Thai Journal of Obstetrics and Gynaecology
September 2017, Vol. 25, pp.138-140

SPECIAL ARTICLE

Depression: The Silent Crisis during Pregnancy

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ABSTRACT

Depression is a major problem that is more prevalent in women than in men especially during childbearing years. A woman's postpartum period is associated with both physical and hormonal changes, leading to emotional disturbances. These disturbances are characterized as postpartum blues, postpartum depression, and postpartum psychosis, with postpartum blues and postpartum depression being more common than postpartum psychosis. Such untreated postpartum psychiatric illnesses can lead to long-term effects in both mother and child, particularly effecting the child's development. Appropriate screening, early diagnosis, identification of risk factors and timely treatment of these postpartum illnesses is essential for both mother and child, with a prompt response improving the outcome.

Keywords: postpartum blues, postpartum depression, postpartum psychosis, pregnancy

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Depression can occur in both males and females. However, an estimated lifetime risk of depression in females is higher than males[1, 2], with depression capable of affecting both the individual and their family as a whole. In women, depression is more likely to be associated with stressful events and is more sensitive to hormonal changes.

In general, pregnancy is considered as a special experience and is supposed to be the most beautiful period in a woman's life. But for many women, this can be a time of anxiety, stress, and depression. The estimated prevalence of prenatal and postpartum depression is 13-21% and 11-17% respectively[3]. Because hormones directly affect emotions and moods, hormonal changes during pregnancy and the postpartum period are likely to be the risk factors of depression. Other than hormonal changes, there are several other risk factors that can increase the chances of perinatal and postpartum depression, for example, a pre-existing condition of depression prior to pregnancy, a 'single' marital status, domestic violence, low socioeconomic status, complications with pregnancy and neonatal complications, a stressful event in the past year, and undoubtedly, the pregnancy being unplanned or unwanted[4, 5].

Perinatal depression is one of the most common complications during pregnancy[3]. Maternal depression during pregnancy can affect the neurobehavioral development of the fetus and can increase the risk of obstetric complications, resulting in preterm delivery, low birth weight as well as developmental, emotional, behavioral and cognitive problems in infants, which could also manifest as they become older[6, 7].

In the postpartum period, women may experience postpartum blues, postpartum depression, or postpartum psychosis.

Postpartum Blues

Postpartum blues is a transient condition characterized by symptoms of sadness, tearfulness, and mood lability. Nearly 50% of postpartum women suffer from this problem[5, 8]. These symptoms normally begin to develop within two or three days after delivery, peaking on the fourth or the fifth postpartum day, and usually resolving within two weeks[5, 9, 10]. Treatment of postpartum blues is simply verbal and emotional support.

Postpartum Depression

A worldwide statistical analytic indicates that the prevalence of postpartum depression in women is about 10-20%[5]. This condition is a lot more severe than postpartum blues, with a gradual onset of over 2-3 months after delivery. Clinical symptoms of postpartum depression include insomnia, severe mood swings, difficulty bonding with the baby, loss of energy and appetite, social withdrawal, irritability, and suicidal attitude.

It is very important to identify pregnant women and postpartum women with depression because untreated depression can have serious effects on the infant, the mother and the associated family. The American College of Obstetricians and Gynecologists recommends that clinicians should screen patients for depression and anxiety at least once during the perinatal period using standardized and validated tools[4].

There are several screening instruments which can be used during pregnancy and the postpartum period such as the Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionaire 9, the Postpartum Depression Screening Scale, the Center for Epidemiologic Studies Depression Scale, and the Beck Depression Inventory.

The EPDS is a 10-item self-reporting questionnaire, which is widely used as a depression screening tool. It takes less than 5 minutes to complete, is easy to score, and has been adapted and validated in many languages including the Thai language[4, 11]. The sensitivity and specificity of EPDS vary across studies between 59-100% and 49-100% respectively[4, 12-14].

The EPDS, however, is not a diagnostic tool. A careful clinical evaluation by a health care professional is needed to confirm diagnosis of postpartum depression according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). The diagnosis of postpartum depression uses the same criteria as the diagnosis of nonpuerperal major depressive disorder[15]. Principal treatments of postpartum depression are prescription of anti-depressants and counseling which includes individual therapy, group therapy, and interpersonal therapy[16, 17].

Postpartum Psychosis

Prevalence of postpartum psychosis in women is about 0.1 to 0.2 percent globally[18] and is the most severe form of postpartum mood disorder. Clinical manifestations usually include hallucination, delusion and symptoms of mood disorders such as severe insomnia, rapid mood changes, anxiety and psychomotor agitation[5]. Risk of suicide and infanticide are very high in postpartum psychosis patients[19]. The condition of postpartum psychosis is considered a medical emergency and should be treated immediately.

The most important aim of the treatment is to keep the patient and her infant in a safe environment. Treatment is almost always hospital admission for a close monitor by professionals. A psychiatrist must be consulted urgently.

Conclusion

Postpartum period is a high risk period for postpartum mood disorders. There are three forms of postpartum mood disorders. The first form is postpartum blues, which is a mild condition. Second is postpartum depression, which takes longer to appear, and is more serious than the first. The most severe form of the illness, however, is postpartum psychosis. Identification of risk factors, appropriate screening and early diagnosis are the keys to improving maternal and infant outcomes.

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