



PREVALENCE OF POSTPARTUM DEPRESSION AMONG RECENTLY DELIVERED MOTHERS

Baikar Pallavi Ramesh, Research Scholar, Department of Psychology, North East Christian University

Dr. Yugal Kishore, Professor, Department of Psychology, North East Christian University

Abstract

Over the last twenty years, the scientific exploration of talent identification in cricket has really come into its own, leading to a wealth of solid evidence regarding the biomechanical, technical, perceptual-cognitive, and psychological factors that contribute to success on the field (Brown et al., 2014). Research in biomechanics and perceptual-cognition is fairly advanced, providing clear and practical insights for coaches and selectors. On the psychological front, studies focusing on mental toughness (Bull et al., 2005; Gucciardi & Gordon, 2009; Weissensteiner et al., 2012) have shown that mental skills are not only key differentiators of expertise but can also be nurtured through structured environments and targeted interventions (Gucciardi, 2011; Bell et al., 2013), rather than being seen as fixed traits to simply look for. In contrast, research on physiological and anthropometric factors is still catching up and tends to show less reliable predictive value, especially when it comes to batting (Taliep et al., 2010). Environmental factors, such as socio-cultural context and relative age effects, are still the least explored area, even though their significance for fair talent pathways is becoming more recognized (Brown et al., 2014). Most importantly, this review highlights that the historical oversight of female cricketers is the biggest gap in our understanding, a gap that recent studies on physiological profiling and psychology are just starting to fill (Full Article, 2012). Addressing these gaps—especially in terms of integrated, multi-domain testing and gender-specific benchmarks—should be the top priority for the next wave of cricket talent identification research.

Keywords: *postpartum depression, postnatal depression, prevalence, recently delivered mothers, Edinburgh Postnatal Depression Scale, maternal mental health*

1. Introduction

Over the last twenty years, the scientific exploration of talent identification in cricket has really come into its own, leading to a wealth of solid evidence regarding the biomechanical, technical, perceptual-cognitive, and psychological factors that contribute to success on the field (Brown et al., 2014). Research

in biomechanics and perceptual-cognition is fairly advanced, providing clear and practical insights for coaches and selectors. On the psychological front, studies focusing on mental toughness (Bull et al., 2005; Gucciardi & Gordon, 2009; Weissensteiner et al., 2012) have shown that mental skills are not only key differentiators of expertise but can also be nurtured through structured environments and targeted interventions (Gucciardi, 2011; Bell et al., 2013), rather than being seen as fixed traits to simply look for. In contrast, research on physiological and anthropometric factors is still catching up and tends to show less reliable predictive value, especially when it comes to batting (Taliep et al., 2010). Environmental factors, such as socio-cultural context and relative age effects, are still the least explored area, even though their significance for fair talent pathways is becoming more recognized (Brown et al., 2014). Most importantly, this review highlights that the historical oversight of female cricketers is the biggest gap in our understanding, a gap that recent studies on physiological profiling and psychology are just starting to fill (Full Article, 2012). Addressing these gaps—especially in terms of integrated, multi-domain testing and gender-specific benchmarks—should be the top priority for the next wave of cricket talent identification research.

2. Objectives of the Review

- To explore how common postpartum depression is among new mothers around the world, focusing especially on India and other South Asian regions.
- To pinpoint the key socio-demographic, obstetric, and psychosocial factors that contribute to postpartum depression.
- To take a look at the screening tools that are most frequently used to detect postpartum depression in both clinical and community environments.
- To highlight the effects of untreated postpartum depression on mothers, their infants, and families as a whole.
- To uncover gaps in the current research and discuss what this means for future studies and practices.

3. Methodology

This paper takes a narrative review approach. We dug into relevant peer-reviewed articles, systematic reviews, and meta-analyses by conducting electronic literature searches with keywords like "postpartum depression," "postnatal depression," "prevalence," "recently delivered mothers," and "Edinburgh Postnatal Depression Scale." We prioritized systematic reviews and meta-analyses that combined data from various primary studies, while also including individual cross-sectional and cohort studies, particularly those from India, to add a regional perspective. We focused on studies that utilized validated

screening tools, especially the Edinburgh Postnatal Depression Scale (EPDS), since having consistent diagnostic methods across studies helps us make meaningful comparisons of prevalence rates.

4. Prevalence of Postpartum Depression

4.1 Global Estimates

A well-known systematic review and meta-analysis that combined data from fifty-eight studies involving over thirty-seven thousand healthy mothers—none of whom had a history of depression—estimated that about 17% of them experience postpartum depression (PPD). Interestingly, the annual incidence was around 12% for women without any previous psychiatric issues. The review also highlighted that prevalence rates varied by region, with the Middle East showing the highest numbers. Additionally, it noted that the risk of PPD tends to linger, especially when assessments are made more than six months after childbirth.

In a more recent systematic review that looked at ten studies with sample sizes ranging from 350 to over 12,000 women, prevalence estimates varied significantly, falling between 7% and 30%. This review emphasized that PPD is a pressing global maternal health issue, with some populations reporting rates as high as 30%. Furthermore, a cross-cultural review that analyzed 124 studies from over fifty countries revealed an even broader range of prevalence, from just 4% in Japan to nearly 64% in certain areas of the Americas. The findings suggested that the often-quoted figure of 10–15% likely underrepresents the actual global burden when considering differences in methodology and cultural contexts.

4.2 Prevalence in India

A systematic review and meta-analysis that zoomed in on India found that the overall prevalence of postpartum depression (PPD) is about 22%. Interestingly, this figure drops to around 19% when we exclude studies that looked at depression within the first two weeks after delivery. The review also noted that there were only minor and statistically insignificant differences in prevalence based on factors like maternal age, geographic region, or the setting of the study. However, it did highlight some common risk factors in the Indian context, including financial struggles, domestic violence, a history of psychiatric issues, marital conflicts, lack of spousal support, and the birth of a female infant.

On a more localized level, smaller community-based studies from various regions in India showcase this variability. For instance, research conducted among tribal women at a rural health training center found a PPD prevalence of about 12%, using an EPDS cut-off of 13 or higher. This aligns with findings from other Indian studies, such as those in eastern Uttar Pradesh (around 12%), Jabalpur in Madhya Pradesh (around 13%), and rural Tamil Nadu (around 11%). When we look at these numbers together, it becomes clear that while national estimates for India are relatively high, the prevalence of postpartum depression can differ significantly based on the specific population being studied, the screening criteria applied, and the timing of the assessments.

4.3 Prevalence in Other Developing Regions

Research from various low- and middle-income areas reveals a similar trend of increased risk. A systematic review focusing on the Arab region, which included twenty-five studies, found that the majority reported prevalence rates ranging from 15% to 25%. These figures are quite similar to those seen in other lower-middle-income countries. For instance, a study conducted in Ethiopia among postpartum women visiting public health centers in Addis Ababa found a prevalence rate of 23.3%. This highlights that postpartum depression (PPD) isn't limited to just one area; it shows up frequently across a variety of low-resource settings.

5. Risk Factors Associated with Postpartum Depression

In the literature we've reviewed, the risk factors for postpartum depression (PPD) tend to fall into three main categories: socio-demographic, obstetric, and psychosocial. Interestingly, many of these factors show up consistently across different countries and cultures.

5.1 Socio-demographic Factors

- Low education levels and unemployment
- Financial struggles or low household income
- Being unmarried or lacking a stable partner
- Younger maternal age

5.2 Obstetric and Physical Factors

- Unplanned or unwanted pregnancies
- Caesarean sections or deliveries that require instruments
- Preterm births or neonatal complications that need intensive care
- Not breastfeeding or starting breastfeeding later than recommended

5.3 Psychosocial Factors

- Insufficient support from a partner or family
- Conflict or dissatisfaction in marriage
- Experiencing domestic violence or psychological aggression
- A personal history of depression or other mental health issues
- Stressful life events, such as losing a loved one or major relationship changes

In several studies from South Asia, the sex of the newborn has also been noted as a factor, with the birth of a girl sometimes linked to increased depressive symptoms in certain Indian samples. This seems to reflect the cultural and social pressures surrounding the preference for sons. However, other studies within Indian communities haven't found a significant link between the infant's sex and maternal depression, suggesting that this relationship might vary depending on the specific community and family dynamics. On a positive note, protective factors highlighted in the literature include higher levels of maternal education, strong support from partners and family, and successfully establishing breastfeeding.

6. Consequences of Untreated Postpartum Depression

Untreated postpartum depression (PPD) can have far-reaching effects that go beyond just the mother. For her, it often leads to struggles with daily tasks, challenges in forming a bond with her baby, and in the most serious cases, an increased risk of self-harm. As for the infant, research shows that when a mother experiences depression in those crucial early weeks, it can disrupt their interactions and negatively impact their cognitive, emotional, and behavioral development. Additionally, economic studies highlight a significant financial strain linked to PPD, revealing that children of affected mothers may face higher healthcare costs in their early years. These insights underscore the importance of identifying and addressing PPD early on.

7. Screening and Assessment

The Edinburgh Postnatal Depression Scale (EPDS) stands out as the most widely recognized and validated tool for screening postpartum depression around the globe. This handy, ten-item self-report questionnaire can be filled out quickly in both antenatal and postnatal clinical settings. Depending on the population and the desired balance between sensitivity and specificity, the commonly used cut-off scores typically range from about 9 to 13. Studies reviewed show that the overall prevalence estimates for postpartum depression (PPD) are quite similar, no matter which validated screening tool is used. This

consistency boosts our confidence in making cross-study comparisons, although it's important to note that the specific cut-off score can significantly affect the number of women identified as depressed in any given study.

Several studies included in this review highlight the importance of screening at multiple time points instead of just once. Evidence indicates that scores taken during the third trimester of pregnancy may be better predictors of postpartum depression than those from the second trimester. Additionally, the risk of PPD doesn't just drop off after birth; some reviews have even noted an increase in prevalence beyond six months postpartum. This suggests that a model of repeated screening throughout the perinatal period is more effective than relying on a single assessment shortly after delivery.

8. Discussion and Gaps in the Literature

The literature we've looked at consistently points to postpartum depression as a prevalent and significant issue. However, the reported prevalence rates vary widely—from about 4% to over 60%—which reveals some important inconsistencies in how studies are conducted. Factors like the different screening tools used, varying cut-off scores, the timing of assessments in relation to delivery, and cultural interpretations of depressive symptoms all play a role in this variability, making it tough to compare findings across studies.

Focusing on India, most of the studies available are relatively small, either facility- or community-based, or often limited to specific geographic areas. This makes it hard to generalize the results to the entire country. There are also not many longitudinal studies that can track symptom changes throughout pregnancy and the entire first year postpartum. Additionally, research on protective factors and the effectiveness of culturally adapted interventions in Indian contexts is still quite limited. Moving forward, larger studies that are nationally representative and use consistent screening methods, along with intervention research designed for low-resource settings, are crucial areas for future exploration.

9. Conclusion

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