

Letter to editor / Editöre mektup**Postnatal depression
Postnatal depresyon****Zubair Shahid BASHIR,¹ Ayesha ANWAR²**

Respected Sir,

A mother's health is a reflection of society's health. In a patriarchal society such as Pakistan, very little emphasis is given to provide adequate care to the mother. Emotional well-being is further ignored as mental health is still not accepted as a disease susceptible entity by the society whole-heartedly. Lack of adequate healthcare facilities and professionals in villages and far flung areas make mothers prone to postpartum depression (a clinical depression occurring as a complication of childbirth). Low literacy rate of society is the cherry on top of it.

The incidence of postpartum depression is on the rise in developing countries because of early marriages. The girls become mothers at very fragile age and are naïve to the complexities of motherhood. This leads to family conflicts resulting in low self-esteem of mothers. As a result, adolescent mothers show a higher incidence of postnatal depression.¹ In addition to this high demand of male child by the family aggravates the situation as mothers feel compelled to fulfill it.² This is due to lack of education in the developing countries where people hold women reprehensible for the heinous crime of gender selection. Rising trends of shifting from joint family system to nuclear family and independent living leads to decreased social support for the new mother and puts financial strain on the family with the arrival of a new member.³ Thus further raising the incidence of postpartum depression.

Improperly trained staff contributes to significant cases of postnatal depression. This is due to inability to recognize risk factors like previous history of depression, intrapartum complication and preterm deli-

very. Adequate emotional support, proper timely management and follow up plan is not given leading to increased anxiety and apprehension among mothers.⁴ The access of proper health care facilities in rural areas also magnifies the impact of improper psychological care. Moreover, there is no proper training for the primiparous women about the rearing of new borns which leads to anxiety and increased cases of depression.⁵

The need of the hour is to recognize postnatal depression as a 'disease' by the society. Educating people regarding it is of utmost importance. There is an imperative need to devise a proper psychiatric evaluation system of mothers where they are screened at least thrice i.e during first antenatal visit, mid pregnancy and postnatally because early recognition of high risk patients and prompt management plan will reduce the likelihood of the disease. Furthermore, extending the psychiatric facility to rural areas by educating the lady health care workers about the early signs, symptoms and proper treatment of postnatal depression can address the issue to a much greater extent. There is also a need to create awareness among people regarding maternal autonomy, shared decision making about family, better communication among spouses and also educating woman about their sexual and maternal rights.⁶

These measures can help improve maternal health status in general and reduce the disease burden of postnatal depression in particular by reducing its incidence, early detection and prompt treatment. Hence many women who die redeeming this unforgivable sin can be saved.

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