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## Original Research Article

# Postnatal depression among Libyan women in Derna

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## ABSTRACT

**Background:** Postnatal depression during postnatal period is a recurrence of pre-existing situation and one of the common types of mental health illness. Objectives were to explore the factors and prevalence of postnatal depression that influences on the women's during postnatal period in Derna city and its surrounded suburbs.

**Methods:** Design A prospective study was carried out and survey of practice. We used Edinburgh postnatal depression scale (EPDS) to collect data between January 2021 to December 2021 in Derna city and its suburbs. Participances women who took part in the study, met specific criteria such as their baby being born within the previous twelve months.

**Results:** Overall, 100 women were included in this study. The mean age of women was  $32.51 \pm 5.72$  from 23 to 45 years. More than one third 36% of women were from Derna and 66% of women live in their own house. According to EPDS, found 47% of women were possible to expose to depression, 51% of women were complain from postnatal depression and 2% were attempted to suicide. The women delivered by caesarean section were at high risk of postnatal depression ( $p=0.001$ ).

**Conclusions:** Untreated postnatal depression led to harmful effect on the relationship between mother and her baby, her partner and other family members. lead to negative impact on society screening and early diagnosis for postpartum depression is important, essential and a vital role for health care professionals such as (midwives, health visitors, nurses and GPs).

**Keywords:** Postnatal period, Psychomotor agitation, Mood, Postnatal depression

## INTRODUCTION

Pregnancy and postnatal period are crucial period in a women life-a time when she undergoes considerable physiological and psychological adjustment.<sup>1</sup> Psychiatric disorder during prenatal and postnatal period is common; both new episodes and recurrences of pre-existing situation.<sup>1,2</sup> Psychological disturbances often occur as substance abuse, depression or attempts at suicide, especially when joint with pregnancy that is unwanted.<sup>5,7</sup> The prevalence of all psychiatric disorders is the same at beginning as in the non-pregnant population).<sup>8,10</sup> Although, most women can pass prenatal and postnatal

period without any mental health problems, but some of them appear to have problems during antenatal period or in the first year after giving birth.<sup>11,13</sup>

Postpartum depression is one of the common types of mental health illness, which is occur in mothers, who became depressed in first year after giving childbirth.<sup>1,3</sup> However, a study by Oates found that between 3 and 5% of women, who will suffer from a moderate to severe depressive illness after giving childbirth. In health institute reported that the "baby blue" is quite common and 50-80% of women, who have "baby blue" during early day after giving childbirth.<sup>4</sup> Scottish intercollegiate network (SIGN)

reported that the prevalence of women, who will suffer from a depressive illness, is 100-150 for every 1,000 live births.<sup>5,6</sup> Also, the world health organization predicts that the second greatest cause of disability and premature death nationwide is depression by 2010.<sup>7,14</sup> Women, who have mental health problems, are very common to become ill again during prenatal and postnatal period than any other times in their life.<sup>15,17</sup> However, mental disorders during prenatal and postnatal period can have dangerous consequences for the mother, her infant and other family members. Moreover, it may improve quickly and become more dangerous in first year after giving birth than at other times.<sup>18,19</sup> Aim of this prospective study to explore postnatal depression and risk factors by Libyan women in Derna city and surrounded suburbs.<sup>20</sup>

## METHODS

A prospective study was carried out in AL-Wahada hospital-Derna and its suburbs between January 2021 to December 2021. Overall, 100 women took part in the study, who met specific criteria such as their baby being born within the previous twelve months. Those who agreed to participate were asked to sign the consent form. The ethical approval was obtained from college of medical technology/Derna/Libya committee. The data was analyzed by using EPDS and questioners. This was collected by directly interviewing women using Edinburgh postnatal depression questioners and postnatal depression scale. Also, the data analysis was performed using SPSS software version 20. Descriptive statistics, including percentage, mean, range, and standard deviations, were calculated for all variables.

## RESULTS

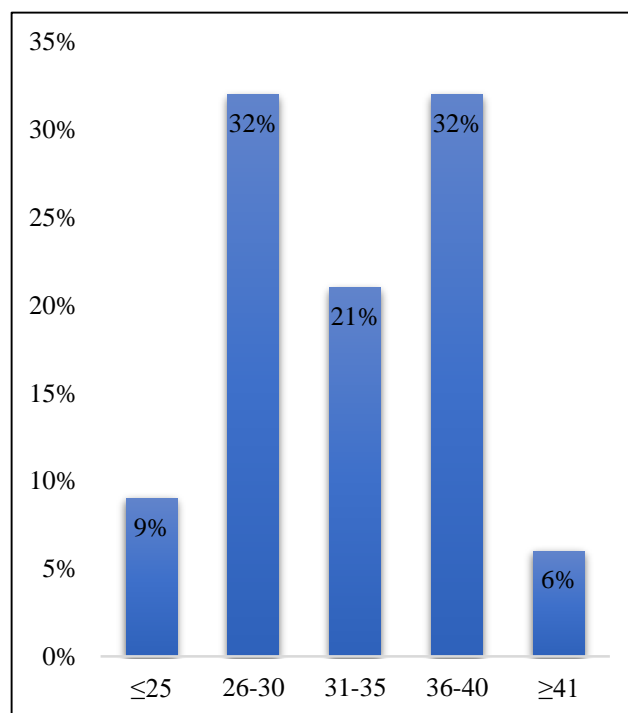
A total of 100 women were included. The age of women ranged from 23 to 45 years, with the mean age of  $32.51 \pm 5.72$  years. More than one third 36% of women were from Derna and 66% of women live in their own house. Concerning obstetrical history, the mean of gravida was  $4.56 \pm 4.58$  range from 1 to 10, 75% were multigravida. More than half of women had 5 and less children range from 1 to 10. 48% of the study women had abortion range from 0-1. More than half had Vaginal delivery (Figure 3). Seven of women has no boy, 29% of women has 2 boys and 20% has 3 boys. Seventeen of women had no girls, 28% has two girls and 25% has 1 girl. Most of women 97% had no handicap child. The cause of handicap child was birth asphyxia, congenital abnormality and preterm baby. Three of handicap child were die in the first or second week.

However, according to women answer through EPD questioners, 57% of women said they have been able to laugh and see the funny side of things as much as I always could, 13% said not quite so much now, 24% definitely not so much now not at all and 6% not at all. Also, 51% said they have looked forward with enjoyment to things as much as I ever did, 20% said rather less than I used to, 14%

said definitely less than I used to and 15% said hardly at all. On the other hand, 36% of women have blamed themselves unnecessarily when things went wrong, 26% said some of the time, 36% not very often and 2% said never, 28% of women have blamed their self unnecessarily when things went wrong, 7% said hardly ever, 55% said sometimes and 10% said very often. Moreover, 36% of women have felt scared or panicky for no very good reason quite a lot, 33% said sometime, 19% not much and 12% not at all.

The 34% of women said things have been getting on top of them most of the time they haven't been able to cope at all, 42% said sometimes they haven't been coping as well as usual, 23% said most of the time they have coped quite well and 1% said have been coping as well as ever. However, 48% said have been so unhappy that they have had difficulty sleeping most of the time, 24% said sometimes, 18% said not very often and 10% not at all. The 44% of women have felt sad or miserable, 29% felt sometimes, 19% felt not very often and 8% not at all. 42% of women have been so unhappy that they have been crying most of the time, 25% have been quite often, 31% have been only occasional and 2% never have been. 1% of women thought of harming their self-have occurred to them, 1% thought sometimes, 29% thought hardly ever and 69% thought never.

However, out of 100 women were included in this study by using EPDS and questioners, 47% of women scored less than 10 scores (were possible to expose to depression), 51% of women had 10 scores (they were complaining from postnatal depression) and 2% had scored great than 10 scores possible to suicide were reported (Figure 5).



**Figure 1: Age of women.**

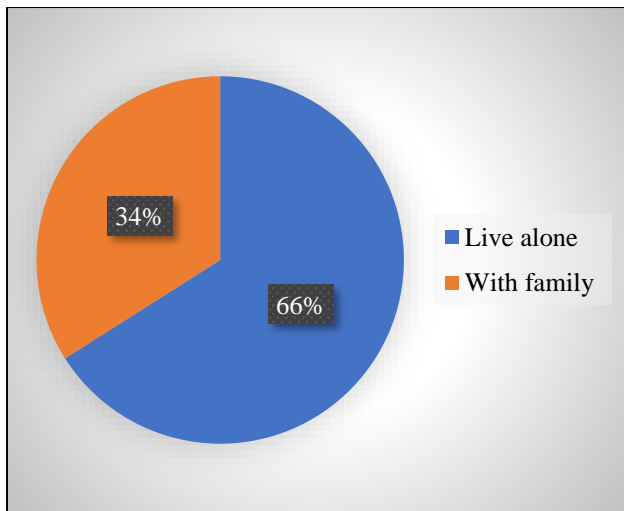


Figure 2: Live.

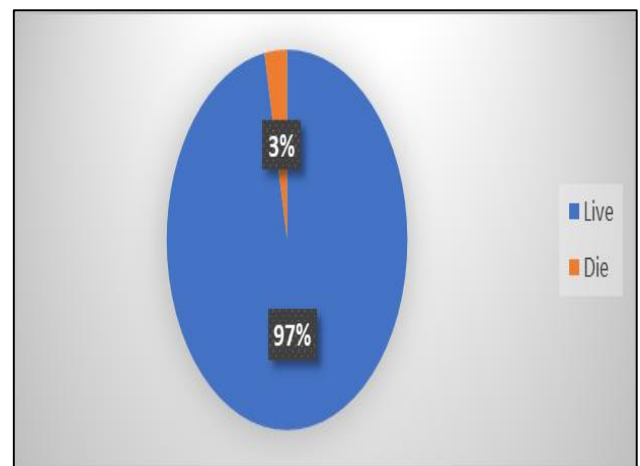


Figure 4: Handicap child.

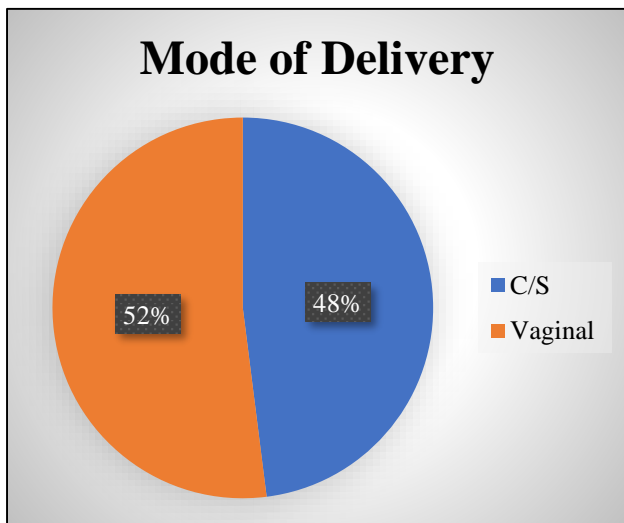


Figure 3: Mode of delivery.

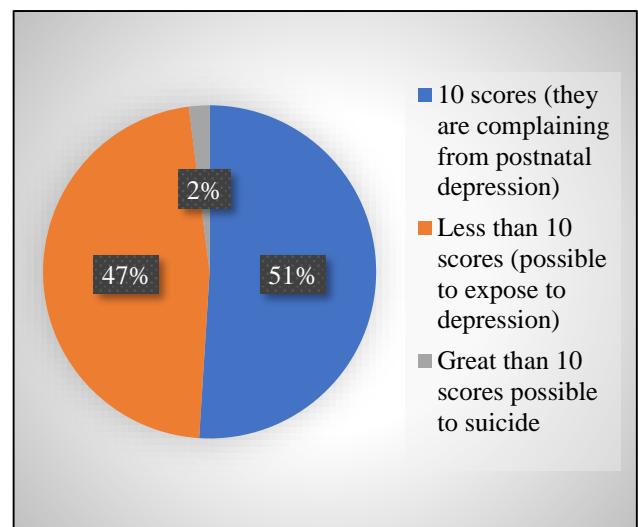


Figure 5: Postnatal depression scale.

Table 1: EPDS.

EPDS	Percentages (%)
10 scores (They were complaining from postnatal depression)	51
Less than 10 scores (possible to expose to depression)	47
Great than 10 scores possible to suicide	2

Table 2: The association between obstetrics factors and postnatal depression.

Variables	N	EPDS			X <sup>2</sup>	P value
		10 scores (they are complaining from postnatal depression)	Less than 10 scores (possible to expose to depression)	Great than 10 scores possible to suicide		
Gravida						
Multipara	25	14	11	0	0.893	0.639
Primigravidae	75	37	36	2		
No. of children						
<5	52	28	24	0	2.355	0.308
>6	46	23	23	0		

Continued.

Variables	N	EPDS			X <sup>2</sup>	P value
		10 scores (they are complaining from postnatal depression)	Less than 10 scores (possible to expose to depression)	Great than 10 scores possible to suicide		
Mode of delivery						
S/C	48	34	14	0	15.212	0.001
Vaginal	52	17	33	2		
Abortion						
0	58	30	18	1	5.124	0.253
1	41	18	22	1		
2	10	3	7	0		

Table 3: The association between mother complication and postnatal depression.

Complications	N	EPDS			X <sup>2</sup>	P value
		10 scores (they are complaining from postnatal depression)	Less than 10 scores (possible to expose to depression)	Great than 10 scores possible to suicide		
No	83	42	39	2	0.425	0.808
Yes	17	9	8	0		

Table 4: The association between baby sex and postnatal depression.

Gender	N	EPDS			X <sup>2</sup>	P value
		10 scores (they are complaining from postnatal depression)	Less than 10 scores (possible to expose to depression)	Great than 10 scores possible to suicide		
Male						
No	7	2	5	0	1.848	0.397
Yes	93	49	42	2		
Female						
No	17	12	5	0	3.298	0.192
Yes	83	39	42	2		

## DISCUSSION

The early screening of postnatal depression during the first year of having childbirth is important to prevent its complications especially maternal mortality and morbidity.<sup>4,7,12</sup> The aim from the current study attempted to explore the factors and prevalence of postnatal depression that influences on the women's during postnatal period in Denra city and it surrounded suburbs. According to WHO, estimated that postnatal depression is a condition that effects 13-15 women during the first year after childbirth and estimated that depression amongst the general population will be the second leading cause of premature death and morbidity by the year of 2020.<sup>13,14,20</sup>

Out of 100 women were included in this study by using EPDS and questioners, 47% of women scored less than 10 scores (were possible to expose to depression), 51% of women had 10 scores (they were complaining from postnatal depression) and 2% had scored great than 10scores possible to suicide. More commonly lower social class have experienced life stressors during prenatal and postnatal period. Also, have experienced differential in obstetrical factors gravidity, no of children, type of

delivery and abortion during pregnancy than normal pregnancy.

Women who, complain from postnatal depression constitutes the real concern, all conclusion over the world more in developing countries.<sup>3,5</sup> Varies result in the present study has reported variable prevalence rates of women according to postnatal depression in target population to exposing to suicide in the future. Postnatal depression was related to pre-intra and post childbearing period it's varies from 50% of women, who complaining from postnatal depression was more common in prim gravida ladies who, delivered their babies by S\C, exposed to recurrent abortion and risk factors such as different complications of labour. In UK, 84 studies under took a meta-analysis estimated that sought to determine the magnitude of various risk factors and PND, it found thirteen of them significant predictors of PND.<sup>17,16</sup>

### Strengths and limitations

The main strength of this study is using the EPDS for early screening to reduce the risk of postnatal depression among Libyan women in Derna. Our aim of this prospective study to explore postnatal depression and risk factors by Libyan

women in Derna city and surrounded suburbs. Based on this aim and the data we collected. We are not able to compare directly between women and their internal psychological desire situation related to some difficulties for traditional culture believe. Also, we cannot exclude the possibility that a small number of women in our comparison group might have had unscreened postnatal depression among Libyan women in the other cities.

Finally, when we planning this study, we estimated the sample size, based on 1-year data collection, using EPDS to estimate the postnatal depression and risk factors by Libyan women in Derna city and surrounded suburbs. The overall number during our study were significantly lower than expected. The reason for this is likely to be multifactorial and have not been subject of robust research.

## CONCLUSION

Postpartum depression is one of the common types of mental health illness, which is occur in mothers, who became depressed in first year after giving childbirth. Untreated postnatal depression led to harmful effect on the relationship between mother and her baby, also can have negative effect on the relationship between mother, her partner and other family members lead to negative impact on society. The majority of women, who were committed suicides, occur in the first year after giving childbirth. Screening and early diagnosis for postpartum depression is important, essential and a vital role for health care professionals such as (midwives, health visitors, nurses and GPs). Moreover, screening tools should be used as routine monitoring for postpartum depression to check mood assessment for women, who at risk of improving depression symptoms after giving childbirth. Postnatal depression should be treated in the same method as depression treatment. Psychiatric assistant should be available within maternity services to help midwives and GPs for treating women, who have postpartum depression. Early treatment for postnatal depression can be easily and vital but is consequently unacceptable.

## Recommendations

Postnatal depression is simple and easily treated if screened and diagnosed early. Health care professionals such as (midwives, health visitors, nurses and GPs) can play essential role in screening and treated postpartum depression. The EPDS should be offered to women in the postpartum period as routine screening for postpartum depression. Screening and early diagnosis for postnatal depression leads to identify the risk factors and prevent complication. Talking, communication and support should be offered before using any pharmacological treatment.

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*Ethical approval: The study was approved by the Institutional Ethics Committee*

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