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Importance of Being Aware of Postpartum Depression: Mini Review

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ABSTRACT

Postpartum depression (PPD) is a mental health concern. Postpartum depression can develop during pregnancy, or after giving birth to up to one year. Postpartum depression can be a challenge for the mom involved and often it is misdiagnosed. Postpartum depression can be a bigger challenge if the mom is single or has other factors such as lacking a support system. A review of nursing and health related literature was conducted to explore postpartum depression. The three themes that emerged from the literature are: risks, interventions, and screening. Findings from the initial literature review reveal that a lack of knowledge exists in nursing and patient care practice regarding postpartum depression. The purpose of this rapid review was to promote understanding of factors influencing postpartum.

Keywords

Postpartum depression, Mental health dilemma.

Background

According to the Centers for Disease Control and Prevention [1], research reveals that 1 in 8 women experience postpartum depression (PPD) symptoms such as feeling sad, hopeless, worthless, impaired concentration, loss of energy, suicidal thoughts of harming self or the baby, and more. Postpartum depression can develop during pregnancy, or after giving birth to up to one year. This problem will be researched in depth to spread awareness about this mental health dilemma. Its effects can be minor or debilitating to the mother and family. Postpartum depression (PPD) is very prominent within the United States, and at times overlooked. It has been reported that 1 out 7 women in the United States has faced some symptoms of PPD. The global prevalence demonstrates that the average is around 17%. South America is one of the highest countries facing PPD with a rate around 21%, and Southeastern Asia being the lowest at 13.5% [2]. According to Ojukwu, et al. postpartum depression is defined as a "type of depressive mood disorder that involves extreme sentiments of bitterness, uneasiness, or gloom that may hinder postpartum women from being able to function effectively on a daily basis" (pg.102). Children born to mothers with PPD may result in impaired emotional, cognitive, and language development, as well as PPD being the leading cause of maternal death postpartum [3]. Symptoms can be seen within the first 2-3 days postpartum and can continue up to 12 months. Early on the woman may cry, question their parenting ability, become angry at the infant, or partner, and may have a decreased appetite. Having support is needed for the mom and baby. According to the American Psychiatric Association up to 50% of postpartum depressive symptoms start before the birth of the child. No real cause has been identified, but postpartum depression may stem from hormonal fluctuations, a history of depression, and emotional and lifestyle factors. PPD affects every racial demographic, but studies have shown that African Americans are disproportionally impacted [4]. Single moms are often harder to assess, as they often feel intimidated and afraid to discuss their mental health with providers. Single moms must face these struggles alone, often causing a disadvantage compared to their two-parent household counterparts. Single mothers are found to face greater barriers to wellness, self-care, and support systems [5].

Mini Literature Review

A review of nursing and health-related literature was conducted to explore PPD signs and symptoms, risk factors, screening tools, and

treatment options using the following keywords both singularly and in multiple combinations: postpartum depression, risk factors, single moms, and lived experience. Electronic research databases such as the Nursing and Allied Health Database ProQuest, CINAHL Plus with Full Text, EBSCO, and Google Scholar were searched and limited to the years 2018-2023. The 5-year limit was used to ensure current evidence-based literature is reviewed and summarized.

Risks

Perinatal mental health disorder is one of the leading causes of death in pregnant women and during the first year postpartum [6]. There are multiple risk factors of postpartum depression that emerged from research. Risk factors can also be tied to interventions because when we know what a risk factor is, we can help prevent it by intervening. These articles can represent both themes of risks and interventions. In the research article by Goyal et al. [7], depression scores were significantly higher in participants who were younger, and who were using formula and breastmilk to feed their infants versus breastmilk alone. Hollen et al. [8] also revealed mothers in the NICU who did not pump breast milk relative to mothers who did, were eleven times more likely to have postpartum depression. They suggested that oxytocin, a hormone linked to stress reduction, gets released from milk ejection and from mother-infant skin contact.

Similarly, Figueiredo et al. [6] followed 334 pregnant women until six months postpartum. Descriptive statistics determined that participants with prenatal depression who exclusively breastfed at three months showed less symptoms of depression. This reveals that women who solely breastfeed could possibly be protecting themselves from PPD. Therefore, the benefits of solely breastfeeding should be further studied for the sake of maternal mental health.

When Koire et al. [9] conducted a study to examine peripartum depression screening of 3,240 participants, a risk factor that emerged was being a single woman. Single women had a 44% higher chance of developing PPD versus women in a relationship due to the lack of having someone to share an emotional closeness with. Giron et al. [10] revealed that women who were sampled in the WIC program showed a higher than national average occurrence of PPD. This can be due to risk factors such as low income, low education level, and younger maternal age just like the above articles have also revealed.

Spigelmyer et al. [11] researched an intervention of engaging women in their own health education activities. Usually, patients more involved in their own care have better outcomes. Women were given interactive educational videos to watch. Patients with a college degree were able to finish the activity faster and get discharged faster. Results showed women with only a high school degree required more support for PPD. It is helpful to know through this research, that women with less education should be provided with more PPD education and support.

Another significant risk factor can be from having a baby that ends up in the Neonatal Intensive Care Unit (NICU). Berns & Drake implemented a screening and referral protocol using EPDS in the (NICU). Screenings took place two weeks postpartum. Results revealed 24% of these mothers were at an increased risk for PPD. Similarly, Grippi conducted a study on mothers' post NICU discharge. The study revealed that out of the 74 participants, 31 had apparent symptoms of PPD. Evidently, mothers who have babies enter the NICU are at a higher risk for developing PPD.

Age Factors

Percentage of women self-reporting postpartum depression symptoms was highest among 18- to 24-year-olds, at 10%. The rate of postpartum depression then steadily declined by increasing age, dropping to 6.5% for 35- to 39-year-olds, however increasing slightly to 6.9% among women 40 and older [12].

Cultural

It is well known that postpartum depression affects women of various ages and cultural backgrounds. Globally, 12% of mothers experience postpartum depression, of this percentage Black mothers living in the United States make up to 15% to 24% of this population [13]. Black women often do not receive treatment for their mental health needs due to cultural differences in depressive symptomology, their distrust in the health care industry, and most have a strong religious faith and reliance on God to alleviate their disease processes. Postpartum depression were at least 4 months postpartum.

COVID

Women who became pregnant at the beginning of the pandemic experienced increased incidence of prenatal anxiety and depressive symptoms. Pregnant women were very concerned about preventative measures about the virus, and there was a lack of information both via media streams and online about what the public should be doing. Higher stress levels were seen in the postpartum, which led to higher incidence of postpartum depression. Lack of prenatal care, health teaching, and the opportunity to be properly screened for mental health disorders influenced postpartum depression [14]. The pandemic added another struggle to single parent households. One in four single mothers found themselves unemployed and reemployment numbers grew at a slower rate compared to their dual-parent household counterparts. This impacted new moms. Single mothers also disproportionately

Predisposed Mental Health Disorders

One major risk factor that is often seen in women with postpartum depression is a history of depression. A history of untreated depression before pregnancy were more prone to having increased risks of depression after delivery, along with subsequent pregnancies [15]. Although these women typically have improved social function, and maternal attitude to know the key factors that are involved with delivering/supporting a child, they become overwhelmed with stress. Anxiety is a mental health disorder that can be the result of postpartum depression especially if the mom had symptoms prior. Anxiety themes included financial concerns,

lack of support, lack of sleep, lack of eating, and the lack of understanding the needs of the newborn [16].

Screening for PPD

PPD screening patterns were examined using the Edinburgh Postnatal Depression Scale (EPDS) during obstetric and pediatric visits. Prenatal depression appeared in 9.9% of women, and 8.6% showed postpartum depression. Two thirds of women were not screened until their third trimester which resulted in delayed detection in approximately 28% of women [9]. This study reveals that PPD can also be detected prenatally, not just during the postpartum period. It also reveals that single women have a 44% higher chance of developing PPD versus women in a relationship. Similarly, Cohen et al. conducted an evidence-based practice project to implement the EPDS screening tool at two primary care pediatric clinics in a low socioeconomic immigrant community in San Diego, California. Screenings and referral protocols were established for new mothers going for their infant's well-baby visits at 2 weeks, 1 month, 2 months, and 4 months well-baby visits. Results revealed a 9.5% incidence of at-risk mothers for PPD. Of those participants, 73.1% were referred to a mental health service. Unfortunately, 19% of those mother's declined the referral.

Jarvis et al. [17] also conducted a study that screened mothers presenting to the Pediatric Emergency Department with infants 6 months of age or younger. Fifty-seven (27%) of the 209 mothers screened had PPD symptoms, 14 (7%) mothers reported suicidal thoughts, and 97 (47%) mothers stated they have never been screened before. Their research also pointed to previous history of mental health disorders as significant risk factors to developing PPD. These articles bring insight on the importance of screening women during the prenatal and postpartum periods within the obstetric and pediatric screening timepoints. Early detection is key for prevention of PPD.

Sidebottom et al. [18] evaluated prenatal and postpartum depression screenings in a large health care system. Roughly, 64% of women who returned three months postpartum were screened. Several concerning revelations included racial inequalities and low socioeconomic status. African Americans, Asians, Hispanic American Indian, and other multi-racial populations were less likely to get screened compared to white women. In addition, females under the age of 24, single, or on Medicaid/Medicare were less likely to get screened. Any clinic that encounters postpartum women should have screening protocols in place no matter the age, race, or socioeconomic status of their clients. Low socioeconomic status, low education, and younger maternal age are at a greater risk for developing PPD. These screenings should be standard of care for any facility that serves postpartum women, especially high-risk populations.

There is a significant gap in research on the screening for PPD. Limited research has been done on when to screen, and where to screen susceptible women. It is imperative to detect and prevent PPD, especially in high-risk populations. Postpartum women are susceptible to this disease and more research should be put into creating a universal screening tool that would be implemented as a standard clinical practice for prenatal and postpartum women. All clinicians should be trained on using screening tools for PPD such as: Postpartum Depression Screening Scale (EPDS) or the Beck Depression Inventory (BDI). There is enough debilitating evidence of the effects of PPD to push for screening to be implemented in any facility that follows up with postpartum women. This would help save the lives of mothers and children sooner rather than later.

Support

Support systems give us a sense of comfort, belonging, and protection. When it comes to single moms, being a part of a support group or feeling like you have a great support system can show benefits to mental health. This is the case regardless of demographics. Working racial minority single mothers were found to benefit positively from support groups [16]. Just the feeling of being supported can enhance mental health. Postpartum mothers who utilized support and or felt support reported less mental health symptoms [19]. Support groups, family, friends, or just the mental feeling that you are supported will have lasting positive impact on the mental health of the mom.

Mental Well-Being

New moms must follow up with their health care provider. They can evaluate and assist with what treatment plan will work. However, there are items that a new mom can do at home to improve their own mental wellbeing. Exercise when you can, which includes taking the baby for a short stroll in the fresh air, even for 15 minutes a couple times a day. Schedule some "me time". Use your support such as friends and family to allow you to get out of the house between feeding times. Go on a walk, take a nap, go to the coffee shop or just sit in the park. Eating nutritional foods such as fruits, vegetables, and protein can help you feel better and give your body the nutrients that it needs. Sleep when the baby sleeps, a report showed that women who clocked fewer than four hours of sleep between midnight and 6 am, or fewer than 60 minutes of napping throughout the day are at risk for postpartum depression. Seek out your friends or others, isolation is not healthy. Researchers discovered that new moms had lower levels of depression after regularly speaking with experienced mothers who had previously experienced PPD [20].

Conclusion

Postpartum depression can be scary for new moms. Depression can be a precursor to many mental health issues and can influence post-partum. Health care providers need to communicate, screen, and help the new mom to make them feel that they are doing well. Screening for anxiety and depression should be included in routine peripartum visits. New moms need to seek out support, use therapeutic techniques, and visit their health care providers. Women facing postpartum depression should be encouraged to talk about it and be made aware that they are not alone. Further research should be conducted on implementation of screening protocols as standard of care and interventions for positive symptoms of PPD. It is also a clinicians' duty to eliminate the social stigma placed on postpartum depression to allow mothers to seek the help they

need. This stigma forces women to suffer silently while being afraid to seek help, consequently, leading to more harm to her and her family. Most crucially, clinicians should be able to screen for PPD to identify susceptible mothers, provide early interventions, educate, and assist with the appropriate resources needed.

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