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Mood disorders after childbirth

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ABSTRACT

Introduction: The most frequent mood disorder to appear after childbirth is baby blues syndrome.

Aim: The assessment of mood disorder intensification in women, one week after childbirth, as well as determining whether or not there is a connection between chosen sociodemographic variables and occurrence of postpartum blues.

Material and methods: 285 women took part in the study. The study was conducted, on average, on the third day after childbirth. The research was conducted with the use of a diagnostic survey, and the main research tool was the Edinburgh Postnatal Depression Scale which was used to assess the occurrence of the risk of mood disorders after childbirth. A score of 12 or more on a 30-point scale was an indicator of mood disorders.

Results and discussion: 23.2% of women obtained a score of 12 or more points on the Edinburgh Postnatal Depression Scale. The average level of mood disorders was significantly higher in single women. A correlation between an unfavourable financial situation and the occurrence of postpartum blues in women was found. No significant difference was found in the occurrence of mood disorders in respect of age, education, professional activity, and place of residence.

Conclusions: In first week after childbirth, every fourth woman was at risk for the occurrence of postpartum blues. Single women and those in an unfavourable financial situation experienced postpartum blues more frequently.

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1. Introduction

One of the most important moments in a woman's life is the time of pregnancy and childbirth. It is a period of difficult or

even critical situations. Scientific research suggest that psychiatric disorders in that time appear more frequently than in any other period of woman's life.¹ Brockington distinguish 30 different disorders of the period, which then divided into several groups. These groups were postpartum

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psychosis, postpartum depression, childbirth psychopathology, bipolar disorder, mother-child relation disorder, anxiety disorders, obsessive disorders and ones connected to stress.²

The most frequent mood disorder, which appears in 80% of women after childbirth, is baby blues syndrome.^{1,3-5} It is a mild disorder of short duration. Despite the fact that it is frequently referred to as 'sadness after childbirth' it can also manifest itself as postpartum hypomania – a state of moderate euphoria, which can be incorrectly recognized as a first episode of bipolar disorder or an episode of postpartum psychosis. Baby blues develops between 1st and 14th day after childbirth, reaching its maximum between 3rd and 5th day,^{6,7} which is when the biggest hormonal changes (decrease in the levels of progesterone, cortisol, and estrogens and increase in the level of prolactin) take place.^{6,7} Due to the current tendency to release the patients earlier, baby blues may be left unnoticed.⁸

A phenomenon that can be observed worldwide is postpartum depression, which occurs in 10%–20% of cases.^{9,10} Both, in DSM-IV and ICD-10 classifications, postpartum depression appears in the first few weeks after childbirth.¹¹ Basic symptoms of depression according to ICD-10 are depressed mood, loss of interests and satisfaction, and lack of energy. Additional symptoms include anxiety of a significant intensification, feeling guilty and remorse, and suicidal thoughts and behavior.¹² After feeding a child at night, difficulty in falling asleep, excessive concern for child's health, inadequate feeling of guilt, recurring thoughts of death, and thoughts, plans or suicide attempts can also appear.³ The clinical picture of postpartum depression comprises symptoms of severe depression, neurotic depression, and reactive depression.¹³

Psychoses of postpartum period constitute a heterogeneous group of disorders comprising mood disorders (depression and mania) with psychotic symptoms, and schizophrenias or somatogenic psychoses.^{8,11} Postpartum psychosis is the most severe form of psychiatric disorders in postpartum period, which occurs in 0.1%–0.2% of cases.¹⁴ Postpartum psychosis develops rapidly. Its early symptoms are sleeplessness, and even lack of sleep for several consecutive days, lack of hunger, high arousal, irritability, dysphoria, avoiding contact with child, and not taking care of child. Psychotic symptoms usually occur in the form of delusions or hallucinations with their content concerning a child or childbirth.⁷

According to certain researchers concerned with the discussed topic, early identification of potential risk of postpartum mood disorders should cover sociodemographic evaluation, personality, woman's psychiatric record and recent events in her life, and old and current obstetric-gynecological factors.¹⁵ The range of sociodemographic factors connected to mood disorders in women after childbirth covers mostly age, education, marital status, place of residence, and social status. The idea that age and experience should make the sense of security increase was not confirmed in research, but many authors have shown the relation between low economic status and the occurrence of mood disorders in women after childbirth.¹⁶⁻¹⁸ Certain research also suggest that there is a relation between lower education and age of women and the occurrence of psychiatric disorders after childbirth.^{17,19} In Jarzabek et al.'s research,²⁰ single women were

more vulnerable to the development of mood disorders when compared to married women, whereas Podolska's research proved that marital status had significant influence on the risk of the occurrence of psychiatric disorder symptoms. This risk was greatly increased in the group of cohabiting women when compared to married and single women.²¹

Mood disorders connected to the postpartum period are of multifactorial nature and have a negative effect on mother's health, and, above all, on health and development of a child. Research conducted thus far does not agree, and there are many analyses to be made to fully comprehend the discussed disorder.

2. Aim

The aim of the work was assessment of the intensification of mood disorders in women a week after childbirth and determining if there is a relation between chosen socio-demographic variables and the occurrence of baby blues.

3. Material and methods

In total, 285 women, who gave birth in the Hospital in Bydgoszcz, took part in the study. Bioethics committee (271/2010) of Nicolaus Copernicus University in Toruń allowed us to perform the study. The women, as well, gave an agreement in writing to perform the research. The main research tools were Edinburgh postnatal depression scale (EPDS), a questionnaire constructed by us, and medical documentation. Women qualified for the study two days after natural childbirth and three days after cesarean section. The women filled the questionnaire on third day after childbirth on average. The questionnaire we prepared was comprised of demographic questions (age, education, marital status, professional activity, place of residence, and financial situation). Basing on the medical documentation, data concerning the course of pregnancy and childbirth was collected.

EPDS was created by John L. Cox, Jenifer M. Holden, and Ruth Sagovsky in 1987 in Livingston and Edinburgh. EPDS is a self-assessment questionnaire whose aim is to detect depressive symptoms. It consists of 10 short questions. Women fill the questionnaire alone and are supposed to pick the answer that characterizes their feelings best through the past 7 days. According to the creators of EDPS, a score of more than 9 points suggests a 'possible depression', and 12 or 13 points in a 30-point scale suggest that women probably suffer from depressive disorders of various severity. Scale validation was based on research diagnostic criteria (RDC) for depression. The score was more than 12 points in the EPDS rating: sensitivity at 86%, specificity at 78% and predictive accuracy at 73%. Authors of the EPDS and the British Journal of Psychiatry holding the copyright to the tool give their consent for the use and replication of the tool on condition of referring to the source.²²

Following independent variables were used in the study: age, education, place of residence, marital status, professional activity, and financial situation. The age of women, who took part in the study, was between 15 and 39 years. Almost 75% of respondents were professionally active. Every fourth woman

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