POSTPARTUM DEPRESSION FOLLOWING NORMAL VAGINAL DELIVERY AMONG NIGERIAN WOMEN

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Summary.—The study investigated postpartum depression among Nigerian women by comparing 83 mothers who had normal vaginal deliveries with 83 matched controls. Analysis of scores on the Zung Self-rating Depression Scale indicated that the mothers and the controls were not significantly different on depression during the immediate postpartum period. There were significant relationships between postpartum depression and education after birth, not having male children at after 6 wk., primiparity after birth, and puerperal complications.

Although most recent reports indicate that over 10% of mothers suffer from depression following childbirth, the relative risk of depression during this period is difficult to confirm because of the dearth of case-control studies. Also, recent findings for sociodemographic and obstetric risk factors have not been consistent. While negative obstetric/birth experience has been observed to be a risk factor for postpartum depression (Johnstone, Boyce, Hickey, Morris-Yatees, & Harris, 2001), it has also been observed to be unrelated to depression following childbirth (Josefsson, Angelsioo, Berg, Ekstrom, Gunnervik, Nordin, & Sydsjo, 2002). The exclusion of some of these factors in a controlled study of postpartum depression may give insight into their importance as possible etiologic factors.

Method.—The sample included 83 patients who had normal vaginal delivery at the labour ward of the Wesley Guild Hospital in Ilesa in southwestern Nigeria. The controls, who were women attending the family planning clinic of the hospital, were matched on age (± 2 years), socioeconomic status, amount of education, and on number of previous births or parity (± 1) with the patient group. The patient group were consecutive patients who met the following criteria: booked and complied fully with routine antenatal appointment schedule, did not have any obstetric or other medical complications during the antenatal period, had spontaneous vaginal delivery, and had good obstetric and general health status at the point of discharge

[1]A detailed account is on file in APD Document 2004-015. Please remit $20.00 to the Archive for Psychological Data, P.O. Box 7922, Missoula, MT 59807-7922.

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from the ward. The selected clinic controls were women whose last birth was over a year ago. Sociodemographic data and data on general health status, obstetric/gynaecological evaluation, and depression status were obtained from the patient group at the point of discharge ($M = 2$ days after birth) and from the clinic controls. The subjects in the patient group were re-evaluated at 3 weeks after delivery and at the end of the puerperium, i.e., at the end of the period up to about 6 weeks after childbirth. Zung's Self-rating Depression Scale was used to assess depression. Student t test was used to compare the mean Depression scores of the two groups. In addition, the Student t test or one-way analysis of variance was used to compare subgroups within the patient group just after birth and at 6 weeks after birth.

TABLE I
MEANS FOR SELF-RATING DEPRESSION SCALE IMMEDIATELY AND SIX WEEKS AFTER DELIVERY BY SOCIODEMOGRAPHIC AND OBSTETRIC VARIABLES

Variable	*n*	*df*	Immediately After Birth		Six Weeks After Birth	
			M	*F/t*	*M*	*F/t*
Age Group (yr.)		3,79		$F = 0.35$		$F = 0.90$
≤ 25	16		26.3		24.6	
26–30	27		28.2		23.0	
31–35	25		27.4		22.1	
≥ 35	15		26.3		23.1	
Education		3,79		$F = 3.09$*		$F = 2.61$
None	2		23.5		30.5	
Primary	8		25.3		25.1	
Secondary	43		25.7		22.3	
Tertiary	30		30.2		23.1	
Marital Status		81		$t = 0.44$		$t = -0.60$
Single	5		28.6		21.8	
Married	78		27.2		23.1	
Socioeconomic Status		2,80		$F = 3.08$		$F = 0.95$
Low	42		25.6		23.4	
Middle	16		27.2		21.6	
High	25		30.0		23.4	
Sex of Children		57		$t = 0.02$		$t = 1.72$*
No boy(s)	5		26.4		25.2	
Previous boy(s)	45		26.4		22.4	
Parity		81		$t = 1.82$*		$t = 1.33$
Primiparous	27		29.4		24.2	
Multiparous	56		26.3		22.6	
Previous Abortions		81		$t = -0.12$		$t = 1.46$
Yes	18		27.1		24.5	
No	65		27.3		22.7	
Puerperal Complication/Illness		81				$t = 8.20$†
Yes	10				31.8	
No	73				21.9	

*$p < .05$, †$p < .001$

Results.—Analysis showed that the mean Depression score for the patient group (27.2) was lower than the mean score for the clinic controls (28.3), but the difference was not significant ($t_{161} = 0.77$, $p > .05$). Table 1 shows the mean Depression scores of subgroups within the patient group based on some sociodemographic and obstetric variables. Four variables, age, marital status, socioeconomic status, and previous abortions, showed no relationship with Depression score after birth or at 6 wk. after birth. However, the higher the education, the higher the Depression score after birth ($p < .05$). Also, mothers who had no male children had higher Depression scores after 6 wk. ($p < .05$), and mothers who were assessed after their first childbirth (primiparous mothers) had higher Depression scores after birth ($p < .05$). Mothers who had obstetric or medical complications also had higher mean Depression score at the end of the puerperium ($p < .001$). The finding that the mean Depression score for these mothers was not higher than the mean score for the clinic controls may have been due to the deliberate exclusion of obstetric and medical complications. This finding tends to lend support to the argument that these complications may contribute to the complex mechanism that precipitates depression during the immediate postpartum period. In addition, our findings on the sociodemographic and obstetric variables are similar to those of some previous reports, especially from developing countries and similar cultures, so they may be useful in formulating preventive mental health strategies among obstetric patients in Nigeria.

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