

Unhappy Motherhood of Indian Women

Postpartum Depression and Comprehensive Solution



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The time period of pregnancy and postpartum is associated with an immense feeling of happiness and positive expectation but also the time of additional pressure and difficulties for the new parents. During the period of Pregnancy and delivery, both mother and father have to deal with various biopsychosocial changes. Consequently, "pregnancy and the post-partum are times of increased vulnerability for the onset or relapse of a mental illness.

PPD: Diagnosis and common consequences

Postpartum depression (also called PPD) is a medical condition that many women get after having a baby. It's strong feelings of sadness, anxiety (worry) and tiredness that last for a long time after giving birth. The prevalence of postpartum depression in the world is estimated to range from 10 to 30%. In India, the overall prevalence of PPD is 22% where the highest prevalence was in the southern region (26%) lowest in the northern region (15%).

Symptoms of postpartum depression can vary from person to person and can develop any time after childbirth. They often start within one week to

3 weeks after delivery.

- The common symptoms of postpartum depression include:
- Feeling sad or crying a lot
- Feeling overwhelmed
- Having thoughts of hurting the baby or yourself
- Not having an interest in the baby
- Having no energy or motivation
- Feeling worthless, guilty, or like you are a bad parent
- Sleeping too much or too little
- Increased or decreased appetite
- Feeling anxious
- Multiple physical problems such as pain, digestive issues etc.

Consequences in mother and child:

Postpartum depression is functionally similar to major depression which can affect personal and social aspects of individual's life and reduce a woman's ability to work appropriately. But the difference is the period of postpartum brings a huge responsibility to the mother's life to take

care of young infants which demand a great level of physical and mental effort. There for the occurrence of postpartum depression restrict the individual from both effective child rearing and personal care which may produce various negative consequences that can persist for both short time and long time period.

A large amount of research listed an association between postpartum depression and delayed cognitive and language development, insecure or dysfunctional attachment pattern, behavioral problems, poor scholastic performance. In addition childhood depression is higher in mothers who have postpartum mood disorder.

COMMON CAUSES OF POSTPARTUM DEPRESSION: INDIAN SCENARIO

- Family history of psychiatric illness: Hormonal imbalance, previous history of depression or anxiety, low maternal age, more number of delivery/children, complicated pregnancy or childbirth, health problems/special needs of children, going through extreme stressful life events, marital discord, domestic violence, lack of social support etc. are the most common causes of post partum depression.

• Glorification of Motherhood:

Indian society considers a major aspect of the female life to be reproduction; mothering has continued to be basic to women's lives as well as the organisation of the family and is fundamental to the genesis of the ideology about women. This unnecessary glorification about motherhood created overexpectation among young mothers, which eventually caused maternal guilt and regrets.

• Outdated Rituals:

Many Indian families practice outdated post-delivery rituals and traditions. Some of these rituals may do more harm than good to the mothers. In many areas in the northern and western parts of India, for instance, the mother and baby stay isolated from the family and community for 40 days after delivery. While this may be done to protect them from infection, but effective isolation makes the mother lonely and vulnerable.

• Stigma in Indian Society:

The Hindu (2017) also reports because of the existing stigma or social norms in the country the emotional difficulties of mothers leave behind the closed doors of their family. In most of the cases they were not even aware that their distress has a name and its need of medical care. Since she has to balance both home and child care, not addressing these emotional problems can lead to making the mother's life more vulnerable (Hema et. al., 2008).

- For working mothers, loosening the opportunities, promotions, even drop out from the job during postpartum period is a usual phenomenon (Stewart et.al. 2004)

Maternal mental healthcare system in India

India was one of the main Asian countries, where the highest

Causes of Postpartum depression

These are some of the common issues that might increase a mother's risk of experiencing postpartum depression:

story of mental health illnesses

Having a history of mental health illnesses such as depression earlier in life, or during pregnancy
Having a family history of depression or other mental health conditions.



Stressful life events

Being sick, or a loved one being sick
Excessive responsibilities with no support from family and friends
Relationship problems family such as in-laws
Loss of a loved one
Relationship issues with partner or husband



Hormones

Hormones are chemicals that are produced by your body for normal body functions. Some of these hormones help to control your moods and emotions. During pregnancy, your body produces higher levels of some hormones, but these levels usually go back to normal after you give birth. The change in hormone levels might cause postpartum depression.

Financial Constraints



- Being unemployed or having low income
- Having many dependants and no financial support
- Living in an overcrowded space with little privacy

Baby

- Not getting the expected baby, e.g. twins or a boy
- Premature birth, or baby with low birth weight
- A sickly baby
- Having a still birth
- Having trouble breastfeeding



Drug abuse

Taking alcohol, smoking and use of other harmful drugs such as marijuana (bhang)



Domestic violence

- Being a survivor of physical or sexual violence.
- Having problems with your partner, including domestic violence



maternal mortality rate was reported. But in 2016, WHO regional directorate of South – East Asia stated that India has achieved a ground breaking progress in reducing maternal mortality rate in recent years. It means now we have also shifted our future attention towards reducing maternal morbidity, including mental health disorders. Despite health professionals knowing this, India's reproductive health programs do not include services for prevention or treatment of PPD (Hema et.al. 2008). Furthermore, there is currently no screening tool designed for use in clinical practice for the early identification of perinatal women with postpartum depression.

Despite the launch of India's national mental health pro-

gramme in 1982, maternal mental health is still not a prominent component of the programme. Dedicated maternal mental health services are largely deficient in health-care facilities, and health workers lack mental health training. The availability of mental health specialists is limited or non-existent in peripheral health-care facilities. Furthermore, there is currently no screening tool designated for use in clinical practice and no data are routinely collected on the proportion of perinatal women with postpartum depression (Baron et. al. 2016).

Comprehensive Solution:

There is the deeper question of how women's health has been framed in India; it is often equated with sexual and

reproductive health. During pregnancy, health services for women focus on ensuring safe delivery. After childbirth, the spotlight shifts to the child and the mother's wellbeing receives less attention. Also interventions are predominantly medical while the incorporation husbands and families in prevention or any remedial action is rare.

• Integrated Mental Health Service:

Including mental health service in primary care by training health workers, Asha workers, Anganvadi teachers etc. to identify signs of depression among women and sensitising health providers. A number of professionals such as gynaecologists, midwives, community health workers, paediatricians and allied health professionals may

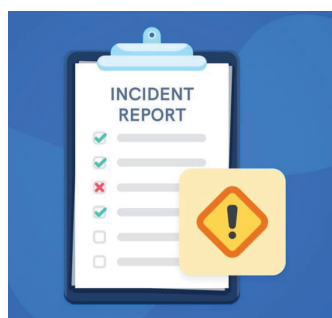
have to step up and provide screening, treatment, preventive counselling and rehabilitation services for cases of PPD.

• **Early Screening and Identification of PPD:** Before delivery many females who are at risk of PPD can be identified. Early screening (Possibly every trimester) for mental health problems, stressors, depressive symptoms can be during pregnancy.

• **Awareness Classes in Community Level:** By conducting awareness classes, mental health camps, workshops in community level can teach new mothers to seek help and support that they might need for childbirth. By teaching women and their spouses about signs and symptoms of PPD, educators can increase the chance that women suffering receive proper management and treatment.

• **Mother-friendly Work Environment:** Government and large private companies can consider implementing programs and policies that provide additional support and ensure the workplace is supportive of working moms. Such as offering flexible working arrangements, including hybrid or remote work schedules, flexible working hours. Since finding good childcare is extremely important and is often a large financial expense. Companies can help by providing local day care set up in their firm.

Incident Reporting- 'Not To BLAME!!!'



Incident reporting is a part of safety culture which reports any event that may or may not have caused injuries to a person or damage to an asset. It could be anything that is out of the ordinary.

The purpose of incident reporting is always to record an incident, determine the

possible cause, and take up corrective and preventive action for prevention of recurrence of the incident. Incident reporting **never intends** on blaming a person/ department, rather to **identify the cause and fix it**.

Types of incident

1. Near Miss: An event that could have caused harm but did not, either due to chance or timely intervention. Eg: Wrong site surgery that was identified just before incision during 'timeout'

2. No Harm: An event that reached the patient but did not cause harm, either due to the nature of the event or patient's resilience. Eg: Two wrong doses of medicine were administered

without any adverse events.

3. Adverse Event: An event that resulted in harm to a patient. Eg: A patient slipped and fell on the floor, resulting in a wound over forehead

4. Sentinel Event/ Never Event: A subset of adverse event that resulted in death, permanent harm or severe temporary harm Eg: Surgery done on wrong body part, patient commit suicide in hospital.

NB: Any incident should be ideally reported within 24 hours. For sentinel events, report immediately.

"To Err is human, to cover up is unforgivable, and to fail to learn is inexcusable"

		
JULY 2024		
Total No. of Patients	: 231	
Total amount spent	: 22,72,397	
Cardiology	-	16
Critical Care Medicine	-	1
Gastrointestinal Surgery	-	22
Gastroenterology	-	6
General Medicine	-	36
General Surgery	-	22
Haematology	-	1
Neonatology	-	12
Nephrology	-	34
Neurology	-	6
Obstetrics and Gynaecology	-	6
Oncology	-	3
Orthopaedics	-	21
Paediatric Surgery	-	2
Plastic Surgery	-	3
Pulmonology	-	14
Spinal Surgery	-	1
Urology	-	12
Vascular and Endovascular Surgery	-	1
Vascular and Interventional Radiology	-	2
Neurosurgery	-	5
Dental	-	1
ENT	-	2
Gynaecological Oncology	-	1
Palliative Medicine	-	1

Understanding Mpox

The World Health Organization (WHO) has declared the mpox outbreaks in parts of Africa a public health emergency of international concern. The highly contagious disease - formerly known as monkeypox - has killed at least 450 people in the Democratic Republic of Congo.

What is mpox and what are the symptoms?

Mpox is caused by a virus in the same family as smallpox but is usually much less harmful. It was originally transmitted from animals to humans but now also passes between humans.

- Initial symptoms include fever, headaches, swellings, back pain and aching muscles.
- Once the fever breaks, a rash can develop. It often begins on the face before spreading to other parts of the body, most commonly the palms of the hands and soles of the feet.
- The rash, which can be extremely itchy or painful, changes and goes through different stages before finally forming a scab, which later falls off.

• It can cause scarring. The infection can clear up on its own and lasts between 14 and 21 days.

• In some cases it is fatal, particularly for vulnerable groups including small children.

• Serious cases can see lesions attack the whole of the body, especially the mouth, eyes and genitals.

How is Mpox Spread?

• Mpox spreads from person to person through close contact with someone who is infected - including through sex, skin-to-skin contact and talking or breathing close to the ill person.

• The virus can enter the body through broken skin, the respiratory tract or through the eyes, nose or mouth.

• It can also be spread through touching objects which have been contaminated by the virus, such as bedding, clothing and towels.



• Close contact with infected animals, such as monkeys, rats and squirrels, is another route.

• During the global outbreak in 2022, the virus spread mostly through sexual contact. The current outbreaks in DR Congo are being driven by sexual contact and by other forms of close contact. It has been found in other vulnerable communities, including young children.

Who is most at risk?

• Anyone who has close contact with someone with symptoms can catch the virus, including health workers and family members.

• Sexual contact between infected adults is thought to be one of the reasons cases are rising.

• Young children may be among groups who are particularly vulnerable because their immune systems are still developing and many in the region have poor nutrition, making it harder to fight off disease. Some experts suggest younger children may be at risk because of the way they play and interact with each other closely.

• Anyone with a weakened immune system may also be more prone to the disease and there is concern pregnant women may be at greater risk.

• Advice is to avoid close contact with anyone with mpox and clean your hands with soap and water if the virus is in your community.

• Those who have mpox should isolate from others until all their lesions have disappeared.

• Condoms should be used as a precaution when having sex for 12 weeks after recovery, the WHO says.

Which Countries is Mpox Spreading in?

Mpox is most common in remote villages in the tropical rainforests of West and Central Africa, in countries such as the Democratic Republic of Congo (DR Congo), where it has been seen for many years.

In these regions, there are thousands of infections and hundreds of deaths from the disease annually, with children under 15 worst affected. There are currently a number of different outbreaks happening simultaneously - mainly in the DRC and neighbouring countries. The disease has recently been seen in Burundi, Rwanda, Uganda and Kenya, where it is not normally endemic.

There are broadly two main types of mpox - Clade 1, which is often more serious, and Clade 2.

The Clade 1 virus - that has for decades caused sporadic outbreaks in DRC - is spreading. Some forms of Clade 1 seem to be affecting children more than adults.

There is also real concern because many people infected in the last year have had a relatively new and more severe

type of mpox known as Clade 1b. Experts say there is a lot to learn about the Clade 1b but it may be spreading more easily, causing more serious disease.

The Africa Centres for Disease Control and Prevention (CDC) says there were more than 14,500 mpox infections and over 450 deaths from mpox between the start of 2024 and the end of July. That is a 160% increase in infections and a 19% increase in deaths compared with the same period in 2023.

A previous mpox public health emergency, declared in 2022, was caused by the relatively mild Clade 2. It spread to nearly 100 countries which do not normally see the virus, including some in Europe and Asia, but was brought under control by vaccinating vulnerable groups.

Is there an mpox vaccine?

Vaccines exist but only people at risk or who have been in close contact with an infected person are usually able to have it. There is real worry that there is not enough funding for vaccines to reach all those in need. The WHO has recently asked drug manufacturers to put forward their mpox vaccines for emergency use, even if those vaccines have not been formally approved.

Now that the Africa CDC has declared a continent-wide public health emergency, it is hoped that governments will be better able to co-ordinate their response and potentially increase the flow of medical supplies and aid into affected areas. Without global action there is real concern the current outbreak could spread beyond the continent.

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Research & Academic Accomplishments

Emerging Trends in Molecular Diagnostics

IQRAA Center for Research and Development (ICRD), in collaboration with the Department of Clinical Laboratory Services at IQRAA Hospital, conducted intensive hands-on training and workshop on emerging trends in molecular diagnostics from July 22-25, 2024.

Five participants received the training in advanced lab techniques and explored cutting-edge research aspects. The program emphasized practical skills and knowledge critical for the evolving field of molecular diagnostics.

This initiative aims to enhance proficiency and innovation among health-care professionals.





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Isolation and Molecular Characterization of Therapeutic Probiotic *Lactobacillus* from Different Sources in Ernakulam-Kerala

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Dr. Vajid, Director of Iqraa Centre for Research and Development, has his article published in *Journal of Pure and Applied Microbiology* titled "Isolation and Molecular Characterization of Therapeutic Probiotic *Lactobacillus* from Different Sources in Ernakulam – Kerala."



Ms. Manisha Habeeb, Grants Manager at IQRAA Hospital, has presented framework for community-based solutions in social protection and discussed the best practices of CBIDR at Iqraa

Highlighting our Seaside Smiles Projects at the Second International Conference on Advancing Social Protection in West Africa – Smart Solutions Developed by H-BRS Alumni Towards an Inclusive Society conducted by Hochschule Bonn Rhein Sieg, Germany and hosted by University of Cape Coast at Ghana, co funded by the German Academic Exchange Service (DAAD) and the Federal Ministry for Development Cooperation (BMZ).