



EXPLORING THE POSTPARTUM DEPRESSION: INCIDENCE AND EFFECTIVE INTERVENTION STRATEGIES

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Abstract

Postpartum depression impacts 10-15% of moms annually. A study conducted in Pakistan examined the frequency and treatment choices for postpartum depression at a rural Punjabi health facility. A quantitative descriptive cross-sectional study was carried out. The study focused on mothers and medical professionals. 120 women and 7 healthcare professionals were selected by convenience sampling. Therapy data for postpartum depression were gathered by a standardized questionnaire with closed-ended questions. A Patient Health Questionnaire was used to assess for depression. The data was analyzed using SPSS 23. Postpartum depression was identified in 0.8% of the examined moms. Various levels of depression symptoms were seen, ranging from mild to severe. Psychosocial support was found to significantly decrease depressed symptoms in healthcare professionals compared to other therapies studied ($p = 0.027$). Postpartum depression impacts a minority of women, with psychological assistance being the most efficient treatment. Socialization difficulties, sense of inadequacy, and heightened discontent are all indicators of postpartum depression, impacting both the mother and her child. Hospital officials and the Ministry of Health should perform regular screenings for postpartum depression.

Introduction

It is estimated that around 10-15% of adult moms have postpartum depression (PPD) each year (Sawangchai et al., 2022). Twenty-five to fifty percent of those who are impacted will develop extended depressed symptoms that continue for more than six months. In most cases, postpartum depression manifests itself within the first year following the delivery of a child. According to the findings of some studies, postpartum depression may last for as long as four years after the delivery of a child (Sarfranz et al., 2023). Pathophysiological, environmental, or multifactorial variables might be thought to have an impact on postpartum depression (PPD).

The presence of key social risk factors for postpartum depression includes the occurrence of stressful life events, difficulties in child care, and anxiety during pregnancy, all of which may signal a possibility of developing postpartum depression (Mughal et al., 2022). A history of postpartum depression (PPD) episodes, marital strife, and being a single parent are all further predictors of the condition (Yadav et al., 2020). For a lengthy amount of time, the understanding that postpartum depression (PPD) was a culturally unique condition that mostly affected women in Western nations was maintained. On the other hand, diseases with symptoms that are comparable have also been found in other nations (Cho et al., 2022). There are several studies that have demonstrated that the prevalence of postpartum depression (PPD) is stable throughout different cultures, despite the fact that it may appear to be less frequent among American women in comparison to European and Australian women. Women who are of South African and Asian descent are the most vulnerable to their condition. Postpartum depression (PPD) is characterized by a number of symptoms, including low mood, sleep difficulties, changes in appetite, mood fluctuations throughout the day, trouble focusing, and irritability. Women who are suffering PPD feel bad about their incapacity to care for their new baby (Brummelte&Galea, 2010). Approximately ten to fifteen percent of women have a more severe and long-lasting type of mental disorder, whereas the majority of women experience moderate, transient symptoms of postpartum depression (Shitu et al., 2019).

According to Fang and IqraMushtaque (2024) findings of a recent study on mental illness, it shares parallels with other mental diseases that women may experience at various times of their lives. Postpartum depression (PPD) is a condition that may be treated with a variety of different approaches, including cognitive therapy, psychosocial support groups, pharmaceutical treatments, and alternative therapies(Yu et al., 2021). For moms who suffer from severe postpartum depression, electroconvulsive therapy has proven to be a successful treatment. It is possible that mothers who are experiencing severe postpartum depression, particularly those who are having thoughts of suicide, will require inpatient care.

It has been demonstrated that several types of psychosocial therapy, such as support groups, are beneficial. Because it demonstrates to moms that they are not alone, Beck advises that participating in a support group can help lessen emotions of hopelessness that they may be experiencing. In addition to providing useful coping methods and emotional aid, participation in couples support groups may be immensely beneficial(Glynn et al., 2013). It is possible for couples to communicate their worries and wants to one another in a setting that does not pass judgment.

Depression may be broken down into three distinct components, which are the onset of symptoms, social functioning, and individual variables, according to interpersonal psychotherapy(Simhi et al., 2019). Rather than focusing on sadness, the focus shifts to the interpersonal dynamics that are associated with the transition to parenting and the changes in roles. Additionally, women who are pregnant and at a high risk can begin interpersonal psychotherapy. Research conducted not too long ago discovered that women who participated in Interpersonal Psychotherapy (IPT) had a greater likelihood of seeing a reduction in symptoms and recovery from Postpartum Depression (PPD)(Simhi et al., 2019). When compared to persons who did not receive IPT, this was different. According to studies conducted in the United Kingdom, women who suffered from postpartum depression saw a more rapid recovery after participating in three brief therapy sessions that were carried out in their own homes(Simhi et al., 2019).

Different criteria for the onset period are used in the DSM-IV and the majority of epidemiological research, which makes it difficult to determine the prevalence of postpartum depression (PPD). Due to the fact that mothers have a tendency to underreport, it has been challenging to determine the prevalence. Premenstrual dysphoric disorder (PPD) is a condition that is disclosed to healthcare practitioners by around twenty percent of women who suffer from it. The symptoms of postpartum depression (PPD) are frequently minimized by mothers and healthcare practitioners, who attribute them to the natural effects of delivery. Furthermore, there is data that suggests that moms may be reluctant to reveal their sadness because they are afraid of being judged and stigmatized for having a mental illness. According to Cooper et al., more than half of the people who were diagnosed with

depression on their own were not identified as having the symptoms of depression by their health visitor.

There is a lack of understanding of this syndrome, and its significance in terms of diagnosis and treatment has just lately come to be recognized, despite the fact that it is recognized as a worldwide problem related with delivery. Depression after childbirth, often known as postpartum depression (PPD), is a serious problem in society since it is associated with grave outcomes such as infanticide and suicide. Increasing the quality of mental healthcare provided during pregnancy is essential because of the widespread misdiagnosis and neglect of postpartum depression. With the help of this study, the researchers wanted to investigate the prevalence of postpartum depression at a healthcare facility in Pakistan as well as the methods that healthcare professionals employ to treat this condition.

Objective of the Study:

1. Assess the prevalence of postpartum depression among mothers in Pakistani healthcare institutions.
2. To investigate the management of postpartum depression by healthcare practitioners at the hospital.
3. To assess the effectiveness and availability of healthcare professionals' treatments for postpartum depression in new mothers.
4. Identify challenges faced by Pakistani healthcare practitioners in implementing postpartum depression treatment alternatives.
5. To enhance postpartum depression screening, diagnosis, and treatment methods using research results.

Methodology

- 1. Research Design:** Studies that are descriptive and cross-sectional are conducted in order to characterize the frequency of health outcomes that occur within a community. In this investigation, the methodology was appropriate. The moms who participated in the study were those who had just given birth within the last year, as this is the typical time range during which postpartum depression manifests itself. It was requested that those who offer medical treatment share information on hospital-based psychosocial and psychological therapies for this disease. Within a course of around two months, the research was entirely finished.
- 2. Sampling Technique:** Using a simple random sample method, the moms were chosen for the study. The moms who participated in this study were chosen at random and were not zero years old. The data collection process took place over the course of one month with the aid of five research assistants. For the purpose of selecting research participants, random numbers were allocated to moms who were present on each day. During the course of the research, individual names were assigned to numbers that were selected at random.
- 3. Sample Size:** The sample consisted of 120 moms. The study's 7 participants were selected using a convenience sampling procedure. They were selected for the study based on their willingness and capability to take part. Upon completion of data collection, 7 health workers participated in the study. This study aimed to record the utilization of hospital-based psychosocial and psychological therapies for postpartum depression by 7 healthcare professionals.
- 4. Questionnaire:** To determine whether or whether the patient was experiencing symptoms of depression, the authorized healthcare institution utilized the Patient Health Questionnaire-9 (Arroll et al., 2010). In primary care, the nine-item Patient Health Questionnaire-9 (PHQ-9) is used to test for depression. It has been shown via in-depth interviews with experts working in the field of mental health that the Patient Health Questionnaire-9 (PHQ-9) has an extraordinarily high specificity for diagnosing serious depressive disorders (more than 86 percent for scores over 10). In the course of our research, we utilized a standardized questionnaire that was closed-ended. For the purpose of this inquiry, the questionnaire was selected as the research instrument because of its cost-effectiveness, its usability, and its capacity to give quantitative data analysis. There were four key topics that were covered in the survey: demographics, therapy, duration, and alleviation of depressed symptoms.

- 5. Data Collection:** At the Bahawalpur Government Teaching Hospital, the research was carried out. The medical center that was chosen is a primary healthcare facility that is operated by the government. It offers a wide range of services, including mental health, pregnancy and family planning, pediatrics, surgery, outpatient care, radiography, accounting, administration, records, security, health insurance, and reproductive and family planning responsibilities.
- 6. Statistical Analysis:** When conducting the analysis of the data, we made use of SPSS 23.0 and employed both descriptive and inferential statistical methods. A preliminary examination of the questionnaire was carried out in order to validate and validate its reliability.

Results

Table 1 Respondent Information

Variables	Mothers (n= 120)	Psychologist/ Psychiatrist (07)
	F (%)	F (%)
Age 19-22	56 (46.6)	
23-33	64 (53.4)	7 (100.0)
Number of Children		
1-3	49 (40.8)	
4-6	71 (59.2)	
Education		
Not formal	33 (27.5)	
Metric	48 (39.6)	
Graduate	39 (32.9)	

The information on respondents is included in Table 1, which includes the demographics and professional backgrounds of those who participated in the research. Among the 120 mothers who participated in the survey, 53.4% were between the ages of 23 and 33, while 46.6% were between the ages of 19 and 22. 59.2% of mothers had between four and six children, while 40.8% had between one and three children. It was found that 32.9% of mothers had completed their high school education, 39.6% have completed their metric-level education, and 27.5% had not completed any formal education. On the other hand, all seven of the replies from the professionals working in mental health were either psychologists or psychiatrists, indicating that this particular group of specialists came from a diverse range of perspectives and experiences.

Table 2 Screening of Post-partum Depression (N=120)

Present	Not Present
10 (8.3%)	110 (92.7)

Table 2 presents the results of a screening for postpartum depression that was conducted on a group of 120 participating individuals. Only ten of the women, who showed signs of postpartum depression, which accounts for 8.3 percent of the sample. The other 92.7% of the participants did not exhibit any of these symptoms on their part.

Table 3 Depression in Mothers (N=10)

Mild	Moderate	Severe
3	4	3

When it comes to the severity of their ailment, the 10 moms who were diagnosed with postpartum depression are categorized in Table 3, which illustrates the results. According to the findings, thirty percent of individual participants demonstrated mild symptoms of depression, forty percent displayed moderate symptoms, and thirty percent displayed severe symptoms. The findings highlight the importance of individualized therapies and support services in order to effectively manage the diverse

degrees of misery and impairment that are brought on by postpartum depression, which can impact women in a variety of different degrees of severity.

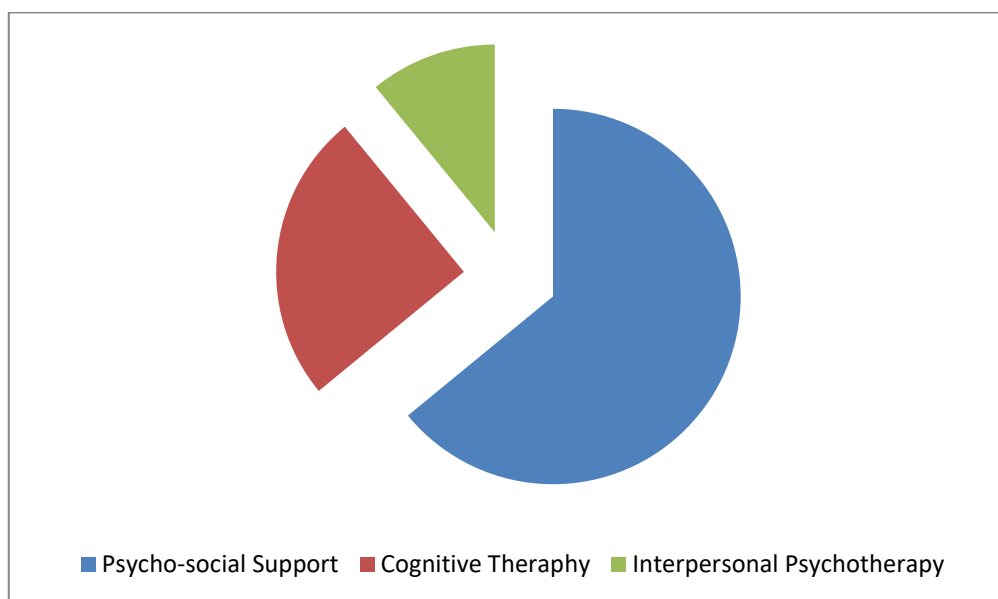


Figure 01 Therapies Applied on the Mothers diagnosed with PPD

The diverse range of therapeutic interventions employed to mitigate postpartum depression in individuals is depicted in Figure 01. The fact that psychosocial support was utilized by 8.2% of respondents, the highest proportion of any intervention, underscores the significance of emotional and social assistance in assisting mothers with mental health concerns. Cognitive therapy is a commonly employed approach, as reported by 3.2% of the participants. This underscores the efficacy of cognitive restructuring techniques in mitigating symptoms associated with depression. Additionally, a relatively small proportion of participants (1.4%) indicated that they had utilized interpersonal psychotherapy as a form of treatment.

Table 4 Effect size of Therapies on the symptoms reduction

Therapies	Applied	Symptoms reduce	P-value
Psycho-social	10	6	0.027*
Cognitive Behavior	10	3	0.21
Interpersonal	10	0	-

The benefits of various treatments for reducing symptoms of postpartum depression are provided in Table 4, which illustrates the breadth of these benefits. For example, psychosocial treatments have been shown to be statistically significant with a p-value of 0.027*. Furthermore, they have been shown to improve six symptoms among ten individuals, making them an exceptional choice for therapy. The findings of this study highlight the efficacy of psychosocial therapy in reducing the severity of depressive symptoms in women who are affected by the condition. On the other hand, cognitive behavior therapy was able to alleviate symptoms for three of the total participants, despite the fact that this outcome did not meet the criteria for statistical significance ($p = 0.21$). The individuals who participated in the research did not show any signs of improvement in their symptoms after receiving interpersonal therapy. The findings suggest that different therapeutic approaches have varying degrees of efficacy, which highlights the need of developing individualized treatment plans.

Discussion

The prevalence of postpartum depression among respondents in this country was 8%, which was lower than the prevalence in other nations that were included in this study. There is a possibility that

the instruments themselves are to blame for the disparity in findings that were obtained from this study's utilization of the PHQ-9 instrument in comparison to earlier studies. An assortment of symptoms of depression, ranging from mild to moderate to severe, were reported by the individuals who participated in the survey (Khalid et al., 2023). During their investigation of the incidence rates of a number of symptoms associated with depression, researchers from South Africa came to a similar conclusion. When it came to managing postpartum depression, the majority of respondents relied on psychosocial support, cognitive therapy, interpersonal psychotherapy, and professional postpartum home visits. It was only via the use of psychological support that a considerable reduction in depressed symptoms was achieved, which resulted in a positive outcome (Yu et al., 2021). The other strategies had only a modest impact on the outcome. The kinds of psychological therapies known as peer support and nondirective therapy are characterized by their lack of structure and manualization. It has been demonstrated that several types of psychosocial therapy, such as support groups, are beneficial. With regard to the treatment of postpartum depression (PPD), the findings of Holden's research suggest that this approach is useful. When compared to those who got normal primary care, individuals who participated in a study that included fifty women who suffered from postpartum depression and who had eight sessions of nondirective therapy with a health visitor had a much better rate of recovery (69%) than those who did not get such treatment. After conducting this research, the researchers came to the conclusion that neither cognitive therapy nor interpersonal psychotherapy intervention had a substantial influence on the reduction of depressed symptoms. As a result, interpersonal psychotherapy is not a viable option for treating postpartum depression in the region that is the subject of this research (Shehata et al., 2023). Interpersonal psychotherapy has been shown to be an effective method for treating postpartum depression, as evidenced by a number of research, one of which was a substantial randomized study. The researchers O'Hara and colleagues divided a total of 120 postpartum depressed women into two groups. The first group did not get any treatment at the beginning of the study, while the second group participated in twelve weekly individual sessions of sixty minutes each, which were led by a professional therapist. As measured by the Beck Depression Inventory and the Hamilton Depression Rating Scale, women who participated in interpersonal psychotherapy had substantial improvements in social adjustment and a reduction in the symptoms of depression as compared to the control group. In a supplemental research that was carried out by Clark et al., thirty-five women who were suffering from postpartum depression were randomly allocated to one of three groups: mother-infant group treatment, individual interpersonal psychotherapy consisting of twelve sessions, or a waiting condition. Interpersonal psychotherapy and mother-infant group therapy were shown to be more effective in lowering depressed symptoms than waiting conditions, according to the findings of the study. The results of both studies indicate that interpersonal psychotherapy is an effective treatment for postpartum depression (PPD), despite the fact that there is a lack of evidence to demonstrate the superiority of this treatment strategy over other treatment methods. Therefore, it has the potential to act as the major type of protection, particularly for a woman who is nursing her child.

The study had a number of limitations, including a low sample size and the utilization of a single depression screening test. It was determined that the data did not include a significant number of extra moms since they were not present throughout the hospital study. Furthermore, in order to establish the prevalence of postpartum depression (PPD), the study did not employ the same procedures as previous epidemiological investigations conducted elsewhere. Screening, diagnosing, monitoring, and determining the degree of depression are all possible applications for the Patient Health Questionnaire-9, which serves several purposes thanks to its versatility. The Patient Health Questionnaire-9 (PHQ-9) is a brief self-report exam that integrates the DSM-IV depression diagnostic criteria in order to identify substantial serious depressive symptoms. In spite of the fact that the methodology and design of the study may have had some shortcomings, the limitations that were there do not in any way diminish the findings that were presented.

Conclusion

There are a lot of factors that contribute to postpartum depression, making it difficult to estimate its prevalence. Treatment for postpartum depression (PPD) might involve pharmaceutical, cognitive, interpersonal, and support group approaches, among others. Within a year after giving birth, mothers were found to be suffering from postpartum depression, despite the fact that the condition was not as prevalent at that time. According to the severity of their depression, respondents reported experiencing symptoms of varying degrees of severity, ranging from light to moderate to severe to extremely severe. The presence of a previous history of postpartum depression, stress associated to pregnancy, difficulties with childcare, and general stressful life events are all variables that might increase the likelihood of developing postpartum depression. Postpartum depression was treated with a variety of psychological and social therapies, the most common of which were cognitive therapy, interpersonal psychotherapy, home visits by trained professionals, and psychosocial support. It was shown that seeking psychological therapy was the most effective method for reducing the symptoms of depression. The mother and the child may experience feelings of inadequacy and grief as a result of postpartum melancholy, which can have a negative impact on the social development of both parties.

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