



COMPARATIVE STUDY ON POSTPARTUM DEPRESSION MANAGEMENT BETWEEN AYURVEDA DOCTORS AND COMMON WOMEN IN KOLLAM

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ABSTRACT

Postpartum depression (PPD) is a mental illness. This study was conducted among Ayurveda doctors and common women to evaluate the management of PPD. Its effect on their future life was also analyzed. It is evident from the study that women educated about PPD could manage the disease. No related studies were done on this topic or subject groups.

INTRODUCTION

The journey to motherhood is a crucial phase of womanhood. Women have to face a lot of physical and mental changes. Mental issues vary, like postpartum blues, postpartum depression, or postpartum psychosis. Nowadays, the incidence of postpartum depression (PPD) is high among mothers. PPD may occur due to physical, mental, genetic, and social factors. Ineffective management of it may lead to the fatality of either maternal or newborn or both. Later in her life, there are chances of getting a severe mental illness.

The bodily and psychological trauma due to parturition will recover in the first six weeks after childbirth. Mother-infant bond and developmental milestones are also initiated during these days in the infant. So inappropriate management of PPD would affect the child also. Besides treatment, the support provided by her family and society will ease her retrieval to normal life. Thus, education on PPD can influence society's view and thereby could lower its rate and stigma. The importance of PPD education for the whole family must be considered for healthy motherhood development.

PROBLEM STATEMENT

The leading cause of the increased amount of PPD cases is the unawareness of the disease and its treatment. If the doctors could manage the condition to a particular extent, it would be with the help of their knowledge of it. So, raising education standards on this topic would reduce its incidence.

OBJECTIVES

1. To analyze the rate of incidence of PPD in Ayurveda female doctors and ordinary women
2. To evaluate the rate of PPD management in both groups.
3. To examine the methods adopted by them for management.

4. To analyze the percentage of their mental and social well-being after one year of delivery.

GENERAL BACKGROUND POSTPARTUM DEPRESSION

After childbirth, most women have immense physical and psychological changes. Postpartum blues mainly occur within the two days of parturition. It had symptoms like slight mood swings and anxiety. It is manageable with support and care given by near ones. Most of them would develop PPD if their management were improper. Women who had a history of despair, any mental illness, suffered from trauma, or had limited social support in life are at greater risk of affecting. As per the study by Ravi et al. (2017), it was found that pregnant women who were in urban outskirts had a more proportion of PPD symptoms. Also, he included that those who were physically healthy would not approach health facilities and did not get the opportunity to share depressive symptoms with their consultants "During pregnancy, progesterone and estrogen increased ten times more than normal period. After delivery, there was a sudden drop in these, but the scientific reason behind the cause of PPD is unknown" (Debra, 2020). The prevalence rate in Kerala was 29.4% in a study conducted at a tertiary care teaching institute (Heera et al., 2019). It could be effectively managed with behavioral therapy, psychosocial support, and counseling.

SCALES FOR SCREENING

Health professionals widely use the Edinburgh Postnatal Depression Scale (EPDS) to diagnose PPD. It has been validated in different populations and languages. Depression symptoms like sleep problems, fatigue, anhedonia, and suicidal thoughts were included as factors for rating.



Assessment of social relationships was conducted with the Social Adjustment Scale-Self Report. "It covers six areas of functioning including work, social and leisure activities, relationships with extended family, role as a marital partner, parental role, and role within the family unit" (Rzepa, Weissman, 2014).

RESEARCH METHODOLOGY

The case study was done on groups of Ayurveda doctors and common women. Both groups had ten participants who completed one year postpartum. Ayurveda doctors finished their five- and half-year undergraduate program at a well-known Ayurveda college in Kollam district, Kerala. Their curriculum had a topic related to postpartum depression, and they had read it in the third year of the course. They are currently doing clinical practice. The second group of women were well educated and employed. Participants of both groups were randomly selected from four districts of southern Kerala. They did EPDS after childbirth and had mild to moderate symptoms. The survey was done from 30th June 2022 to 2nd July 2022.

ASSESSMENT SCALE-1

Management of PPD was assessed in this study with the help of a structured scale. Based on its etiology, treatment, and prognosis of disease, eight concepts were identified, each was given three ratings, and a new scale was developed. It was administered to mothers of both groups through an online survey method and interviewed, and then the results were evaluated.

MANAGEMENT ASSESSMENT SCALE

The management of PPD was assessed with the following scale.

Score	
1	I did undergo depression screening
2	Occasionally engaged in but did not follow the course
3	Did not undergo
1	I am adequately educated on the causes and prognosis of depression
2	I only learned about it through social media
3	I did not know about depression
1	I was aware that it was curable
2	I knew that illness could be cured, but I kept it a secret out of social anxiety
3	I did not know its treatment
1	I told to partner or parents about my anxieties during the postpartum
2	I told them, but they refused to listen
3	I did not consider telling anyone else about this
1	I talked with my friends to reduce daily stress
2	I tried to communicate, but my friends were unsure of how to handle it
3	I had never discussed this with my friends
1	I could recognize the early signs of relapse and control them
2	Relapse happened unexpectedly, and I was

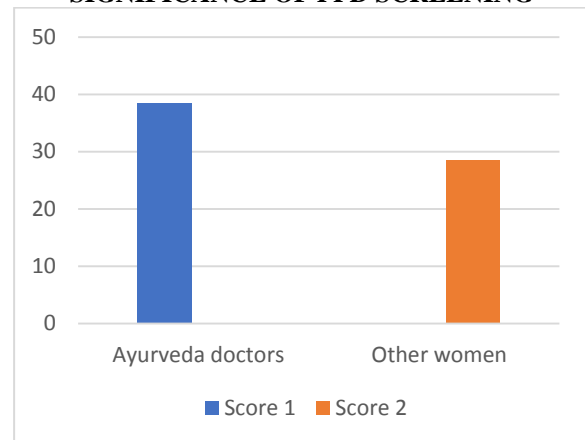
3	unable to manage it
3	I did not know relapses
1	I adopt healthier habits like yoga/ meditation/ healthy food habits
2	I adopt practices and regimens which are usually followed in society
3	I never did think about adopting healthier habits as I am worried about myself
1	I formed a healthy bond with the infant
2	I rarely interacted with the baby
3	I had no idea that interacting with the baby was so important

Later, evaluations on current mental well-being and social relationships were conducted on them. It was rated with the Social Adjustment Scale Self-Report (SAS) through the same platform.

DATA COLLECTION AND ANALYSIS

Data were collected from the selected twenty women. Information obtained through the survey and interview was interpreted in the below charts. The first two scores were taken, and the third score was avoided in the chart as its percentage is negligible in the result.

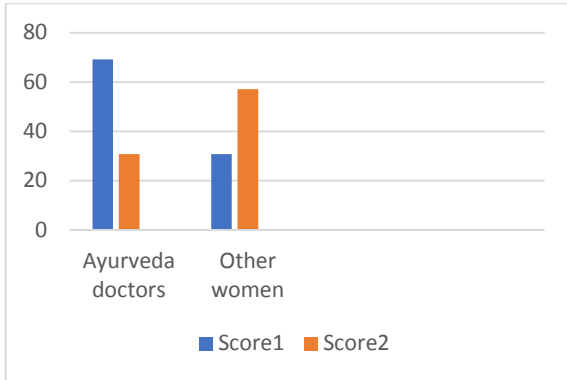
CHART-1
SIGNIFICANCE OF PPD SCREENING



38.46% of Ayurveda doctors and none of the common women underwent screening during postnatal visits. The percentage of Ayurveda doctors and other women who occasionally did screening was 0% and 28.57%, respectively.

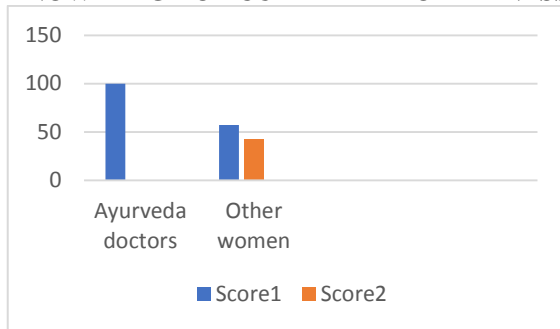


CHART-2
KNOWLEDGE OF ETIOLOGY AND PROGNOSIS OF PPD



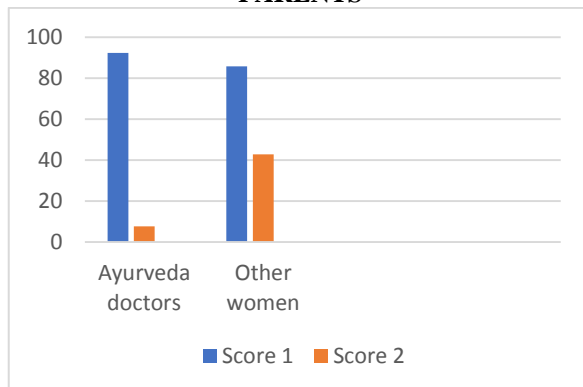
69.23% of Ayurveda doctors and 42.85% of common were adequately educated on the disease. 30.76% of Ayurveda doctors and 57.14% of common women depend on social media for information.

CHART-3
KNOWLEDGE OF CURABILITY OF ILLNESS



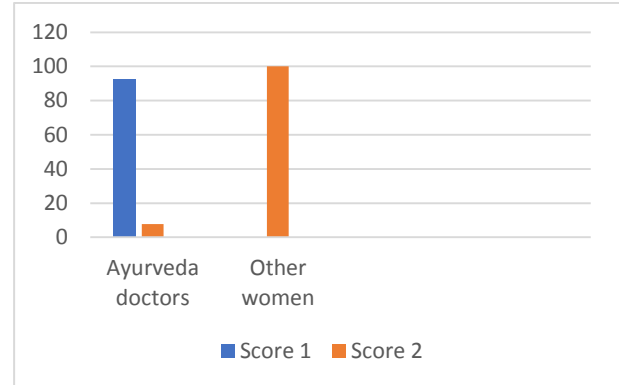
Participated Ayurveda doctors were fully aware of its cure, and the percentage of other women on the same was 57.14%. None of the Ayurveda doctors hid the disease, and 42.85% of other women hid their illness despite knowing it. Ayurveda doctors are majority attentive to its etiology, treatment, and prognosis.

CHART-4
SHARING CONCERNS WITH THE PARTNER AND PARENTS



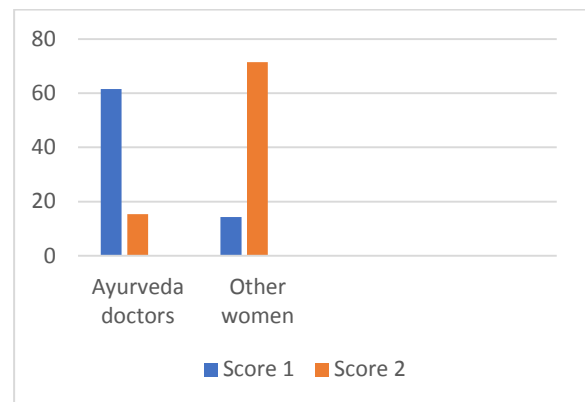
92.30% of Ayurveda doctors and 85.71% of common women shared anxieties with their partners or parents. Among those Ayurveda doctors and common women who tried to communicate on the above topic, 7.69% and 42.85% were unsuccessful, respectively.

CHART-5
CONTACT WITH FRIENDS



This chart detailed the importance of discussing mental stress with friends who also had the same situation. 92.30% of Ayurveda doctors and a few common women discussed it with friends who had the same situation. The percentage of Ayurveda doctors and common women who tried communicating with their colleagues was 7.69% and 100%, respectively.

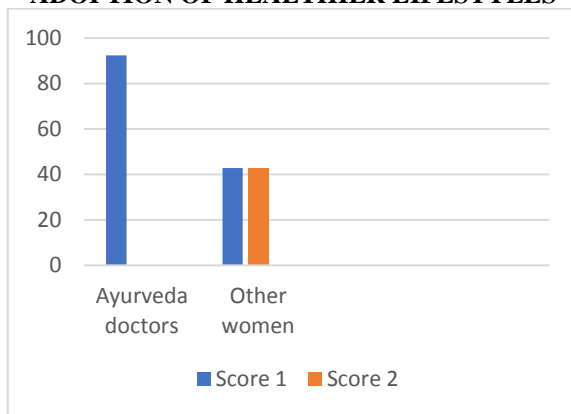
CHART-6
MANAGING EARLY SIGNS OF RELAPSES



This chart illustrates recognizing and managing early signs of relapses. 61.53% of Ayurveda doctors and 14.28% of common women were able to tackle relapses. 15.38% of Ayurveda doctors and 71.42% of common women were unable to manage it, as it happened unexpectedly.

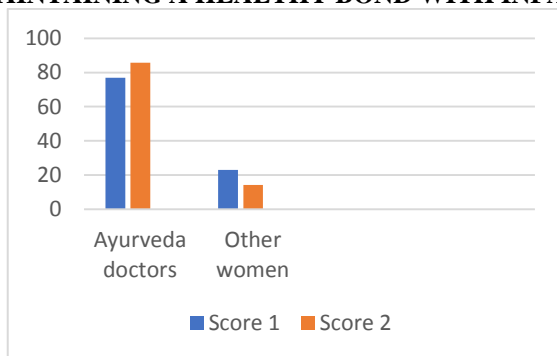


CHART-7
ADOPTION OF HEALTHIER LIFESTYLES



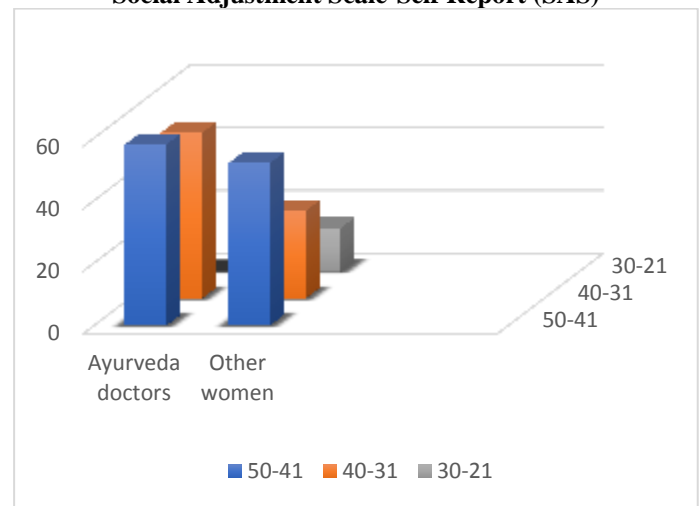
92.30% of Ayurveda doctors and 42.85% of common women adopted healthier lifestyles such as yoga, meditation, and healthy food habits. The percentage of Ayurveda doctors and common women who adopted practices usually followed in society was 0% and 42.85%, respectively.

CHART-8
MAINTAINING A HEALTHY BOND WITH INFANT



76.92% of Ayurveda doctors and 23.07% of common women adopted it, and 85.71% of Ayurveda doctors and 14.28% of common women rarely interacted with babies. From the above data, it was clear that Ayurveda doctors could manage PPD scientifically to a better extent than the common women population.

CHART-9
Social Adjustment Scale-Self Report (SAS)



50-41 Socially adjusted
 40-31 Borderline
 30-21 Moderate
 Below 20-Severely impaired

This chart delves data on the rate of mental and social well-being after one year from the date of delivery. 58% of Ayurveda doctors could be socially adjusted, and the percentage of adjusted other women was 52%. 53% of Ayurveda doctors and 28% of common women were borderline. 14% of common women and none of Ayurveda doctors showed moderate symptoms in this case- study. There was no severity of disease reported in both groups.

CONCLUSION

It was found from the survey that PPD is an emerging mental illness in mothers irrespective of factors such as age, education, and economic assistance. The way of managing determines its rate of recovery and non-occurrence in the future. Understanding the relapses would prevent the situation from getting worse. The health-regaining process will happen postpartum. Adoption of unhealthy habits will affect physical and mental health. It could imbalance the functions of endocrine glands and result in diseases such as obesity, diabetes mellitus, and PCOD in her later life. Pranayama and meditation described in yoga will help to control her conscious mind. Thus, she can control her tension, emotional outbreaks, and sleep difficulties. Modified yoga postures for them can alleviate low back pain, incontinence, and incidence of uterine prolapse in the future. Neglecting the baby, a symptom of PPD will affect the mental and physical health and consequences sleeping, eating, and behavioral problems in the baby (CDC, 2022). These cause the chances of developing adolescent depression in them. The well-managed mothers can maintain human relations and overcome mental distress in daily life.



RECOMMENDATIONS

- Government should consider policies for the mental well-being of new mothers. Free and compulsory screenings must be made available through health centers. Their improvement in illness should be evaluated with the help of Accredited social health activist (ASHA) workers.
- The undergraduate education curriculum should include classes on PPD, irrespective of gender.
- The public and private sectors should support PPD-diagnosed women by providing adequate leave with pay.

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