can say that the symptoms of depression during pregnancy affect the appearance of post-partum depression. There were also pointed out those contributing factors affecting the emergence of depression during pregnancy, which are self-esteem level, the level of anxiety and social perception of support (strong risky factors), preference of child sex and pregnancy planning or not (moderately risky factors) and education (very poor risky factors).

Recommendations

Once the main stages of the study were expressed and discussed and once the conclusions were made from the analysis and review of the literature, we can come to some recommendations for readers, pregnant women, their families, professionals and recommendations for all institutions and projects that have as target the pregnant women.

1. Postpartum depression causes negative consequences not only for the mother, but also for the coming baby, this is why we recommend mothers, fathers, families, healthcare system and all groups concerned with the health of the pregnant woman to take care of identifying the post-partum depression and to begin the treatment.
2. The prevention of post-partum depression would be more efficient than its treatment, therefore we recommend that the groups mentioned above to be alert to the contributing factors that affect the appearance of postpartum depression and to work for its prevention during pregnancy with various treatments that have been proved effective.
3. We recommend to the family and mainly to the spouse of the pregnant women to be more cautious, considering the important role they have on women's psychological health.
4. Finally, we recommend to the students of social sciences to do researches on this topic in the future and to expand the boundaries of the study, because it is an unexplored, very interesting and intriguing topic to study.

The birth of a child is the single most vital event in life, therefore, let us contribute to this process to be beautiful and always be associated with positive experiences from the mother, father and other family members.

My expectations about the contribution of this study in the theory and practice of psychological existing field are:

a) This is the first scientific study that treats this phenomenon and analyzes the factors contributing to the emergence of postpartum depression.
b) It will help women to understand themselves better during pregnancy and for the changes after birth.
c) This will help the spouses to understand their wives and the importance of their support during pregnancy and after birth.
d) This study would consolidate the role of the psychologist in the maternity services.
e) t will open the way for other researchers who are interested in this field.
f) t will show interest for each individual, as the woman's pregnancy is present in all families (it has been in the past or it is expected in the future).

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