

Rehabilitation for Postnatal Depression

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ABSTRACT :

In addition to a discussion of symptoms, risk factors, and consequences on children, this article gives an overview of the prevalence and causes of postpartum depression in women.

A clinically relevant issue for families that is currently underdiagnosed, undertreated, and under screened. The disorder known as maternal PPD has been thoroughly studied. Contrarily, its possible consequences for the family are less well known. According to studies, ma' mental health is crucial throughout the postpartum time. PPD has detrimental consequences on partner and marital connections, baby bonding, and child development. It affects both mother and father but it mainly affects mother's mental and physical health. Because the mother goes through a lot of mental and physical changes as well lifestyle changes so as a physical therapist we can provide a better rehabilitation and enhance the quality of life.

KEYWORDS : PPD, Post partum depression, Non -mental health, Treatment option for rehabilitation, Baby Blues.

INTRODUCTION :

Postpartum depression (PPD) affects 10% to 20% of women within the first year after birth and 25% beyond the first year. PPD, despite advances in diagnosis and treatment, remains under diagnosed and misunderstood. Women do not always display signs of PPD while in care for delivery of the infant and may not discuss mood changes to their primary care provider at discharge and first post-delivery appointment. Postpartum depression (PPD) is common, disabling, and treatable. The strongest risk factor is a history of mood or anxiety disorder, especially having active. Most new moms experience postpartum "baby blues" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues usually begin within the first 2 to 3 days after delivery and may last for up to two weeks symptoms during pregnancy.

The "Baby Blues" New mothers commonly get the baby blues 2-4 days after the birth and it is so common that it is regarded as normal nowadays.

SYMPTOMS :

- o Mother may feel very emotional and liable to burst into tears, for no apparent reason or for reasons that may seem quite trivial to other people
- o Difficulty to sleep
- o May not feel like eating
- o Feel anxious, sad, guilty and afraid that they are not up to being a mother.

CAUSES

- o Changes in hormone levels that happen after the birth
- o Experience of being in hospital
- o Common with those who have experienced problems with pre-menstrual syndrome
- o If the depression goes on for longer, however or gets worse, it may be turning into postnatal depression
- o They tend to sort itself out and usually does not require any specific treatment than reassurance that what the mother is experiencing is normal.

METHOD : The aim was to study and summarizes the guidelines in the articles on physical therapy for major public health issues.

We used data from no. of mothers of the intervention for post-up studies. Some risk factors were seen at 1 weeks collected and 12 months postpartum. Depression and anxiety symptoms were measured using by Edinburg postnatal depression scale (EPDS) and 6-item state -trait anxiety inventory (STAI-6).

Rehabilitation- The following produce improvement in postnatal mood: o IRR therapy o Massage o Relaxation therapy o Antidepressants o Psychotherapy o Cognitive behavioral therapy o Hormonal therapies o Physical exercises.

CONCLUSION:

Postnatal Depression is one of the major health issue that women face. however a large no. of cases go undiagnosed and untreated due to a lack of knowledge and awareness social stigma also plays a major role as a women hesitate to get help .

Studies analysing maternal age and chronic illness as risk factors were inconclusives, while those studying genetic and epigenetic markers found weak correlations, requiring further investigation.

In some countries, the gender of the baby has also been deemed a risk factor due to cultural influences.

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