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Effects of Postpartum Depression (PPD) in Working Women

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Abstract

Postpartum Depression (PPD) is one of the most rapidly growing concerns in today's working women. PPD can be defined as Depressions which are increasingly prevalent up to 1 year after giving birth in mothers. Most common symptoms of Postpartum Psychosis are anxiety, limited reality testing, changes in sleep patterns, changes in appetite, gross functional impairment and excessive fatigue being routine for women, makes it particularly dangerous for mothers and babies. PPD is caused due to a combination of emotional, environmental, biological, hormonal and genetic factors. PPD increases complexity in the mother - child relationship. PPD makes it difficult for women to interact and socialize even with her family. PPD taxes a heavy toll on working mothers. Social and mental support from peers, family and partners, motivation and encouragement to the mother and making her feel good about herself physically and emotionally are some of the points which can avoid and cure PPD apart from taking proper medications prescribed by a doctor.

1. Introduction

Postpartum Depression (PPD) is one of the most rapidly growing concerns in today's working women, which is often confused as Postpartum Blues. Postpartum Blues and Postpartum Depression are two sides of the same coin but the latter is a chronic condition and should not be ignored. Postpartum Blues, commonly referred to as Baby Blues are short term mental and emotional changes which takes place in the mother 2 to 3 days after giving birth and it generally lasts for about 2 weeks. They usually go away on their own, without any medical treatment whereas, if the baby Blues intensify and persist for more than a couple of weeks, then it is referred to as Postpartum Depression (PPD). Thus, in clinical and research practice PPD can be defined as Depressions which are increasingly prevalent up to 1 year after giving birth in mothers. PPD is not specifically categorised but broadly we can divide it into two parts. One is Postpartum onset, which is a term used for the beginning of PPD

within 4 weeks of childbirth and the other is Postpartum Psychosis which is considered to be the most severe stage of PPD which is accompanied by the risk of complete mental imbalance. Most common symptoms of Postpartum Psychosis are anxiety, limited reality testing, changes in sleep patterns, changes in appetite, gross functional impairment and excessive fatigue being routine for women, makes it particularly dangerous for mothers and babies.

PPD is caused due to a combination of emotional, environmental, biological, hormonal and genetic factors. The post- birth period is accompanied by rapid hormonal changes in a women's body which makes her vulnerable to Depression. The reproductive hormones increase dramatically pre-delivery and suddenly plummet post-delivery which creates imbalance and paves the way for depressive symptoms. Emotional issues such as those between the partners or family and lack of support to look after the new born baby, young maternal age, low income and immigrant status is some of the contributary reasons. Complications and stressful events during pregnancy and childbirth, family history of Depression, lack of knowledge about PPD, acceptance of myths, improper care of mother and inadequate sleep is also some of the reasons which cause PPD. We will be discussing them in detail further in this review.

Dealing with PPD can be tough for both the mother and the child. It is in fact threat to the wellbeing of the mother and proper development of the child. Women with PPD find it difficult to maintain breastfeeding regularly due to their depressive symptoms. PPD increases complexity in the mother - child relationship. It leads to poor cognitive functioning, violent behaviour, excessive crying, emotional maladjustment and sleep problems in infants and adolescents. PPD is linked to adverse and negative thoughts, substance abuse, Postpartum Psychosis, hallucinations, confused thinking, mood swings, paranoia, poor judgement, disorganised behaviour, lack of appetite and insomnia in mothers. PPD makes it difficult for women to interact and socialize even with her family, it makes her feel like a bad mother, and prevents her from enjoying the activities and hobbies. Women with PPD are also at a risk of committing infanticide and suicide. They can also develop serious mental disorders such as bipolar disorder.

PPD taxes a heavy toll on working mothers. The difficultly in adapting to the new responsibilities of being a mother while coping up with the work load of jobs as well as household responsibilities and unsupportive environment prove to be highly stressful for women. High expectations and demanding jobs complicate and create barriers in maintaining proper health of the mother as well as the child. It hinders the motherly care for the baby and inculcates the feeling of guilt and distress in the minds of working women which in turn adversely impacts the healthy growth of the child, mother and the family. Social and mental support from peers, family and partners in form of a helping hand in household chores, less workload in workplace, maternity leave, equal distribution of responsibilities in taking care of the baby, motivation and encouragement to the mother so that she can adapt to the new changes and making her feel good about herself physically and emotionally are some of the points which can avoid and cure PPD apart from taking proper medications prescribed by a doctor.

In this review study a special emphasis is made on PPD in working women because in today's world, where women are provided with equal rights in all fields including the work sector, the rate of working mothers is increasing drastically which also means a rise in the risk of PPD. Thus, this issue should be popularized and people should be educated of its effects and treatments to help women deal with PPD effectively.

2. Discussion

2.1 What is mental health?

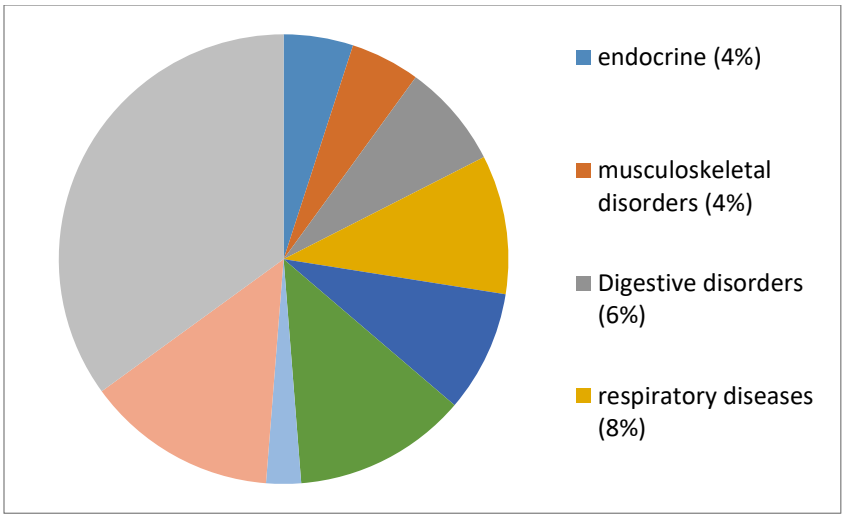
According to WHO, mental health is a condition of well-being in which the individual realises his mental and physical potential and can work in harmony with the surrounding environment constructively and effectively while dealing with the normal stresses of life [1]. Mental health is not all about the absence of mental disorders but it covers a lot more such as expression of feelings and emotional balance; social skills, ability to recognise, think and take decisions; adaptability to extreme situations, acceptance and tolerance; proper response towards inevitable losses and the skill to positively deal with them. It is basically maintaining an equilibrium between the mind and body- emotionally, mentally, physically and socially in various circumstances at all stages of life [2].

TABLE 1. **Expected percent of various diseases in 2030 in different countries and world.**

PROJECTED FOR 2030	**WORLD**	**HIGH INCOME COUNTRIES**	**MIDDLE INCOME COUNTRIES**	**LOW INCOME COUNTRIES**
COMMUNICABLE, MATERNAL, PERINATAL AND NUTRITIONAL CONDITIONS	30%	3.4%	15.1%	40.9%
NON COMMUNICALE DISEASES	56.9%	89.4%	72%	45.1%
NEUROPSYCHIATRIC CONDITIONS	14.4%	29.4%	17.5%	11%
INJURIES	13.2%	7.2%	12.9%	14.1%

(The above data is in proportion to DALYs – Disability Adjusted Life Years).

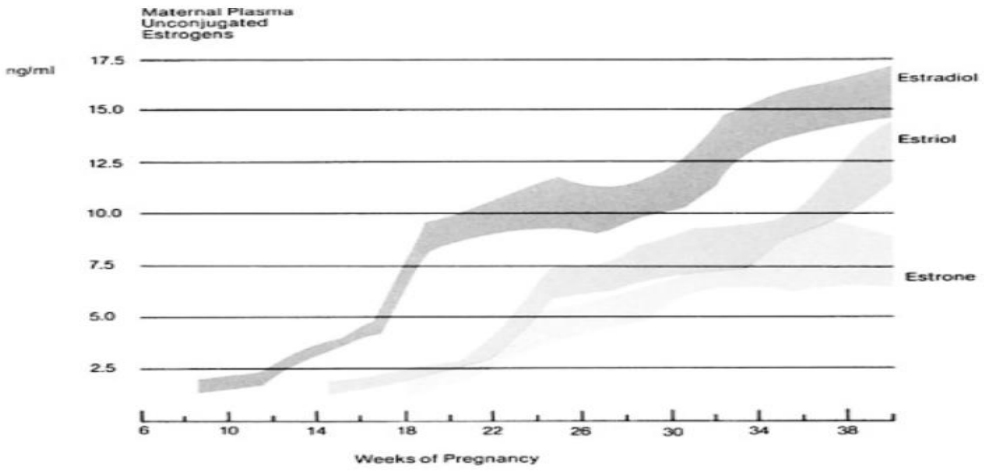
TABLE 1 highlights that neuropsychiatric conditions including PPD would increase to 14.4% by 2030, thus posing higher risk to women mental health. Mental health is an intimate and personal matter which differs with time, situation, environment, place, level of maturity, culture, expectations of those around you, personality and thought process of an individual. An individual can be considered as mentally more or less healthy by judging his long-term attributes or behavioural characteristics and short-term actions [3]. Mental disorders and neuropsychiatric conditions (such as Depression, anxiety, unipolar and bipolar disorders, drug and alcohol abuse, schizophrenia, dementia, migraine, epilepsy, Parkinson's disease, and multiple sclerosis etc.), alone significantly contribute a large portion, about one-third of the non-communicable diseases globally which is a greater burden than cardiovascular diseases or cancer (refer to TABLE 1 and GRAPH 1) [4].



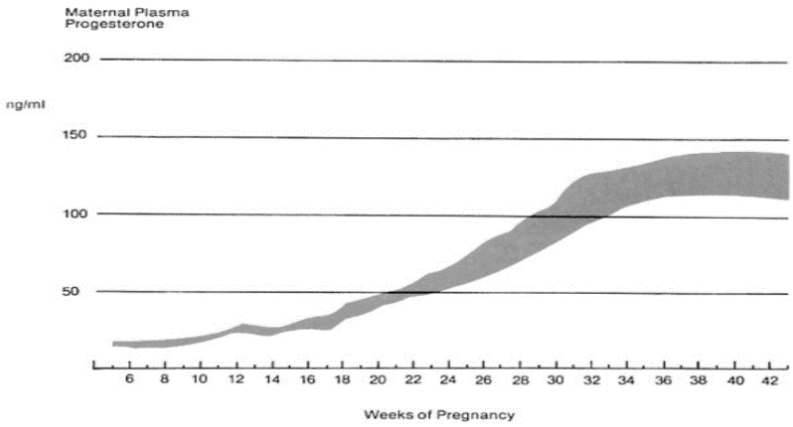
GRAPH 1. **Share of different deadly diseases worldwide in the year 2022.**

2.2 How PPD and mental health are connected

One of the most common yet often ignored mental disorder is Depression which is a mood disorder in which a person constantly feels low and is surrounded by negative thoughts about self-such as those of less self-esteem, no self-confidence, feeling lonely and alone and even the urge to commit suicide. Its general symptoms include lack of appetite and sleep, apathetic and unhappy mood, frustration, anxiety, panic attacks, aloneness and social seclusion which makes a person debilitated and weaken his ability to be productive [5]. Pregnant women after delivery are vulnerable to be caught by Depression known as Postpartum Depression (PPD). The reproductive hormones are responsible for maintaining each of the biological functions involved in the process of pregnancy and delivery as well as for those which cause major Depression. Thus, these hormones are a crucial cause in PPD which indicates that new mothers are at a constant high risk of getting PPD. Estrogen and progesterone levels fluctuate a lot during and after pregnancy. They peak during the gestation period, during the attachment of placenta and suddenly drop after giving birth when placenta is removed which triggers the depressive symptoms because these hormones are known to subside Depression (refer to GRAPH 2 and 3). Therefore, reports suggest that estrogen supplementation can be useful in treating PPD [6,7].



GRAPH 2. **Levels of estrogen during weeks of pregnancy.**



GRAPH 3. **Levels of progesterone during weeks of pregnancy.**

2.3 Other factors contributing to prolonged PPD in young moms

Other than biological and hormonal factors which we discussed above; social, psychological and environmental factors also play a crucial role in the development of PPD in young and working mothers. Strained relationship with the partner and the family and less social and emotional support creates a lot of stress and tension in the minds of new mothers. Myths and stereotypes in such situations lead to ignorance towards the prevalent symptoms such as inadequate sleep, changes in food habits, fatigue, excessive mood swings, ill feelings such as those of guilt and hopelessness, irritability, anger issues, panic attacks and lack of concentration; and thus, PPD often remains undiagnosed [8]. Childhood trauma, previous history of Depression and heredity also have a great influence (refer to TABLE 2) [9]. Immature, young age moms and working females face difficulty in adapting to the new responsibilities and coping up with the household as well as workplace duties without any significant help from counterparts and peers which arises anxiety and mental imbalance. Low income also leads to stress regarding good upbringing of the infant which has a little impact in causing PPD [10]. Studies also suggest that pregnancies occurring at an older age, say in late 30s or early 40s, pressurises the females to retain a good-looking figure which matches the so-called society norms, this pressure forces them to hate their bodies which also seems to pay way for PPD [11].

TABLE 2. **Means and standard deviations for psychosocial risk factors at 4 months.**

	Mean (S.D.) **Depressed since childbirth** **(n=62)**	**Mean (S.D)** **Not depressed since childbirth** **(n=38)**
Parental bonding	5.96 (4.06)	14.56 (9.58)
Maternal care	23.12 (7.73)	25.42 (5.21)
Paternal care	21.85 (8.00)	26.48 (6.12)
Anxiety over relationships	26.17 (6.62)	23.21 (5.06)
Immature	86.87 (19.84)	76.59 (17.08)
Neurotic	38.50 (9.14)	37.72 (7.09)
Martial satisfaction	111.73 (14.54)	120.16 (12.45)

2.4 Aesthetic and medical treatment of PPD

As discussed above, the risk factors causing PPD are now known to us but constant negligence towards its proper medical diagnosis and treatment can eventually lead to Postpartum Psychosis, intensify the risk of suicides and can even cost the life of a naïve mother. Therefore, it is highly advisable to consult a medical advisor for a reliable treatment. It broadly depends on the patient and the severity of his condition whether aesthetic or medical treatment is to be given. Although anti-depressant medication (refer to TABLE 3) is found to be successful in suppressing PPD [12], however, according to a study, psychological interventions such as counselling or talking therapies are preferred over medications by most women [13].

TABLE 3. **Information on different medications for PPD.**

DRUG	RECOMMENDED RANGE OF DOSES (mg/day)	SIDE EFFECTS
Sertraline	50-200	Nausea, loose stools, tremors, insomnia, sexual dysfunction, possible drug interactions.
Paroxetine	20-60	Nausea, drowsiness, fatigue, dizziness, sexual dysfunction, possible drug interactions.
Fluvoxamine	50-200	Nausea, drowsiness, anorexia, anxiety, sexual dysfunction, possible drug interactions.
Citalopram	20-40	Nausea, insomnia, dizziness, somnolence.
Fluoxetine	20-60	Nausea, drowsiness, anorexia, anxiety, sexual dysfunction, possible drug interactions.
Nortriptyline	50-150	Sedation, weight gain, dry mouth, constipation, orthostatic hypotension, possible drug interactions, base line ECG recommended.
Desipramine	100-300	Sedation, weight gain, dry mouth, constipation, orthostatic hypotension, possible drug interactions, base line ECG recommended.
Venlafaxine	75-300	Nausea, sweating, dry mouth, dizziness, insomnia, somnolence, sexual dysfunction

Bupropion	300-450	Dizziness, headache, dry mouth, sweating, tremor, agitation, rare seizures, possible drug interactions.
Nefazodone	300-600	Dry mouth, somnolence, nausea, dizziness, possible drug interactions.
Mirtazapine	15-45	Somnolence, nausea, weight gain, dizziness.

2.5 Role of family, friends and social groups in curation journey

A major indicator of the well-being of a new mother is the support she gets from her family, especially her husband in taking care of her child and equally sharing the household work so that enough rest is provided to her to heal herself from PPD. Intimate care and non-judgemental attitude of the people around her plays an important role in pushing away the depressing thoughts. At the workplace, the attitude of her peers in understanding her needs and putting less pressure on her or providing her with a maternity leave can also benefit the woman in smoothy adapting to her new responsibilities. Talking with other women who have experienced the same, getting emotional support from friends and engaging in psychotherapy with a comfortable therapist is an effective cure. Thus, we can conclude that talking with someone close to her who can satisfy the emotional needs, makes her feel good about herself, provides motivation and mental support and does not make her feel lonely is probably one of the best ways to speed up the curation journey (refer to TABLE 4) [14].

TABLE 4. **Factors affecting PPD.**

VARIABLE EXAMINED	EFFECT SIZE
CLINICAL FACTORS:	
Depression during pregnancy	Moderate
Prenatal anxiety	Moderate
Maternity Blues	Small
Previous history of Depression	Moderate
OBSTERTRIC AND INFANT RELATED FACTORS:	
Unplanned/unwanted pregnancy	Small
Childcare stress	Moderate
Infant temperature	Moderate
PSYCHOLOGICAL FACTORS:	
Self-esteem	Moderate
SOCIAL FACTORS:	

Life stress	Moderate
Social support	Moderate
Marital status	Small
Marital relationship	Moderate
Socioeconomic status	Small

3. Conclusion

Long term PPD can prove to be hazardous for both mother and the child and evidences are mounting that working women are more vulnerable to PPD. It has negative implications such as less self-esteem, no self-confidence, feeling lonely and alone and even the urge to commit suicide. It also strains social relationships of the women with her family and friends. Its general symptoms include lack of appetite and sleep, apathetic and unhappy mood, frustration, anxiety, panic attacks, aloneness and social seclusion which makes a person debilitated and weaken his ability to be productive. However, researchers have already uncovered some ways to overcome this issue, for instance the support which she gets from her family, especially her husband in taking care of her child and equal sharing of the household work so that enough rest is provided to her, intimate care and non-judgemental attitude of the people around her, putting less pressure on her or providing her with a maternity leave at the workplace can also benefit the woman in smoothy adapting to her new responsibilities. Talking with someone close to her who can satisfy the emotional needs, makes her feel good about herself, provides motivation and mental support and does not make her feel lonely is probably one of the best ways to speed up the curation journey apart from taking proper prescribed medications regularly.

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