The frequency of postpartum depression varies from 5 percent to more than 25 percent of women giving birth. The criteria for classifying postpartum depression vary but often are limited to affective syndromes that occur in 6 months of childbirth. The woman may experience weight changes (loss of gain), social withdrawal, inability to cope and have concern about mothering skills to care for the infant.

Women who experience depression often have fewer support systems, more stressful life events and poor personal resources with which to compact these events. Over 10-15 percent of mothers will suffer from a mild to moderate postnatal depression (PND) illness for the first time and there is now widespread acknowledgement that PND is an important public health problem.

A substantial evidence base suggests that one-year incidence of postnatal depression is no higher than that of depression in age-matched non-postpartum woman. The incidence of postnatal depression in the first 3 months postpartum is higher and more severe. No matter whether or not the incidence of postnatal depression increases the presence of distressing depression in a critical time in women’s lives when they expect to be happy is of great importance, not least because of its implications for child development.

Postpartum depression is a major health issue for many women around the world with well-documented negative health consequences for the mother, child and family. While research has demonstrated the amenability of postpartum depression to treatment, there is preliminary evidence that maternal mood in the immediate postpartum period may be predictive of postpartum depression such that secondary preventive interventions may be implemented.

The study was undertaken to assess the prevalence of depression among postpartum women in a Government hospital at Kundapur. The samples of 60 mothers were included for the study. Edinburgh postnatal depression scale was used to assess the level of depression. Majority of the women (81.7%, n=49) had depression. The results showed that post-natal depression (PND) symptoms are common among women during the first week of delivery.

The present study was carried out:
1. To determine the prevalence of postpartum women in terms of level of depression.
2. To find out the association between the level of depression with their selected variables of postnatal mother.

Sampling Criteria
Inclusion criteria: The mothers who stayed in the hospital upto 7 days of delivery; were willing to participate in this study; and were present during the period of data collection.
Exclusion criteria: Mothers with psychological problems under treatment, whose babies present serious health problems; and those with high risk cases.

Data collection tools and techniques
Tools used for the data collection were as below.
Tool-1: Part A - Demographic profile; Part B - Socio economic status of the postnatal mother
Tool-2: Edinburgh postnatal depression scale (EPDS).

The author is Clinical Instructor at College of Nursing, National Institute of Mental Health & Allied Sciences, Hosur Road, Bangalore.
Care should be taken to avoid the possibility of the mother discussing her answer with others. The mother should complete the scale by herself.

**Scoring procedure**

Response categories are scored as 0, 1, 2 and 3 according to increasing severity of the symptoms. Items marked with an asterisk are reverse cored (i.e., 3, 2, 1 and 0); the total score is calculated by adding together the scores for each of the 10 items.

**Pilot study**

A pilot study was conducted to find out the feasibility of undertaking final study and to decide plan of statistical analysis. It was effective and feasible. The pilot study subjects were not included in the study.

**Results**

**Demographic variables**

Majority of the postnatal mothers were over 24 years of age, most of them were Hindu. Majority of the mothers were primigravida and primipara and they have alive child. Majority of the deliveries were spontaneous vaginal delivery and they were on postnatal day 4 (included 1 week after delivery). Maximum mothers were from rural areas and from joint family. Condition of the baby was live birth and 61.7 percent of them had male baby.

**Socio economic status of postnatal women**

Most of the mothers were educated upto primary and they were skilled employees. Income of majority of the mothers was Rs. 1000-1500 per month. Majority of them were not reading newspapers and magazines. Most of them were not member of any of the formal group.

**Prevalence of postpartum depression**

As shown in Table 1, prevalence of depression among postpartum women were categorised as No depression (<9) (18.3%, n=11) and Depression (>9) (81.7%, n=49).

**Association between the level of depression and the selected variables**

There was a significant association between the level of depression and the selected variables such as age, type of delivery, place of living, type of family, and members in any of the organisations (Table 2). Other variables such as obstetric score, occupation, income, newspaper reading, magazine reading was not showing any association with the level of depression.

**Discussion**

The present studies show the prevalence of depression among 81.7 percent postpartum women during the first week after delivery. The finding of this study was consistent with the study conducted by Baker et al (2003) to identify the prevalence of postpartum depression in Native American population. The prevalence of postpartum depression was 23 percent which is significantly higher than even the most liberal estimates in other populations. The other study conducted by Teissedre & Chabrol (2004) to evaluate the capacity of the Edinburgh Postnatal Depression Scale (EPDS) implemented in the first week of postpartum to detect women who will suffer from postnatal depression. The cut-off scores of 10 and 11 for EPDS administered at 2 to 3 days obtained good specificity, sensitivity, and positive predictive values for the cut off scores proposed for the diagnosis of postnatal depression.

The present study findings showed that there was a significant association between the level of depression and the selected variables of postnatal mother. The findings of this study are consistent with those of Moraes et al (2000) to identify the prevalence of postpartum depression and associated factors. The study was carried out in Pelotas, in the

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**Table 1: Depression among postpartum women**

<table>
<thead>
<tr>
<th>Level of depression</th>
<th>F</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Depression</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Depression</td>
<td>49</td>
<td>81.7</td>
</tr>
</tbody>
</table>

**Table 2: Association between the level of depression and the selected variables**

<table>
<thead>
<tr>
<th>Variables</th>
<th>df</th>
<th>Chi-square value</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic profile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Age</td>
<td>1</td>
<td>1.00</td>
<td>Significant</td>
</tr>
<tr>
<td>2. Obstetric score</td>
<td>1</td>
<td>0.379</td>
<td>Not significant</td>
</tr>
<tr>
<td>3. Type of delivery</td>
<td>1</td>
<td>0.670</td>
<td>Significant</td>
</tr>
<tr>
<td>4. Place of living</td>
<td>2</td>
<td>0.183</td>
<td>Significant</td>
</tr>
<tr>
<td>5. Type of family</td>
<td>1</td>
<td>1.000</td>
<td>Significant</td>
</tr>
<tr>
<td>6. Gender</td>
<td>1</td>
<td>0.734</td>
<td>Significant</td>
</tr>
<tr>
<td>Socioeconomic status of postnatal mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Occupation</td>
<td>2</td>
<td>0.292</td>
<td>Not significant</td>
</tr>
<tr>
<td>9. Income</td>
<td>4</td>
<td>0.147</td>
<td>Not significant</td>
</tr>
<tr>
<td>10. Newspaper reading</td>
<td>2</td>
<td>0.135</td>
<td>Not significant</td>
</tr>
<tr>
<td>11. Magazine reading</td>
<td>2</td>
<td>0.098</td>
<td>Not significant</td>
</tr>
<tr>
<td>Membership in any of the organisation</td>
<td>1</td>
<td>0.664</td>
<td>Significant</td>
</tr>
</tbody>
</table>
Southern Brazil, between October and November 2000. Data analysis was conducted hierarchically: economic variables in the first level, socio-demographic in the second level, the obstetrics variables in the third level and, in the fourth level, the psychosocial variables. The prevalence of postpartum depression observed in this sample was 19.1 percent. Family income (OR=5.24; CI 95%: 2.00-13.69), preference for the child’s gender (boys: OR=3.49; CI 95%: 1.76-6.93) and thinking about interrupting the pregnancy (OR=2.52; CI 95%: 1.33-4.76) were variables associated with postpartum depression. These studies support the findings of the present study.

**Conclusion**

Prevalence of depression was high among postpartum women during the first week after delivery and there will be a significant relationship between the level of depression and the selected demographic variables of postpartum women.

There should be high likelihood of postpartum depression and the need for further assessment. Nurses are playing major role in screening for postpartum depression. This is appropriate and feasible for clinical practice and increases the identification of women suffering from this serious, common and easily treatable disorder.

### References

8. Sayil M, Gure A, Ucanok Z. First time mother’s anxiety and depressive symptoms across the transition to motherhood. Women Health 2006; 44(3): 61-77