EDITORIAL: MATERNAL POSTPARTUM DEPRESSION; A CALL TO VIGILANCE

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Postpartum depression (PPD) defined as a blend of physical and behavioral changes commonly occurring within 4 to 6 weeks after childbirth has a high prevalence (1). It has been considered as a spectrum of major depressive disorder in the DSM-IV classification whose symptoms include low mood, vacillation, disturbed sleep and appetite, anxiety, irritability and sometimes suicidal tendencies (2). There are a variety of events that may result in PPD, they include a change in the physiology, circumstances and sometimes combined events that are multifactorial in nature.

After birth, most women do experience mood swings not accompanied with suicidal tendencies and resolve within a short period of time. This should be differentiated from a true episode of PPD.

There are a number of postulations to explain the mechanism of postpartum depression, they include elevation and a sudden drop of estradiol and progesterone which affect the serotonin, monoamine oxidase A (MAO-A), gamma-aminobutyric acid (GABA) and dopamine pathways. Alterations in these pathways have been associated with occurrence of psychiatric diseases (3–5).

Some factors such as history of a major depressive illness, multiple pregnancy, life stressors including poor social support and stressful events and low socioeconomic status have been associated with a higher likelihood of PPD (3,6,7).

Assessment of mothers in the antenatal and postpartum period is important and strongly recommended to check and score the risk for PPD (8). The findings from work done by Tuitoek, 2020 and published in this issue showed that 11.3% of patients screened positively for PPD and only a few of the patients were ever aware of it. This demonstrates a high burden of the disease and it deserves attention.

A number of tools have been used to screen patients at risk of PPD, including Edinburgh Postnatal Depression Scale (EPDS), Center for Epidemiologic Studies of Depression instrument (CES-D), the Patient Health Questionnaire (PHQ-9), and the Postpartum Depression Screening Scale (PDSS). EPDS is preferred for its simplicity, sensitivity and specificity (9).

Management for PPD includes supportive and cognitive therapy, group therapy, pharmacologic interventions, electroconvulsive therapy for severe cases and sometimes may warrant admission in the hospital for mothers at risk of suicide. It is imperative, therefore, that all clinicians from primary health providers, midwives, reproductive health specialists and all that deal with maternal and child health develop a high index of suspicion for PPD to mitigate its serious downstream consequences.

REFERENCES

1. Klainin P, Arthur DG. Postpartum depression in Asian cultures: A literature review. Int J Nurs Stud. 2009;46(10):1355–73.
2. DelRosario GA, Chang AC, Lee ED. Postpartum depression: Symptoms,diagnosis, and treatment approaches. J Am Acad Physician Assist. 2013;26(2):50–4.
3. Meltzer-Brody S. New insights into perinatal depression: Pathogenesis and treatment during pregnancy and postpartum. Dialogues Clin Neurosci. 2011;13(1):89–100.
4. Lokuge S, Frey BN, Foster JA, Soares CN, Steiner M. Depression in women: Windows of vulnerability and new insights into the link between estrogen and serotonin. J Clin Psychiatry. 2011;72(11):e1563–9.

5. Sacher J, Wilson AA, Houle S, Rusjan P, Hassan S, Bloomfield PM, et al. Elevated brain monoamine oxidase A binding in the early postpartum period. Arch Gen Psychiatry. 2010;67(5):468–74.

6. Choi Y, Bishai D, Minkovitz CS. Multiple births are a risk factor for postpartum maternal depressive symptoms. Pediatrics. 2009;123(4):1147–54.

7. O'Hara MW. Postpartum depression: What we know. J Clin Psychol. 2009;65(12):1258–69.

8. ACOG. The American College of Obstetricians and Gynecologists Committee Opinion no. 453. Screening for depression during and after pregnancy. Obstet Gynecol. 2010;115(2):394–5.

9. Hirst KP, Moutier CY. Postpartum major depression. Am Fam Physician. 2010;82(8):926–33.

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