

Postpartum Depression in Women Admitted to a Kangaroo Mother Care Ward

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Introduction

- Postpartum depression (PPD) incidence in developed countries is ± 10-15 % (1)
- Known associated factors:
 - Years of education
 - Social stressors and absence of support
- Limited data available in developing countries
- Study in Cape Town at a well baby clinic -PPD was found to be 35 %(2)

Effects of PPD on Infants

- PPD can have numerous effects on the infant
 - Decreased visual and verbal interaction (3)
 - Difficulty in breastfeeding and disturbed sleeping patterns
 - Long term:
 - Difficulty in forming attachments
 - Adverse influence on social, verbal, cognitive and emotional development (4)

Research question

- How many mothers with LBW and/or premature infants admitted to a KMC ward screen positive for PPD?
- What factors are associated with an increased risk to develop PPD?

Setting

- Kalafong Provincial Tertiary hospital
- Mainly low income patients from an urban setting
- Referral hospital for high risk pregnancies
- KMC ward consisting of 20 beds
- Step down unit

Edinburgh Postpartum Depression Scale(5)

- The EPDS was developed and validated for use in the UK
- It is a IO-item self-report scale, designed specifically as a screening instrument for the postnatal period
- The 10 questions with choice of 3 answers where each answer carries a certain value
- Scores of 12 or more out of 30 predicted PPD

Modified EPDS (6)

- The language of the EPDS was simplified and validated for use in a South African multilingual, urban population
- It was administered verbally to participants
- A threshold of 12 on the EPDS identified:
 - 100% of women with major depression and
 - 71% of women with minor depression
- Positive predictive value 53% and negative predictive value 92%

Inclusion criteria



- Mothers who voluntarily agreed to participate
- 2. Mothers with infants born less that 37 weeks gestational age
- 3. Infants with birth weights less than 2500 grams

Exclusion criteria

- 1. Caregivers other than mothers
- 2. Mothers with language barriers
- 3. Mothers whose babies have congenital abnormalities
- 4. Teenage mothers < 16 years
- Mothers previously diagnosed with a mood disorder or who are on mood stabilising therapy

Methodology

- Permission obtained from Ethics committee at UP
- Short pilot study (December 2014)
- Data collection: 01/01/15-31/12/15
- Experienced research assistant interviewed mothers individually:
 - Informed consent obtained
 - Completed modified EPDS
 - Demographic questionnaire
- All women with scores ≥12/30 was referred for psychological evaluation and/or counselling

Demographic information

Mother

- Age
- Citizenship
- Gravity and parity
- Pregnancy planned
- Delivery method
- HIV status
- Social (education, employment, support)

Infant

- Birth weight
- Gestation age
- Gender



Results

- Total number of mothers interviewed: n = 457
- EPDS Score > 12: n = 166 (37%)
- Demographics
 - Mean age of mothers 28 years
 - Mean weight of infants 1670 grams
 - Mean gestational age 34 weeks
 - Mean age at interview 14 days



Residential Area – Socio Economic



Education



p value: 0,555

Relationship



p value:0,352

Miscarriages



HIV status



p value :0,668

EPDS≥ 12/30 (n=166)

Variables			p-values
Citizenship	RSA citizen (140)	Non- RSA citizen(26)	0,383
Pregnancy planned	Planned (75)	Unplanned (89)	0,232
Employment father			0,578
Maternal grand parent support			0,558
Gender	Female (93)	Male (73)	0,035

Limitations

- Observational descriptive study
- Mothers in a tertiary referral hospital
- High risk pregnancies and deliveries
- Language barrier to interviewing non- RSA citizens

In Summary

- PPD was found to be very prevalent in mothers with preterm and / or LBW infants
- 1 in 3 mothers were screened as having PPD
- Gender was the only associated factor found to be statistically significant
- More single mothers suffered from PPD compared to married ones
- Socio economic factors may influence why mothers from informal settlements had more PPD

Conclusion

- Screening for postpartum depression should be considered as part of routine post natal care
- From these findings it is important to have counselling and psychological support for mothers in the post partum period, especially those with preterm and / or LBW infants
- Appropriate treatment and follow-up for affected mothers to prevent long term complications for the infants

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