

## Editorial

# Pregnancy and Postpartum Depression: A Raising Concern in Developing Countries

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## EDITORIAL

## Introduction

Depression is a variation of mood disorder that causes feelings of disappointment and despair [1]. Depression throughout maternity is additionally referred to as prenatal or antepartum depression, and depression when maternity is termed postpartum depression [2]. According to the American College of Obstetricians and Gynecologists (ACOG), worldwide 14%-23% of pregnant women experienced depression throughout maternity, and 5%-25% experienced depression in postpartum period [3]. A community-based study in South Asia found twenty fifth of pregnant women grief with depression [4]. Depression affects one in four women at some point throughout their lifespan, therefore it ought to be no wonder that this health problem can

Even bit women who area pregnant and within postpartum [5]. Compared to postpartum depression, antepartum depression has not received a lot of attention within the aid community and within the popular press. This might ensue to the greater focus usually directed towards the physical wellbeing of the pregnant mother, as opposed to her psychological state. There may additionally be a general lack of knowledge and awareness concerning about the fact that two thirds of cases of postpartum depression begin before the birth of the baby, usually third trimester of pregnancy [6,7,8,9]. In Bangladesh, WHO and Ministry of Health and Family Welfare report (2007) showed that solely 0.5 % of national health expenditure was spent on psychological health care, and of that, the percent was dedicated to the mental asylum, that caters to all kinds of mental disorders, with no specific focus on depression In this paper we are trying to designate the associated contributing factors and outcome relating to prenatal and postnatal depression likewise as strategies to address this issue.

## Risk factors

Several socio-demographic risk factors are known for depression throughout the pregnancy and postpartum pregnancy as well as early age, lack of education, being unmarried and out of work [2,11,12]. Increased parity and lack of support, particularly poor support from partner/husband have additionally been related to depression in each developed and developing countries [8].

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## Symptoms

Women with depression typically experience a number of the symptoms like persistent unhappiness, difficulty concentrating, sleeping deficient or an excessive amount of, loss of interest in activities that just typically relish, continual thoughts of death, suicide, or despair, anxiety, feelings of guilt or worthlessness, alteration in eating habits etc. for two weeks or additional [5] and postpartum depression usually happens within the initial four to six weeks after giving birth [13]. Their usual symptoms are depressed mood or severe mood swings, excessive crying, problem bonding with baby, retreating from family and friends, loss of appetency or eating rather more than usual, inability to sleep (insomnia) or sleeping an excessive amount of, overwhelming fatigue or loss of energy, reduced interest and pleasure in activities wont to relish, intense irritability and anger, concern that she isn't a good mother, feelings of worthlessness, shame, guilt or inadequacy, diminished ability to suppose clearly, concentrate or make selections, severe anxiety and panic attacks, thoughts of harming herself or her baby, repeated thoughts of death or suicide and it's unlikely to get better by itself [14].

## Effects on baby

Depression throughout the pregnancy and postpartum period may have serious health consequences on maternal and child health. Antepartum depression might produce miscarriage, delivering before the day of the month (preterm), birth to a tiny low baby (low birth weight) [8]. Some newborn babies might have symptoms like irritability, quick respiratory, tremors and poor feeding if their mothers took antidepressants throughout pregnancy. If depression throughout the pregnancy isn't treated, it will result in postpartum depression. postnatal depression might produce trouble interacting with their mother (they might not need to be with their mother, or is also upset once with them), issues sleeping, is also delayed in their development, more colic, be quite or become passive, or develop skills or reach developmental milestones later than other babies [15].

## Treatment

With treatment, the most people recuperate depression. Treatment will denote one or a lot of the followings:

*Social support:* Community services or parenting education.

*Family therapy:* With partner and/or children. This can more effective when children are older.

*Individual therapy:* Talking one-on-one with a General Physician, psychologist, psychiatrist, social worker, or other professional.

*Medication:* Drugs used most frequently to treat depression are SSRIs (selective serotonin reuptake inhibitors) [13].

### Conclusion and policy implication

Maternal depression is quite significant in South Asian countries. Depression throughout physiological condition and postpartum period could be a vital public health problem attributable to its negative effects on the health of each mother and child. Right after having a baby, a lot of young mothers feel depressed because they get overwhelmed with the day to day running of the household. Family members do not understand it and often misunderstand her for being sad at such a joyous occasion. In keeping with the Dhaka Tribune report, Bangladesh is not able to have a stigma-free speech on depression and therefore the support system is thus crucial in addressing depression, and it's totally unfortunate that it does not get taken seriously [10].

There is an imperative and perilous need to raise awareness of the problem within the wider community. Whereas government legislation exists for the protection of women against exploitation in Bangladesh, there need to be far greater enforcement of such laws, coupled with extensive programs to boost public awareness of the problem. Behavioral amendment interventions may well be developed and enforced. Further applied research ought to be inspired to explore however Bangladeshi women in danger of depression throughout their physiological condition are often protected, and the way such situation is often prevented in the first place. **Acknowledgements**

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