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INTRODUCTION

Postpartum depression (PPD) is a clinically recognized mood disorder classified under the umbrella of perinatal psychopathology, manifesting as a persistent and pervasive state of dysphoria in individuals following childbirth. This disorder is situated within the broader spectrum of perinatal mood disorders, encompassing various affective disturbances during the perinatal period.

In contrast to the transient and normative nature of the "baby blues," postpartum depression is characterized by enduring and maladaptive cognitive and affective states. Symptoms include pervasive sadness, heightened anxiety, and disturbances in emotional regulation, significantly impacting the individual's psychosocial functioning.

Epidemiological data indicate that postpartum depression affects approximately 15% to 20% of the perinatal population. This prevalence underscores the salience of investigating and addressing this complex psychological phenomenon within the broader context of maternal mental health.

A myriad of psychosocial determinants contribute to the etiology of postpartum depression. These encompass neurobiological factors, such as hormonal fluctuations and genetic predisposition, as well as psychosocial stressors, including social isolation, inadequate social support, and adverse life events. Understanding these multifaceted risk factors is imperative for targeted psychological interventions.

The repercussions of postpartum depression on maternal mental health are profound, encompassing disruptions in attachment processes, disturbances in self-concept, and compromised maternal-infant bonding. This can lead to an exacerbation of existing psychopathology and compromised maternal functioning, necessitating a nuanced psychological approach.

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POSTPARTUM DEPRESSION

Postpartum depression (PPD) is a mood disorder that affects women after giving birth characterized by,sadness,worry, anxiety which affects the daily functioning.

Types of postpartum depression:

- Postpartum blues: This is the mildest form of postpartum mood disorder and is characterized by mood swings and falls, tears, discomfort and anxiety. It usually goes away on its own a few days to a few weeks after giving birth.
- Postpartum depression (PPD): PPD is more severe than postpartum depression and can interfere with activities of daily living.
- Postpartum psychosis: This is the most severe form of postpartum mood disorder and is characterized by hallucinations, delusions, paranoia, agitation, and extreme confusion.
 Postpartum psychosis is a medical emergency and requires immediate treatment.

Postpartum depression symptoms:

- Persistent feelings of sadness, emptiness, or hopelessness
- Frequent crying or tears
- Irritability or anger, especially because small things
- Loss of interest or pleasure in once enjoyable activities
- Changes in appetite or weight
- Sleep problems (insomnia or sleeping too much)
- Fatigue or loss of energy
- Feeling worthless or guilty
- Difficulty concentrating or making decisions
- Thinking about death or suicide, or having suicidal thoughts

Causes of postpartum depression:

The exact cause of postpartum depression is unknown but may be due to a combination of physical, emotional and lifestyle factors.

Some possible causes and risk factors include:

- Hormonal changes: Fluctuations in hormone levels, especially estrogen and progesterone, during and after pregnancy pregnancy can contribute to postpartum depression.
- Biological factors: Certain biological factors, such as genetics, brain chemistry and previous mental health problems, may increase the risk develop postpartum depression.
- Psychological factors:Stressful life events, lack of social support, marital or relationship problems, financial difficulties, and history of trauma or abuse can contribute to postpartum depression.
- Physical factors:Complications during pregnancy or childbirth, such as difficult labor, cesarean section, or health problems in the baby, may increase the risk of postpartum depression .
- Lifestyle factors:Poor sleep, lack of exercise, unhealthy diet and substance abuse can also contribute to postpartum depression.

In modern society, proactive measures that has to be followed by the family and the support system includes;

- Family support: Encourage family members to provide financial support. The emotional and physical well-being of new mothers can significantly facilitate their transition to motherhood.
- Nutritional support: Ensure access to nutritious meals and snacks that can contribute to postpartum recovery and overall health.
- Rest and Recovery: Promote an environment conducive to rest and recovery by supporting household chores, childcare, and providing adequate sleep.
- Physical activity: Encouraging gentle exercise and appropriate physical activities for postpartum recovery, such as yoga or postpartum walking, may help improve mood and physical health.
- Mental health support: Recognize the importance of mental health and provide support through open communication, encourage seeking professional help if needed, and create opportunities for self-care.
- Bonding Time; Facilitates bonding time between mother and infant as well as other family members, promoting emotional well-being and strengthening family relationship.

- Education and Resources: Providing access to educational resources on postpartum care, breastfeeding support, and newborn care can empower women make informed decisions about their health and that of their children.
- Regular health check-ups: Regular health check-ups for mother and baby to monitor their health and respond promptly to any concerns.
- Financial Assistance: Addressing financial concerns and ensuring access to health care services and resources without adding to the stress can be soothing Take away the worries of new mothers.

There are a number of steps the government can take to reduce postpartum depression and support women during the postpartum period:

- Mental health awareness and education programmes: Governments can conduct public awareness campaigns to educate women and their families and health care providers about postpartum depression, its symptoms, factors risks and resources available for support and treatment.
- Accessible and affordable health services:Ensure access to quality and affordable health services, including prenatal care and postpartum, mental health screening and counseling, can help identify and treat postpartum depression early.
- Maternity and paternity leave policy:Implementing policies that provide adequate maternity and paternity leave and flexible work arrangements can help new parents balance balance their caring responsibilities with their professional commitments.
- Extended parental leave can also give parents more time to bond with their newborn and adjust to the demands of parenthood, potentially reducing stress and the risk of depression.
- Support mental health services: Invest in mental health infrastructure and services, including trained health professionals, counselors and groups support, specializing in perinatal mental health, can ensure women have access to timely and culturally appropriate care.
- Mental health support during the postpartum period.
- Early Screening and Intervention Program:Performing routine screening for postpartum depression during prenatal and postpartum visits with health care providers can help identify Identify women at risk and facilitate early intervention and treatment.
- Governments can support the implementation of screening programs and ensure that health care providers are trained in how to recognize and manage postpartum depression.
- Community Support Programs:Supports community initiatives, such as peer support groups, community centers, and home visiting programs, which may provide additional source of support and connection for women in the postpartum period.

- These programs can provide practical help, emotional support and opportunities for socialization, which can be beneficial in preventing and managing postpartum depression.
- Research and data collection:Invest in research on postpartum depression, including prevalence, risk factors, and effective interventions, with can provide evidence for evidence-based policies and programs to reduce its impact.

Collecting data on the prevalence and outcomes of postpartum depression can also help policymakers evaluate the effectiveness of existing interventions and identify areas for improvement.

By implementing these measures, governments can play an important role in promoting maternal mental health, reducing the burden of postpartum depression and supporting the wellbeing of new mothers and their families.

CASE STUDY

Patient History:Sarah, 30, had a normal pregnancy and easy delivery. She has a supportive partner, a strong social network, and works part-time from home.

Symptoms and manifestations: About two weeks after giving birth, Sarah started feeling sad, irritable and anxious. She cried often, felt overwhelmed by the responsibilities of caring for a newborn, and had difficulty bonding with her child. She also has difficulty sleeping even when her child is asleep and has lost her appetite.

Assessment and diagnosis:Sarah's partner urged her to seek help as her symptoms worsened. Her primary care physician diagnosed her with PPD based on the duration and appearance of her symptoms.

Treatment plan: Sarah's doctor recommended treatment and prescribed an SSRI.Sarah attends weekly therapy sessions, takes medication and receives additional support from her partner.

Results and follow-up:After several weeks of treatment and medication, Sarah's symptoms improved.She felt more connected to her baby, cried and worried less, and regained her appetite and slept well. Regular follow-ups were planned to monitor his progress.

Conclusion:Sarah's case highlights the importance of early intervention in PPD.

Through a multidisciplinary approach that included therapy, medication, and social support, she was able to control her symptoms and adapt to motherhood.

SUMMARY

In modern times, there is a growing awareness of the need for proactive support for women after childbirth.

This recognition is based on the understanding that comprehensive care and support during the postpartum period is vital to the mother's health.Proactive support addresses physical, emotional and social aspects, promoting a comprehensive approach to postpartum care. Recognizing the unique challenges new mothers face, we emphasize early intervention and personalized support to improve women's overall experience and postpartum health outcomes.

The prevalence of the need for proactive support for women after childbirth in modern times is evident in the growing awareness of postpartum challenges. Research consistently highlights the physical and mental health issues that many women face during the postpartum period. As societal expectations evolve, it becomes necessary to recognize and address these challenges. The prevalence of postpartum difficulties highlights the urgency of implementing proactive support

systems, ensuring that women receive the care and resources they need to successfully navigate the period. Preventing postpartum difficulties through proactive support is vital in modern times.

By focusing on comprehensive prenatal education, mental health screening, and accessible health care, we can identify potential problems early. Providing a support network, both within the family and the community, contributes to a preventative approach, thereby reducing the risk of complications after childbirth.Proactive measures such as postpartum check-ups, breastfeeding support, and mental health resources can empower women, promote a healthier transition to motherhood, and minimize the negative impacts of pregnancy. Ultimately, prevention through proactive support is essential to improve women's health after childbirth in the current context.

CONCLUSION

In conclusion, the need for active support for postpartum women in modern times is undeniable. As societal expectations and demands evolve, it is important to recognize the physical, emotional and mental challenges that new mothers face. Implementing comprehensive support systems, including accessible health care, mental health programs and community initiatives, can contribute significantly to promoting A healthier and more resilient postpartum experience for women in today's fast-paced world. Prioritizing proactive support not only benefits individual mothers but also helps build a more compassionate and inclusive society.

REFERENCES

- Demott K., Bick D., Norman R., editors. *Clinical Guidelines and Evidence Review for Postnatal Care: Routine Postnatal Care of Recently Delivered Women and Their Babies*. National Collaborating Centre for Primary Care and Royal College of General Practitioners; London: 2006. [Google Scholar]
- Razurel C., Kaiser B., Sellenet C., Epiney M. Relation between perceived stress, social support, and coping strategies and maternal well-being: a review of the literature. *Women Health.* 2013;**53**(1):74–99.
- [PubMed] [Google Scholar] Lazarus R.S., Folkman S. Springer Pub. Co.; New York: 1984. Stress, Appraisal, and Coping. [Google Scholar]
- Tarkka M.-T., Paunonen M., Laippala P. Social support provided by public health nurses and the coping of first-time mothers with child care. *Public Health Nurs*. 1999;16(2):114–119. [PubMed] [GoogleScholar]
- Razurel C., Bruchon-Schweitzer M., Dupanloup A., Irion O., Epiney M. Stressful events, social support and coping strategies of primiparous women during the postpartum period: a qualitative study.
- Midwifery. 2011;27(2):237–242. [PubMed] [Google Scholar] McLeish J., Redshaw M. Peer support during pregnancy and early parenthood: a qualitative study of models and perceptions. BMC Pregnancy Childbirth,2015;15(1):257. [PMC free article] [PubMed] [Google Scholar]
- Bonevski B., Randell M., Paul C. Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups. BMC Med. Res. Methodol. 2014;14:42. [PMC free article] [PubMed] [Google Scholar]
- Forster D.A., McLachlan H.L., Rayner J., Yelland J., Gold L., Rayner S. The early postnatal period: exploring women's views, expectations and experiences of care using focus groups in Victoria, Australia. BMC Pregnancy Childbirth. 2008;8(1):27,[PMC free article] [PubMed] [Google Scholar]
- Aston M., Price S., Etowa J., Vukic A. The power of relationships: exploring how public health nurses support mothers and families during postpartum home visits. J. Fam. Nurs. 2015;21(1):11–34. [PubMed] [Google Scholar]