

RESEARCH ARTICLE

ASSOCIATION OF POSTPARTUM DEPRESSION AND PATTERNS OF INFANT FEEDING PRACTICES AMONGST POSTNATAL MOTHERS IN A TERTIARY CARE HOSPITAL, IN CENTRAL INDIA.

Dr. Guddi Laishram¹, Dr. Abhishek Joshi² and Dr. Shantajit Thokchom³.

- 1. Resident, Department of Community Medicine, Jawaharlal Nehru Medical College, Sawangi, Maharashtra-442001, India.
- 2. Assistant Professor, Department of Community Medicine, Jawaharlal Nehru Medical College, Sawangi, Maharashtra-442001, India.
- 3. Resident, Department of Community Medicine, Jawaharlal Nehru Medical College, Sawangi, Maharashtra-442001 India.

Manuscript Info

Abstract

.....

Manuscript History

Received: 10 August 2017 Final Accepted: 12 September 2017 Published: October 2017

Key words:-

Breast Milk, Exclusive Breastfeeding, Optimal Growth, Cognitive Development, Maternal Mental Health, Pre-Term, Post-Partum Depression, Anxiety.

Breast milk provides the best and the complete nourishment for the baby during the first six months of life ⁽¹⁾. During the first six months, exclusive breast feeding should be practiced ⁽²⁾⁽³⁾. Appropriate Infant and Young Child Feeding (IYCF) practices are essential for optimal growth, cognitive development, and overall well-being in early vulnerable years of life⁽⁴⁾. According to a number of studies, psychosocial agents are a better predictor to anticipate the duration of exclusive breastfeeding, compared with demographic factors. Prepartum anxiety and depression, which can lead to post-partum anxiety and depression, have an effect on breastfeeding cessation. This was a cross-sectional study carried out in Post-natal ward of a Tertiary care hospital of rural Maharashtra. Maternal mental health status was assessed using the Global Mental Health Assessment Tool (GMHAT/PC).Regarding the infant feeding practices, the indicators were early initiation of breastfeeding, 30.0% of the babies were initiated with breastfeeding 1 hour after delivery, 55.0% babies were exclusively breastfed, with no prelacteal feeds given. The association of mothers who were found to be having depression and problems with exclusive breastfeeding was found to be highly significant.

.....

Copy Right, IJAR, 2017,. All rights reserved.

Introduction:-

Breast milk is the life line for the newborns. It is the best gift a mother can give to her baby. It is a critical aspect of caring for infants and young children $^{(7)(8)}$. Appropriate feeding practices stimulate bonding with the caregiver and psycho-social development. In India more than 1 million infants have been dying every year because of improper breastfeeding practices $^{(9)}$.

Exclusive breastfeeding compared with not breastfeeding, protects against hospitalization for diarrhoea and lower respiratory tract infection ⁽⁴⁾⁽⁷⁾⁽⁸⁾. Poor infant and young child feeding practices have been identified as a major contributor to the high burden of childhood morbidity and mortality in many countries. Although breastfeeding has

Corresponding Author: - Abhishek Joshi

Address:-Assistant Professor, Department of Community Medicine, Jawaharlal Nehru Medical College, Sawangi, Maharashtra-442001, India.

been recognized as the optimal method of infant feeding for the first 6 months of life, many mothers in both developed and developing countries do not breastfeed ⁽¹⁰⁾. Postpartum depression can disrupt care-giving activities, including infant feeding practices, resulting in child malnutrition ⁽¹¹⁾.

Postpartum depression ranges from nonpsychotic depressive episode of mild to moderate severity, beginning in or extending into the first postnatal year ⁽¹²⁾. Maternal mental health issues like depression is an increasing public health concern in low-income countries because of its high prevalence and wide-ranging implications for the health of the mother and infant ⁽¹³⁾.

Methodology:-

This was a cross-sectional study carried out in Post-natal ward of a Tertiary care hospital of rural Maharashtra. Duration of the study was 1 month, from April 2017 to May 2017.

Total 40 post-partum mothers were eligible for the study. Purposive sampling method was used and the patients were selected as per their health and post-delivery status. Those mothers whose babies were shifted in Neonatal intensive care unit (NICU) were excluded from the study. Mothers who were already known case of mental health issues were excluded.

The mothers were asked about the infant feeding practices by using a pre-tested and pre-structured questionnaire. Early initiation of breastfeeding within 1 hour after delivery, exclusive breastfeeding during hospital stay and percentage of bottle feeding were recorded. Maternal mental health status was assessed using the Global Mental Health Assessment Tool (GMHAT/PC).

Data was entered using Microsoft Excel 2007 and all the responses after tabulation were analyzed using SPSS Software version 20.0.

Results:-

In this study maximum numbers of mothers (47.5%) belong to age-group 21-25. About 45.0% (18) belonged to Socioeconomic class-IV as per Modified B.G. Prasad's Classification. 37.5% studied up to primary level whereas 7.5% were illiterate. 77.5% (31) were homemakers. Majority, 31 (77.5%) belonged to Hindu Religion. 75% resided in rural area. (**Table. 1**).

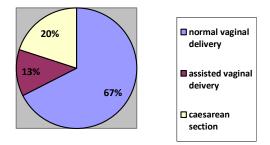
Variables		Frequency $(N = 40)$	Percentage
Mother's age	≤ 20	5	12.5%
	21 - 25	19	47.5%
	26 - 30	13	32.5%
	31 - 35	3	7.5%
Family type	Nuclear	21	47.5%
	Joint	19	52.5%
Socio-economic class	Class I	1	2.5%
	Class II	8	20.0%
	Class III	12	30.0%
	Class IV	18	45.0%
	Class V	1	2.5%
Education	Illiterate	3	7.5%
	Primary	15	37.5%
	Secondary	6	15.0%
	Higher secondary	13	32.5%
	Graduate and above	3	7.5%
Occupation	House wife	31	77.5%
	Farmer	5	12.5%
	Other	4	10.0%
Religion	Hindu	31	77.5%

Table 1:- Frequency distribution of socio-demographic profile of mother.

	Buddhism	6	15.0%
	Muslim	3	7.5%
Geographical setting	Rural	30	75.0%
	Urban	10	25.0%

Out of the 40 participants, 67% of the women had normal vaginal delivery, 20% had assisted vaginal delivery and 13% had caesarean section. (Figure. 1)

Figure 1:-Distribution of mode of delivery depicted in percentage.



Regarding the infant feeding practices, the indicators were early initiation of breastfeeding which is found to be 30.0% (12) of the babies were initiated with breastfeeding 1 hour after delivery, 55.0% (22) babies were exclusively breastfed, with no prelacteal feeds given. 72.5% (10) of babies out of 40 were bottle fed. 25.0% (29) of mothers had difficulty in breastfeeding for the initial 2-3 days. (**Table.2**)

Variables		Frequency	Percentage
Early initiation of	Within 1 hour	12	30.0%
breastfeeding	After 1 hour	28	70.0%
Exclusive	Yes	22	55.0%
breastfeeding	No	18	45.0%
Difficulty in	Yes	29	25.0%
breastfeeding	No	11	75.0%
Bottle feeding	Yes	10	72.5%
	No	30	27.5%

Table 2:- Frequency distribution of infant feeding practices by the mothers.

Table 3:-Association of maternal mental status with early initiation of breastfeeding.

Maternal mental status N=40	Early initiation after delivery (N	of breastfeeding V= 40)	$Chi-square (X^2)$	<i>p</i> -value
	Within 1 hour	After 1 hour	11.465	df=1
Depression	1	20		
No depression	10	9		0.001

The following table shows the association between maternal depression and early initiation of breastfeeding, which is found to be highly significant with p value = 0.001 (p= <0.05). (**Table.3**)

	Table 4:-Association of	of maternal	mental statu	s with exclus	ive breastfeeding.
--	-------------------------	-------------	--------------	---------------	--------------------

Maternal mental status	Exclusive breastfeeding (N=40)		Chi-square (X ²)	<i>p</i> -value
	Yes	No	22.481	df=1
Depression	3	16		
No depression	19	2		0.000

The association of mothers who were found to be having depression and problems with exclusive breastfeeding was found to be highly significant. (**Table. 4**)

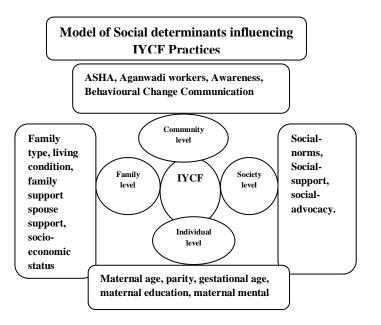


Figure 2:- A model diagram of psycho-social determinants of IYCF.

The above diagram (**Fig.2**) shows the determinants of infant feeding practices prevailing in the society and distortion of which can affect the practices.

Discussion:-

Vimal Kumar Sharma and team⁽¹⁴⁾ developed the Global Mental Health Assessment Tool- Primary Care (GMHAT/PC) which is a computer-assisted interview, to assist general practitioners and other health professionals to make a quick, convenient, and comprehensive, standardized mental health assessment. It has proved to be a reliable and valid tool in various studies. Its use by other health professionals may help in detecting and managing mental disorders in primary care and general health settings more effectively.

This study was a pilot study to test the association between infant feeding practices with maternal mental health using the Global mental Health Assessment tool (GMHAT/PC). So far few studies have been conducted using the GMHAT-PC to study association between maternal depression and infant and young child feeding practices. However, this pilot study was done to the test the feasibility for use of GMHAT/PC in community settings to study maternal mental health status.

Conclusions:-

It is concluded from the study that mothers who have mental health issues are likely to have inappropriate infant feeding practices. Maternal mental health issues need to be addressed properly and mothers who are at the brim of antenatal and post-partum depression should be properly counseled by the concerned health care provider and be appropriate support by the family members and relatives.

References:-

- 1. Operational-GuidelinesOperational Guidelines on Infant.pdf.
- Jennifer HG. A Cross-sectional Descriptive Study was to Estimate the Prevalence of the Early Initiation of and Exclusive Breast Feeding in the Rural Health Training Centre of a Medical College in Tamilnadu, South India. J Clin Diagn Res [Internet]. 2012 [cited 2017 Jun 17]; Available from: http://www.jcdr.net/article_fulltext.asp?issn=0973709x&year=2012&month=November&volume=6&issue=9& page=1514-1517&id=2546
- 3. Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, et al. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Acta Paediatr. 2015 Dec;104:96–113.
- 4. Mortazavi F, Mousavi SA, Chaman R, Wambach KA, Mortazavi SS, Khosravi A. Breastfeeding Practices During the First Month Postpartum and Associated Factors: Impact on Breastfeeding Survival. Iran Red Crescent Med J [Internet]. 2015 Apr 25 [cited 2017 Jun 16];17(4). Available from: http://www.ircmj.com/?page=article&article_id=27814
- 5. Sholeye OO, Abosede OA, Salako AA. Exclusive breastfeeding and its associated factors among mothers in Sagamu, Southwest Nigeria. J Health Sci. 2015;5(2):25–31.
- 6. Sharifi F, Nouraei S, Shahverdi E. The Relation of Pre and Postnatal Depression and Anxiety with Exclusive Breastfeeding. Electron Physician. 2016 Nov 25;8(11):3234–9.
- 7. Infant and Young Child Feeding | UNICEF [Internet]. [cited 2017 Sep 25]. Available from: http://unicef.in/Whatwedo/7/Infant-and-Young-Child-Feeding
- 8. WHO | Infant and young child feeding [Internet]. WHO. [cited 2017 Jun 17]. Available from: http://www.who.int/mediacentre/factsheets/fs342/en/
- 9. Meshram II, Laxmaiah A, Venkaiah K, Brahmam GNV. Impact of feeding and breastfeeding practices on the nutritional status of infants in a district of Andhra Pradesh, India. 2012 [cited 2017 Jul 26]; Available from: http://imsear.li.mahidol.ac.th/handle/123456789/156274
- 10. Galler JR, Harrison RH, Ramsey F, Chawla S, Taylor J. Postpartum feeding attitudes, maternal depression, and breastfeeding in Barbados. Infant Behav Dev. 2006 Apr;29(2):189–203.
- Silva CS, Lima MC, Sequeira-de-Andrade LAS, Oliveira JS, Monteiro JS, Lima NMS, et al. Association between postpartum depression and the practice of exclusive breastfeeding in the first three months of life. J Pediatr (Rio J) [Internet]. 2016 Dec [cited 2015 Dec 12]; Available from: http://linkinghub.elsevier.com/retrieve/pii/S0021755716303941
- Madeghe BA, Kimani VN, Vander Stoep A, Nicodimos S, Kumar M. Postpartum depression and infant feeding practices in a low income urban settlement in Nairobi-Kenya. BMC Res Notes [Internet]. 2016 Dec [cited 2015 Dec 12];9(1). Available from: http://bmcresnotes.biomedcentral.com/articles/10.1186/s13104-016-2307-9
- 13. Maternal mental health [Internet]. [cited 2017 Sep 1]. Available from: http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/starting_well/maternal_mental_healt h.aspx
- 14. Sharma VK, Lepping P, Cummins AG, Copeland JR, Parhee R, Mottram P. The Global Mental Health Assessment Tool Primary Care Version (GMHAT/PC). Development, reliability and validity. World Psychiatry. 2004 Jun;3(2):115–9.