



Depression in pregnancy and puerperium in patients in a public hospital institution

Depresión en el embarazo y puerperio en pacientes de una institución hospitalaria pública

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ABSTRACT

Depression is one of the most notable challenges of our time. **Objective:** to analyse depression in pregnancy and puerperium in patients in a public hospital in Ecuador. **Method:** clinical research of a descriptive and investigative nature in the field, using the Edinburgh scale as an evaluative instrument. The study population included 119 women. **Results:** When exploring feelings of sadness and unhappiness, 40.6% of primigravida pregnant women indicated "No, not at all". **Conclusion:** Underlining the importance of personalised care that is sensitive to the different needs and challenges that may arise at each stage of pregnancy.

Descriptors: depression; pre-eclampsia; pregnancy abdominal. (Source: DeCS).

RESUMEN

La depresión se alza como uno de los desafíos más notables de nuestra época. **Objetivo:** analizar la depresión en el embarazo y puerperio en pacientes de una institución hospitalaria pública en Ecuador. **Método:** investigación clínica de índole descriptiva e investigativa en el terreno, haciendo uso de la escala de Edimburgo como instrumento evaluativo, La población de estudio abarcó a 119 mujeres. **Resultados:** Al explorar el sentimiento de tristeza y desdicha, el 40.6% de las mujeres embarazadas primigestas indicaron "No, nada". **Conclusión:** subrayando la importancia de una atención personalizada y sensible a las diferentes necesidades y desafíos que puedan surgir en cada etapa del embarazo.

Descriptor: depresión; preeclampsia; embarazo abdominal. (Fuente: DeCS).



INTRODUCTION

Depression stands as one of the most remarkable challenges of our time, weaving its shadowy web in the psyche of millions of individuals, characterised by loss of interest and difficulty in finding joy in daily activities. In the intricate dance between body and mind, the human being, endowed with intelligence, seeks harmony in his existence. However, contemporary reality, saturated with environmental, psychological, emotional and interpersonal factors, exposes human vulnerability to challenging changes and adaptations, significantly affecting mental health. In this scenario, exploring the causes and consequences of depression in critical stages such as the prenatal and postpartum period becomes imperative. ¹

Mental health, a precious treasure that all individuals must safeguard, takes on particular relevance during pregnancy and childbirth. These crucial moments, marked by sleep disturbances, fatigue, loss of sexual desire and anxieties about the new being to come, call for special attention. However, the delicate balance of mental health is threatened during these phases of life, leading to alterations in mood that could become a risk for both mother and foetus. ²

As the global burden of depression and other mental disorders intensifies, the need for constant concern and medico-scientific advances becomes inescapable. This article sets out to explore the complexities of depression during the prenatal and postpartum period, in the hope of contributing to the development of more effective strategies to address these life-threatening maternal-fetal conditions.

The complex tapestry of pregnancy and the postpartum period is obscured by the frequent presence of depression, a complication that casts its shadow over the delicate fabric of motherhood. In this complex scenario, several risk factors converge to weave peripartum mood disorders, with a previous history of depression being the most relevant thread. However, the connection between depression and



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antidepressants introduces a duality of risks, where both maternal and infant health are influenced.

The shadow of maternal depression casts its impact on prenatal and postnatal development, leading to complications including preterm birth, low birth weight, fetal growth restriction, and cognitive and emotional challenges in the offspring. In turn, antidepressant exposure broadens the spectrum of risks, being associated with preterm birth, reductions in birth weight, persistent pulmonary hypertension and the intriguing postnatal adjustment syndrome (PNAS), as well as establishing a possible connection to autism spectrum disorder. Paroxetine, specifically, looms as a shadowy figure in this scenario, linked to cardiac malformations that add an additional layer of concern.^{3 4}

The dichotomy between the need for treatment and potential risks manifests itself in breastfeeding, as most antidepressants are excreted at low levels in breast milk and are generally compatible. In this dilemma, the decision to use antidepressants during pregnancy and postpartum becomes a delicate balance between the risks associated with medication and the dangers of untreated depression in the mother. A thoughtful and thoughtful act that illustrates the complexity of addressing mental health in the precious context of motherhood.⁵

The aim is to analyse depression in pregnancy and puerperium in patients in a public hospital institution in Ecuador.

METHOD

A descriptive and field-based clinical research study was carried out using the Edinburgh scale as an evaluative instrument.⁶ The study population included all pregnant and postpartum women who received care at the Ecuadorian Institute of Social Security in Riobamba during the period June to December 2021, totalling 119 participants in the sample.



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During the course of the study, the total number of puerperal and pregnant women was considered, establishing a differential limit between multiparous and primigravid patients attended exclusively in the Gynaecology and Obstetrics Service of the IESS. This was done according to specific criteria:

Inclusion criteria: comprised women in any trimester of pregnancy and in the immediate and mid-postpartum period, both multiparous and primigravid, who received care at the Gynaecology and Obstetrics Service of the IESS Riobamba.

Exclusion criteria: Patients with a known history of psychiatric disorders, pregnancies with fetuses presenting malformations or associated comorbidities, as well as those that ended in preterm delivery were excluded.

For data collection, clinical case reviews were used and subjected to descriptive statistical analysis.

RESULTS

During the first trimester, participation was limited to two study subjects, representing 1.02% of primigravid pregnant women with no history of miscarriage. In the second trimester, the sample expanded to 34 primigravidae, with no history of abortion, constituting 17.34% of the total population. By the third trimester, the figure rose to 85 primigravids with no history of abortion, representing 43.36%.

In the exploration of emotional dimensions during pregnancy, self-criticism in adverse situations was investigated. In this context, 37.5% of pregnant primigravida women admitted to blaming themselves unnecessarily, answering "yes, sometimes". On the other hand, 37.14% of multiparous women gave a similar answer.



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As for difficulty falling asleep due to unhappiness, 40.6% of primigravid pregnant women admitted to having experienced this "yes, sometimes". In contrast, 48.5% of multiparous women, who make up the majority, responded "No, not at all".

When exploring the feeling of sadness and unhappiness, 40.6% of primigravid pregnant women indicated "No, not at all". In the case of multiparous women, 60%, who constitute the majority, responded along the same lines.

DISCUSSION

The results obtained reveal figures of significant relevance, focusing on the responses analysed. It was possible to establish that primigravid patients exhibited a greater propensity towards depressive feelings, evidencing cases of sadness and frustration in their actions, corroborating previous findings in the scientific literature ^{7 8 9}. In relation to the puerperiums, the majority of the population provided responses which, statistically translated, indicated a prevalence towards depression ^{10 11 12}.

It is imperative to note that factors such as relationship stability, socio-economic status, schooling, among others, also exert considerable influence on the pregnant woman's mood. Although the study addressed the disparity between primigravid and multiparous women, focusing on the results presented, it is crucial to recognise the complexity of these additional factors. ¹³

In a scalar comparison between the total set of pregnant and postpartum women, no gaps in responses were identified that would allow a direct connection between the presence of depression and these two types of clinical cases. The results showed substantial similarities in responses that did not generate signs of medical alarm. However, the literature shows variability in the prevalence of depression during the postpartum period, according to various clinical studies. ¹⁴



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Although the present research was limited to a specific sample and the results cannot be completely extrapolated, given that further exploration in this field is required to understand in detail the level of affectation according to problems or factors that could affect a wider population perimeter, the results obtained allow us to affirm conclusively that the phenomenon of depression is tangible and occurs in our social context. This finding underlines the importance of addressing depression as a clinical problem that demands attention. ¹⁵

CONCLUSION

This study has shed light on the emotional dynamics of pregnant women during different stages of pregnancy. During the first trimester, the limited participation of two subjects, representing 1.02% of primigravid pregnant women with no history of miscarriage, points to the need for further research in this crucial early period.

The progressive increase in the sample in the second and third trimester, reaching 17.34% and 43.36% respectively, suggests a greater willingness and participation of pregnant women as they progress through their gestation. These findings may indicate the importance of considering temporal and emotional factors when designing specific interventions and support services for each stage of pregnancy.

In terms of the emotional dimensions explored, self-criticism in adverse situations revealed that 37.5% of primigravid pregnant women admitted to needlessly blaming themselves, while 37.14% of multiparous women expressed a similar response. This finding highlights the need to address self-criticism as a key component of mental health during pregnancy.

Difficulty falling asleep due to unhappiness was expressed by 40.6% of primigravid pregnant women, while the majority of multiparous women, 48.5%, did not



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experience this problem. These results highlight the importance of assessing and addressing sleep difficulties as an integral part of prenatal care.

In relation to feelings of sadness and unhappiness, 40.6% of primigravid pregnant women indicated that they did not experience these feelings. In contrast, 60% of multiparous women also reported not feeling sadness, suggesting that most women, regardless of their obstetric history, experience an absence of these feelings during pregnancy.

These findings provide a nuanced view of pregnant women's emotional experiences, highlighting the importance of personalised and sensitive care for the different needs and challenges that may arise at each stage of pregnancy. They also highlight the need for further research to fully understand the emotional complexities of pregnant women and to develop more effective support strategies.

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CONFLICT OF INTEREST

There is no conflict of interest with persons or institutions involved in the research.

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