To Study About Depression And Its Prevention Among Postnatal Mother In Selected Area Of Ahmedabad City, Gujarat

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Abstract: The disturbance of neuropsychological processes during pregnancy and parturition may cause postpartum depressions in vulnerable individuals. Pre-natal and psychological and instrumental needs are indicated to be poorly met in western society and this crisis can interfere with neurophysiological factors to undermine the functioning of maternal psychology. In relation to neuropsychological women's wellbeing in the time of the transition, the effects of developmental factors and psychological and physical stressors are addressed. The psychobiological shift from pregnancy to successful post-natal parenting, the reconstruction of family and job roles, can be assisted, disregarded and derailed in the environmental milieu. Determining how psychosocial factors impact the link between violence and postpartum depression (PPD) history. Women have received B48 hours of live-born child care from four urban hospitals in Utah. The history has been collected by self-reporting during enrollment of physical or sexual assault. There have also been collected psychosocial covariates, including stressors and depression. Pregnancy stressors were classified using the Pregnancy Risk Assessment System's "stressor" questions. A pre-defined Edinburgh Postnatal Depression Scale score of C12 for 6-8 weeks after partition was taken as the key result indicator. Psycho-social threats were widespread among 1,038 women tested: 11.7% violence history, pregnancy strainors–financial 49.1%, emotions 35%, partnership-associated 19.8%, and traumas 10.3% and history of depression 16.7%. Interestingly, the experience of violence was just one of women with a moderate degree of stressors. Missuse and pregnancy stressors are normal and affect the probability of PPD positive testing.

Keywords: Narrative review, postpartum depression, risk factors, Abuse, Pregnancy stressors, Depression and postpartum depression

1. INTRODUCTION

Emerging research indicates a history of trauma is a postpartum depression risk factor (PPD). Women with a history of violence appear to suffer from other psychosocial stressors; these possible covariates should also be included in PPD studies. These more nuanced analyses are however, limited to date. Only 8 studies with standardised measures to determine the effect of the history of abuses on ppd were found in a recent systemical review[1]. Seven of the studies found a correlation between the history of violence and either PPD or high scores of depression screening. The remaining research found no overall correlation, but a subgroup review showed that sexual exploitation during pregnancy was related to depression[2]. We have found another study with 248 women in the Middle East that showed that women with a

history of attack have increased their auto-reported symptoms during pregnancy[3]. In the majority of these studies a particular correlation was identified and other psycho-social factors such as the existence of pre-existing depression or the presence of stressors in pregnant women were not examined.

Fig. 1 Sleep deprivation vs postnatal depression

Studies found that variables like low monthly wages, under age 24, unemployment, etc. Postpartum depression [11, 12, 14, 16, 22] has been associated with pregnancy, disappointment in marital circumstances and intimate partner abuse. The linked obstetric factors were associated with postpartum depression, such as unplanted pregnancy, history of the miscarriage/stillbirth, and first-time motherhood [11, 22, 23]. Any of the factors associated with postpartum depression are social and behavioural factors such as the history of drug use, inadequate social support, a history of predecessor depression, and death of infants[16, 22, 23].

PPD is frequently ignored in healthcare in developing cities, including Ahmedabad, Gujarat. System and no monitoring and documentation of PPD cases for specific mental health services during the postnatal follow-up[24]. In Ahmedabad District, Gujarat, there is no analysis of the estimates of postpartum depression, despite widespread variations in prevalence and the related factors of postpartum depression. For the implementation of national and international health policies to enhance mental health care, accurate estimates of postpartum depression are therefore important. The goal of the systemic examination and meta-analysis was therefore to estimate the community prevalence and related factors of postpartum depression among women in Ahmedabad, Gujarat.

2. METHODS

Strategy of quest
Two researchers (TT and GF) searched six electronic data bases independently In this study The words 'postpartum depression' are 'stress of the postpartum' or 'postpartum anxiety,' along with 'postpartum women' and 'Ahmedabad Area, Gujarat,' for example Medina, Pub Med, Cochrane library, Science website and Google Scholar and Scopus. Unpublished papers were searched for by Addis Abeba University Digital Library and the African digital library[25—28]. Literature has been downloaded to Endnote (version X7) for maintenance and management of quotes and for review..
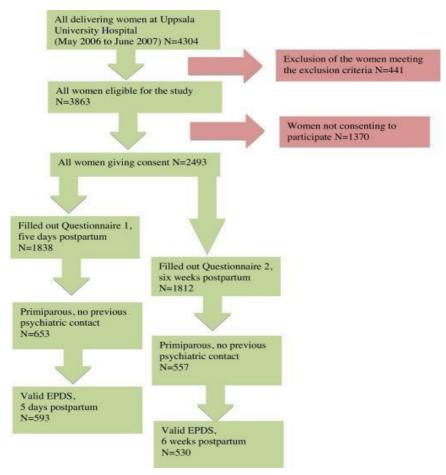
Fig. 2 EPDS study phases

In order to prevent replication, related structural evaluations and meta-analysis have been reviewed. The study was performed in accordances with PRISMA guidelines from 1 December 2019 to 1 January 2020. The predefined search terms were used to allow us in our review to search extensively through important studies. In advanced PubMed search, all fields in records and Medical Topic Heading (MeSH terms) were used. The following search strategies were modified with the two significant search engines with the following basic search terms: "postpartum depression prevalence," "postpartum depression severity" AND "linked postpartum depression causes" OR "postpartum depressive postpartum determinants" AND "pregnant mothers" AND "Ahmedabad City, Gujarat" "Ahmedabad city," Gujarat." Additional papers were also reviewed for reference lists of reported trials.
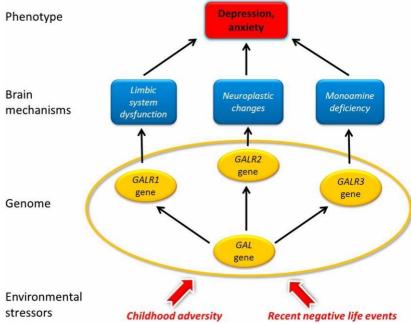
Fig. 3 Depression Anxiety

Research Design:
The quasi experimental study design used to find the effectiveness of psycho education and examination on depression and its prevention among postnatal mother.

Variables Under Study:
In the present study selected demographic characteristics- Age of mother, religion, gender of child, education of parents, occupation of parents, family income, type of family, No of child, habit, food habit, residence, family history of depression.

Study Setting: -
This study has been conducted in selected areas of Ahmedabad district, Gujarat.

Study Population: -
This study has been conducted on postnatal mother.

Sample Size: -
A sample size has been depending on sampling technique.

Sampling Criteria:
Inclusion Criteria: -
- Mother had never been treated with antidepressant medication.
- Mother over 19 years of age.
- Willing to participate in study
- Read, write and speak Gujarati or Hindi

Exclusion Criteria: -
- Who are not willing to participate in this study.
- Postnatal mother with other mental illness

Study Tool: -
The scholar has used the PHQ-9 (patient health questionnaire) for examination of depression, structured knowledge questionnaires to assess the pre-test and post-test knowledge of depression and its prevention among postnatal mother

Pilot Study:
Prior to pilot study informed consent has been taken from the samples. Pilot study has been done among selected numbers samples as per population available from selected area of Ahmedabad, Gujarat. Samples has been selected by simple random sampling technique.

Plan for Data Collection
Prior to data collection informed consent will be taken from the sample. And they will be assured that their identity will not be revealed in any case.

Limitations of Research:
- The study will conduct only in selected area of Ahmedabad District.
- The study will conduct on postnatal mother.

Scope of the Study:
There is a lot of scope for research in Stress and Depression during post-natal period of woman due to major life changes in her life because of child birth. In the present study, many post-natal mothers will get depression screening with PHQ-9 questionnaire. Out of all screened woman approximate 300 postnatal mothers with mild to moderate depression are expected to be studied. They will get deep psycho education on depression and its prevention. So, this research study will help to assess the mental health of postnatal mother in a better way. This study will be given a clear understanding to postnatal mother to identify their coping strength to fight with depression. The postnatal mother will gain more self-confidence and improve their perception towards depression and this study will further help them to know their mental status and also help to make husband, family member and society more aware about this

Outcome measurement
There are two key findings in this report. The first finding was to estimate the prevalence of postpartum female depression. The use of multiple scales such as Edinburgh Postnatal Depression Scale (EPDS), the Patient Wellbeing Questionnaire Scale and Kessler 10 Scale (K10) measured postpartum depression. EPDS has a total of 10 items, and each item has a maximum score of 30, with a minimum score of 0 on each item. EPDS vector 10 reveals significant symptoms of depression clinically relevant and EPDS < 10 does not suggest significant depressive symptoms clinically. The scale of the questionnaire for patients' wellbeing contains 9 items with a cumulative score of 27. Score #10 reveals severe clinical depressive symptoms, and a total score <10 shows a lack of significant clinical symptoms. The K10 scale contains a five-level response scale of 10 questions about emotional states. Each object is graded between one "none of the time" and five "every day." Score is then added to the 10 items, giving the minimum score 10 and the maximum score 50. The low numbers indicate low levels of mental distress and high numbers indicate high levels of mental distress.
The second finding of this research was post-partum depression determinants for postnatal women. Intended (planned vs. unexpected) birth, method of delivery (normally vaginal versus instrumental delivery or caesarean delivery), social support (with social support versus social support) and a history of infant mortality (absence versus present), domestic abuse

(absence versus presence), prior history of depression (absence ver) were determinants for this research.

Performance evaluation and extraction of data
The Meta-Analysis Meta-JBI-MAStARI was used for critical assessment by the Joanna Briggs Institute. The reference programme (X7 Endnote) was initially used to merge search results from the database and to manually delete redundant posts. The titles and abstracts of the studies were then carefully analysed on the basis of their importance. Eligibility was determined based on prearranged inclusion and exclusion requirements for full text of the remaining posts. Finally, the systemic study and meta-analysis included research that had scored seven and more on the JBI quality assessment checklist. The data extraction checklist includes the names of the authors, the year of publication, the area (the field of study), the nature of the study, study environment, sample size, response and the participants' results. The structured checklist of data extraction from Microsoft excel sheet was extracted by two reviewers (TT and GF). Incongruity was compromised by the participation of the third investigator (MA) with two independent reviewers.

Data synthesis and statistical analysis
In order to analyze the results, they have been collected in a spreadsheet format in Microsoft Excel and imported to STATA version. The Odds Ratio (OR) logarithm and standard error were generated using the STATA "generate" command for each sample.
The source of heterogeneity was established by using a sample size and the publishing year, but neither variable showed a significant presence of heterogeneity. An area and research environment were used to analyze the subgroup to minimize possible heterogeneity between the studies included. The existence of publication bias was tested with a funnel plot. In addition, the statistical test Egger and Begg were used to verify the statistical sense of publication distortions. The second outcome included a random impact model, as five separate variables (pregnancy intention, social support, a past infant mortality history, ancient histories of depression and marital satisfaction) were observed with a moderate to high degree of heterogeneity.
A model for fixed effects was utilised in two variables (the method of delivery, domestic violence), as the included studies did not have heterogeneity.

3. CONCLUSION
At first, 764 studies from various digital library catalogues and electronic database searches were accessed, of which 269 were deleted due to duplicates. Then the titles and abstracts were reviewed, and 467 articles were examined and omitted because of a lack of interest to the research. Their findings were examined. Based on the pre-determined inclusion and exclusion requirements the remainder of 28 full text papers were assessed for eligibility. Finally, 12 papers meeting the requirements of eligibility have been included
Study final (Fig. 1).

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