



## POSTPARTUM DEPRESSION IN PAKISTAN: SUFFERING IN SILENCE

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Pakistan is one of the forerunners in the world of common perinatal mental disorders (CPMDs) for many a reason. The credit for the work initiated in this field goes to Professor Atif Rahman from Liverpool, UK. Over the last decade, studies conducted in North of Punjab on post natal depression and its impact on child development have been published in *Lancet*, *British Journal of Psychiatry* and among other prestigious journals.

While the work of Rahman et al. (2013) on CPMDs continues to echo in scientific circles and amongst academics the world over, CPMDs are still vastly ignored by the mental health fraternity in Pakistan. This editorial aims to bring CPMDs into focus so as to generate interest and awareness amongst researchers, academicians, and postgraduate trainees in the country<sup>1</sup>.

A large number of families continue to struggle through Postnatal Depression, suffering in silence, unable to seek help due to the lack of awareness, limited access to quality treatment and the fear of stigma; thousands of mothers hesitate to seek help at earlier stages of the illness. Recent research indicates that 70-80 % of women suffer from Postpartum or 'maternity blues'. The Postpartum blues are considered a normal reaction to giving birth<sup>1</sup>. Approximately one in ten new mothers suffer from Postpartum Depression with approximately 70,000 new mothers from England and Wales suffering every year despite having access to good quality treatment and management services<sup>2</sup>.

In Pakistan, apart from a landmark prospective study conducted in the rural areas of Rawalpindi there is little evidence in regards to Postpartum Depression<sup>3</sup>. Postpartum Depression affects at least 10-13% of women<sup>4</sup> out of whom 56% show persistent depression at all points of assessment (Prenatal and Postnatal). Persistent depression is associated with poverty, having five or more children, having an uneducated partner and lack of social support<sup>3</sup>. Depression around childbirth is associated with low birth weight and impaired weight gain in the infant's first year<sup>4</sup>.

CPMDs and postpartum depression (PPD) specifically, is shrouded in mystery afflicted with stigma of mental illnesses. The stigma attached to PPD has persisted through the ages. In many countries including the subcontinent, it is believed that the sufferers are witches themselves or are victims of witchcraft. In Uganda, the postpartum mental illness is termed as "Amakiro" which is believed to be caused by promiscuity of the mothers during pregnancy<sup>5</sup>. In Nigeria, the postpartum mental illness is known as "Abisiwin" which is believed to be caused by too much heat in the body<sup>6</sup>.

Postpartum depression (PPD) has consequently passed through a painful path in history as regards its etiology, diagnosis and management.

- Hippocrates in the 4th century B.C. proposed that the discharge of the fluid that comes after birth, if suppressed could flow to the head resulting in Postpartum mental health issues<sup>7,8</sup>.
- Tortula, a 13th century family physician believed that when the womb would become too moist it would result in a "brain filled with water". This water would then start running from the eyes in the form of tears<sup>9</sup>.
- In 16th century, the condition was called "melancholic filicide". Castello Branco, a physician at the time, described a case of Postpartum melancholy but did not describe the intervention<sup>10</sup>.
- In 19th century, Jean-Etienne Esquirol became one of the first physicians to offer detailed case reports of postpartum psychiatric disorders. Esquirol described two categories of postpartum psychiatric illness namely puerperal which occurs within 06 weeks of childbirth, and lactation that lasts greater than 06 weeks following delivery. Esquirol suggested treatment that included careful nursing, tepid baths and purgatives<sup>11</sup>. Around the same time, an American psychiatrist, MacDonal, objected to the rigid classification of puerperal mental illness based on time of onset and proposed classifying diagnoses based on acuteness of onset of symptoms by Esquirol and suggested treatment including tepid bath and large dose of opium to calm the mind<sup>12</sup>.
- In 1858, Louis-Victor Merce published the first paper on puerperal mental illness, his Treatise on insanity in pregnant, postpartum, and lactating women. Merce reported that 9% women developed depression during pregnancy, 58% in the puerperal period and 33% in the lactation period. Merce described the etiology of Postpartum Depression to be a mix of functional and organic changes in female reproductive system following childbirth<sup>13</sup>.
- In the early 20th century, three main lines of thought emerged regarding the description of Postpartum Depression following the childbirth. Dr. James Hamilton, a Psychiatrist and founder of the Merce society, in 1962 in his book titled 'Postpartum Psychiatric Problems' eloquently described these theories.
- Strecker and Ebaugh (1926) suggested that depression following childbirth has no relationship with pregnancy, delivery or any postpartum changes. They proposed that postpartum psychiatric illness could be incorporated into dementia praecox, manic-depression and delirium. As a result, American Psychiatric Association (APA) and American Medical Association (AMA) excluded postpartum illnesses from the diagnostic manual.
- Zilboorg (1928) supported the theory of Sigmund Freud

regarding postpartum depression (PPD). Franks (1938) who believed that Postpartum Depression might be due to unresolved psychosexual conflicts, suppression of homosexual urges, anal-regressive resultant father identification, schizoid characteristics and frigid personalities<sup>14</sup>, later supported this theory. Kannosh and Hope (1937) believed that Postpartum Psychiatric illness is due to some chemical or hormonal changes, which occur after childbirth. He also suggested that Postpartum Depression (PPD) might be related to lactation as depressive symptoms emerged mostly during the weaning of the infant<sup>15</sup>.

Following World War II, psychiatrists observed that many women were reluctant towards seeking help due to the fear of hospitalization and separation from their husbands and children. This was aptly described in Gillman's story, *The Yellow Wallpaper*. As a result, psychiatric wards in Britain and Australia successfully incorporated mother-and-baby units for patients of Postpartum Depression (PPD)<sup>16</sup>. In 1968, Brice Pitt was one of the first Psychiatrists to conduct first community-based cohort study which concluded that 10.8% of women in his cohort suffered from PPD<sup>17</sup>.

Interestingly, until 1990s, the psychiatric organizations did not accept PPD as a separate category disease. The DSM 5 (Diagnostic and Statistical Manual, American Psychiatric Association 2013) categorized 'Postpartum onset' as a modifier for mood disorder (code: 296.80, DSM 5, APA 2013) and stated that Postpartum Depression duration encompasses 04 weeks after childbirth<sup>18</sup>.

The ICD 10 (International Classification of Diseases code, WHO 1992) does not support PPD as a distinct entity. It categorizes mental and behavioral disorders associated with Puerperium (F53 ICD 10, WHO 1992).<sup>19,20</sup>

In the developed world, there has been a widely increased focus on the prevention of Postpartum Depression (PPD) through screening, support groups and interventions. There is mandatory screening at postpartum obstetric visits and initial newborn visits to a Pediatrician. Recent advances in this area include, the Melanie Blocker-Stokes act, which provides government funding for research and advocacy for Postpartum Depression (PPD) in United States and legislation in New Jersey, which makes it compulsory to screen for Postpartum Depression (PPD) through Edinburgh Postnatal Depression Scale (EPNDS)<sup>21,22</sup>. There has been a surge in popularity of blogs and support groups such as Katherine Stone's "Postpartum Progress" and the Postpartum Support International Group<sup>23</sup>.

Postpartum Depression (PPD) is a common and treatable condition. It is possibly far more prevalent in the Western world than in LAMI countries such as Pakistan. With Professor Rehman's work highlighting the efficacy of use of non-specialist health workforce in the early detection and management at the primary care level, it is imperative that the Pakistan Psychiatric Society takes an initiative to prioritize CPMDs. Several initiatives in this regard, can initiate in collaboration with the existing programs run by SHARE, and the Institute of Psychiatry, Rawalpindi. Other centers of excellence can then follow suit.

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