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Use of Psychosocial Occupational Therapy in Managing Postpartum Depression and its Impact on Quality of Life – A Case Study

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KEYWORDS

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ABSTRACT:

Introduction: During pregnancy and postpartum period many females experience a variety of overwhelming emotions such as anticipation, excitement, happiness, fulfilment, as well as anxiety, frustration, confusion, or sadness/guilt. Various psychiatric disorders are highly vulnerable during the postpartum period. Postpartum Depression is said to be a non-psychotic depression affecting approximately 10 – 15% of women and the most common complication of childbearing. It was found out that women with postpartum depression have an impact on Quality of Life. Psychosocial Occupational Therapy helps clients to engage in certain activities, aims to awaken interest, develop concentration, restore coordination, revive hope, inspire confidence, give satisfaction through personal achievements.

Objectives: To find out the use of Psychosocial Occupational Therapy in managing Postpartum Depression and to analyze the impact of managing Postpartum Depression using Psychosocial Occupational Therapy on Quality of Life

Methods: The single case study was conducted during 2021 at the Department of Occupational Therapy, Sri Ramachandra Hospital. Clients who met the selection criteria were allotted into the intervention by Purposive sampling. Baseline assessment was done using Case Record Performa, Six Item Cognitive Impairment Test, Edinburgh Postpartum Depression Scale and DSM -5 criteria. One subject was recruited for this study. The client participated in 4 weeks intervention program – Psychosocial Occupational Therapy. The Outcome Measures were Edinburgh Postpartum Depression Scale and WHO-QOL-Bref Scale.

Results: There is a significant improvement in the post intervention score from the pre intervention score after four weeks of intervention using Psychosocial Occupational Therapy in Edinburgh Postpartum Depression Scale and WHO-QOL-Bref Scale.

Conclusions: Psychosocial Occupational Therapy is effective in managing Postpartum Depression and has shown significant improvement in Quality of Life.

1. Introduction

The postpartum period has been termed the "fourth stage of labour," and has three distinct but continuous phases. The initial or acute period involves the first 6-12 hours postpartum. The second phase is the subacute postpartum period, which lasts 2-6 weeks. The third phase is the delayed postpartum period, which can last up to 6 months [1].

Different biological, physical, social, and emotional changes acquire during the postpartum period. Especially in the case of primigravida, it requires significant personal and interpersonal adaptation [2]. Various psychiatric disorders are highly vulnerable during the postpartum period [2]. The postnatal period is well established as an increased time of risk for the development of serious mood disorders. There are three

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common forms of postpartum affective illness: the blues (baby blues, maternity blues), postpartum (or postnatal) depression and puerperal (postpartum or postnatal) psychosis each of which differs in its prevalence, clinical presentation, and management [3].In recent times, Postpartum Disorders have been classified into five major categories: (i) Postpartum Blues, (ii) Postpartum Depression, (iii) Postpartum Psychosis, (iv) Postpartum Post-traumatic stress disorder (PTSD), (v) Postpartum Anxiety and Obsessive-Compulsive Disorder (OCD) [2].

The treatment of PPDs is generally holistic and includes reassurance, familial and social support, psychoeducation, and in some cases, psychotherapy and/or pharmacologic treatment [2].

Individual psychotherapy is an integral part of treatment, especially for females finding it difficult in adjusting to motherhood and/or apprehensions about new responsibilities. Psychoeducation and emotional support for the partner and other family members are important. Client and the family members should be involved in the formulation of the treatment plan [4-5]. In moderate to severe depression and postpartum psychosis, medication becomes necessary. Safety and hazards of use of psychotropic medications during lactation should be addressed [6].

Postpartum Depression is the most common psychiatric disorder observed in the postpartum period (2). Postpartum Depression is said to be a non-psychotic depression affecting approximately 10 - 15% of women and the most common complication of childbearing [3]. Postpartum depression is a debilitating mental disorder with a prevalence between 5% and 60.8% worldwide [7]. It has been identified that the global prevalence of postpartum depression is 100–150 per 1000 births [8].

The incidence of postpartum depression was found to be around 11% among rural women in India by a community-based prospective study. The prevalence of postpartum depression rose from 16% before delivery to 19.8% after delivery in the postpartum period [9]. The most common interventions used in the management of postpartum depression among respondents were psychosocial support (34%), professionally based postpartum home visits (28%), interpersonal psychotherapy (20%), and cognitive therapy (18%) [10].

Quality of life (QoL), is according to the World Health Organization definition “The individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns” [11]. Depression may have a profound consequence on the quality of life of an individual. It may reduce the quality of life of the individual subjectively or objectively [12]. Postpartum depression symptoms are associated with quality of life of women after pregnancy and therefore constitutes a powerful predictor of quality of life. [13]. It was found out that women with postpartum depression have an impact on Quality of Life. A study conducted in 2017 said that women with postpartum depression scored significantly low in all the four domains of WHOQOL-BREF (physical, psychological, social, and environmental domains) including the satisfaction about their health. There is low perception of quality of life in participants with postpartum depression compared to those without PPD [14].

“Psychosocial” is defined as pertaining to intrapersonal, interpersonal, and social experiences and interactions that influence occupational behaviour and development [15]. Psychosocial aspects of occupational therapy are grounded in the historical roots of the profession. Occupational Therapy was founded by a diverse group of professionals concerned with the deleterious effects of inactivity on individuals. These founders envisioned Occupational Therapy as a holistic profession, focusing on the mind-body interrelationship and the importance of activities (or “doing”) in helping those with both physical and psychological limitations in maintaining a positive life orientation (14). In psychosocial occupational therapy we deal with a significant number of important constructs that cannot be directly observed, such as depression, anxiety, psychosis, perception, cognition, and volition [16].

2. Objectives

The objectives of this study were to find out the use of Psychosocial Occupational Therapy in managing Postpartum Depression and to analyze the impact of

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managing Postpartum Depression using Psychosocial Occupational Therapy on Quality of Life.

3. Methods

This Single Case Study was approved by the Ethics Committee for Students Proposals, Sri Ramachandra Institute of Higher Education and Research [Deemed to be University]. The subject was recruited from the Outpatient Unit, Department of Obstetrics and Gynaecology, Sri Ramachandra Hospital, Porur. Out of 10 Postpartum clients screened, 6 of them met with the Selection Criteria. The clients were screened using Six - item Cognitive Impairment Test, Edinburgh Postpartum Depression Scale, Diagnostic and Statistical Manual of Mental Disorders - 5th Edition - Major Depressive Disorder. Among them one client was selected through purposive sampling and obtained their written informed consent and participated in the study. Before the commencement of the intervention, the client was assessed using the Outcome measures as pre-test scores. The outcome measures were Edinburgh Postpartum Depression Scale and World Health Organization-Quality of Life Bref Scale. The client underwent Psychosocial Occupational Therapy Intervention for 12 sessions in 4 weeks of each one hour. After completing the 4 weeks of Psychosocial Occupational Therapy Intervention, the participant was assessed using the outcome measures. The Pre-test and Post-test scores of the Outcome measures were analysed.

Inclusion Criteria: Age group of 22 - 34 years old. 6 - 8 weeks of postpartum period women. Primipara alone was included. Low risk pregnancy with baby on the mother's side. Participant who scores 0-7 (Normal) in Six item Cognitive Impairment Test. Scores ≥ 12 in Edinburgh Postpartum Depression scale. Participant who meets with the Major Depressive Disorder - DSM 5 criteria. Participant able to read, write and understand English or Tamil.

Exclusion Criteria: High-risk pregnancy was excluded. Any abortion or miscarriage was excluded. Participant under smoking/ alcohol consumption was excluded. History of any neurological, orthopaedic and psychiatry disorders was excluded.

4. Results

Table 1 shows the Pre and Post Intervention scores of Edinburgh Postpartum Depression Scale (EPDS) During the pre-test measure, the participant has scored 17/30 in the EPDS, which was interpretated to be "possible depression". And following Psychosocial Occupational Therapy intervention, the EPDS score has reduced to 8/30 which is said to be "not likely depression". WHO-QOL Bref Scale includes four domains: Physical Health, Psychological, Social Relationship and Environment. Table 2 & 3 shows the Pre and Post Intervention scores of WHO-QOL Bref Scale. In this scale, the obtained raw score will be converted into the transformed scores of 4-20 and 0-100. The participant has obtained the raw scores of 18, 16, 9 and 27 respectively which has improved to 26, 23, 12 and 33 following interventions. The transformed score of 4-20 in the pre-intervention test was 10, 11, 12 and 14 respectively and has improved to 15, 15, 16 and 17 in the post-intervention test. The transformed score of 4-100 in the pre-intervention test was 38, 44, 50 and 63 respectively and has improved to 69, 69, 75 and 81 in the post-intervention test. There is an overall improvement in all the four domains of WHO-QOL Bref Scale.

Table 1: Comparison of Pre-test and Post-test score of Edinburgh Postpartum Depression Scale:

Edinburgh Postpartum Depression Scale	Pre-test	Post-test
Score	17/30	8/30
Interpretation	Probable Depression	Depression not likely

Table 2: Pre-test score of WHO-QOL Bref Scale:

S.No	Domains	Raw Score	Transformed Score: 4-20	Transformed Score: 0-100
1	Physical Health	18	10	38
2	Psychological	16	11	44
3	Social Relationship	9	12	50
4	Environment	27	14	63

Journal of Chemical Health Risks

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Table 3: Post-test score of WHO-QOL Bref Scale:

S.No	Domains	Raw Score	Transformed Score: 4-20	Transformed Score: 0-100
1	Physical Health	26	15	69
2	Psychological	23	15	69
3	Social Relationship	12	16	75
4	Enviroment	33	17	81

The results of the study reveal that Psychosocial Occupational Therapy Intervention has shown a significant improvement in managing Postpartum Depression and has proven to show to a positive impact on Quality of Life.

5. Discussion

Among variety of techniques used under Psychosocial Occupational Therapy Intervention, this study has built tailor-made protocol for the participant. This has helped the participant to manage Postpartum Depression symptoms and the overall score in Edinburgh Postpartum Depression Scale of the participant has reduced.

D'Amico ML et at has proved that Occupational Therapy will be useful and effective in managing symptoms of psychiatric disorders and enhancing and/or maintaining functional performance for persons with mental health problems in terms of independence, safety, and quality of living [17].

The participant Mrs. B had a low subjective perception in the overall Quality of Life. Following 4 weeks of Psychosocial Occupational Therapy Intervention, the participant had a significant improvement in the Quality of Life in all the four domains: Physical Health, Psychological, Social Relationship and Environment.

Reason that may be associated with low perception of QoL in the Physical Domain is that the participant's physical health and time management was very poor and she was not satisfied with the achievements of child caring. Psychoeducation as a part of intervention involving time management strategies, lifestyle management, guiding principles for self-confidence and guidelines for better sleep has paved way for better physical and psychological health in Quality of Life. Similarly, Eman S Soliman et al reported that Psychoeducation is effective in improving the Quality of Life in mental health patients [18].

The participant had a low perception in the psychological domain of QoL. The Psychosocial Occupational Therapy Intervention has proven to improve the psychological status of the participant. Keng et al have proven that mindfulness is positively associated with psychological health [19] and this will serve as evidence for the improvement in Emotional and Psychological health status of the participant.

It was found out that the low perception of QoL in the environmental domain is due to the lack of opportunities for pleasurable leisure activities. The leisure activities used in the study intervention involves an interest from the participant through the Interest Checklist. Leisure activities which involve diagrams of family members has brought happiness into the participant. The participant enjoyed in completing her activities, encouraging positive feelings and a better cope with stress. Similarly, Pressman et al conducted experimental studies and proved that Leisure activities improve the psychological and physical well-being which supports the above-mentioned points in the study [20].

Based on the Activity and Thought Monitoring booklet, it was also found that the participant was easily upset with the child's temporary health issues, which has also influenced the outcome of the study. The child's health status causes distress to the participant. The participant also blamed herself for unnecessary things when it went wrong, especially related to the child. The participant was not much satisfied with her action of taking care of the child and during such activities in her day-to-day task, her pleasure and achievement ratings were low. Guided imagery, Mindfulness techniques and problem-solving plans were helpful for the participant to promote positive thinking. The Activity and Thought Monitoring booklet was not only helpful in identifying the problems of the patients but also helped in finding solutions to the problems. Through Activity and Though Monitoring Booklet, it was also found that the participant was more active and was in intense pleasure when she was with her husband and family. It was found out that her emotional ratings were high in such situations. The participant

Journal of Chemical Health Risks

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JCHR (2024) 14(3), 1524-1529 | ISSN:2251-6727

scores on the post-test of WHO-QOL Bref scale - Social Domain has improved, which can be justified with the above-mentioned reasons. The Outcome of the study might also be influenced by external factors such as home settings, environment, and social relationship status. This targeted intervention has reduced Postpartum Depression symptoms and helped in improving the Quality of Life in women with Postpartum Depression. The conclusion of the study suggest that Psychosocial Occupational Therapy Intervention has helped in managing Postpartum depression symptoms. It is also proved that Psychosocial Occupational Therapy Intervention has improved the overall Quality of Life in Postpartum Depression women. The results of the study prove the alternate hypothesis, that is, Psychosocial Occupational Therapy has shown a significant reduction in Postpartum Depression and has a positive impact on Quality of Life. This study is limited to a single case, so the results cannot be generalized to the Post-partum Depression populations. The outcome of the intervention was not monitored periodically in the 1-month time duration which cannot clearly explain the prognosis of the participant and the Edinburgh Postpartum Depression scale is applicable for measuring the symptoms in the past 7 days only which is not applicable to prove a stable prognosis.Further research is needed to find the effectiveness of Psychosocial Occupational Therapy as Group Intervention among Postpartum Depression women. Further research studies, can involve the child health status monitor as it was found to have impact on the mother's well-being. Researchers can conduct a comparative study focusing on Postpartum Depression women with satisfaction in leisure activity and Postpartum Depression women with dissatisfaction in leisure activities. Psychosocial Occupational Therapy can be put into practice in future with long term intervention, enhanced number of sessions and follow-up assessments. To conduct an Experimental Study Design using Psychosocial Occupational Therapy among Postpartum Depression women.

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Journal of Chemical Health Risks

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