



Postpartum Depression in Women in a Postpartum Nursing Center

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Purpose:

The study aims to quantify the status and change in postpartum depression (PPD) of women in a postpartum nursing center.

Methods:

The Chinese version of the Edinburgh Postnatal Depression Scale (EPDS) and semi-structured interviews with purposive sampling were utilized in data collection. The total sample size was 50 women, consistent with the selection criteria in the postpartum nursing center from eastern Taiwan. Quantitative data was collected at day 3-5 (EPDS-1) and week 3 (EPDS-2) postpartum and qualitative data was collected at week 2 and week 4 postpartum. Paired-sample t test was used to identify the differences in mean scores between EPDS-1 and EPDS-2. To compare the difference in rates of PPD between EPDS-1 and EPDS-2, a Mc Nemar test was conducted. All p values were two-sided. The level of significance was $p < .05$.

Results:

The difference in mean scores of EPDS-1 and EPDS-2 showed statistical significance (mean 7.36 vs. 5.84; $t = 4.42$; $p < .01$). It was found that 28.0% of women experienced depressive symptoms at day 3-5 (scores of EPDS above 9). At week 3, the rate fell to 12.0% and had a statistical significance ($\chi^2 = 4.42$; $p = .02$). Women staying in the postpartum nursing center, received professional care, learned parenting skills, and were able to get adequate rest. These factors strongly affected women's levels of postpartum depression.

Conclusion:

The effect of appropriate professional postpartum care cannot be underestimated. Effective postpartum nursing center care, suggests alleviation of the symptoms of PPD. This has significant impact on family life and potential early return to work. The psychological implications of PPD are well documented in the literature. Therefore, the management of PPD via carefully designed postpartum programs offers the potential for minimizing the damaging effects of PPD.

Table 1 The relationship between participant's characteristics and EPDS score ($N=50$)

	n	%	M±SD	EPDS-1			EPDS-2		
				M±SD	r, t or F	p	M±SD	r, t or F	p
Age			32.51 ±3.61		$r=-.14$	.24		$r=-.10$	.40
Education					$F=.76$	.47		$F=3.05$	.04*
① High school graduate	11	22.0	7.53±2.97				7.13±3.18	①vs.② have statistical significance	
② College degree	34	68.0	7.08±3.48				5.33±2.25		
③ Graduate degree or above	5	10.0	8.86±5.58				6.43±3.10		
Employment status					$t=.24$	.81		$t=2.00$	.06
Employed	36	72.0	7.53±3.13				5.45±2.46		
Homemaker	14	28.0	7.29±3.80				6.84±2.87		
Pre-pregnancy BMI			21.16 ±2.91		$F=.74$	.48		$F=4.09$	.02*
① <18.5	7	14.0	8.56±4.50				7.89±3.06	①vs.②,①vs.③ have statistical significance	
② 18.5 ≤ BMI < 24	36	72.0	7.06±3.25				5.69±2.49		
③ ≥ 24	7	14.0	7.80±4.57				4.70±2.16		

Table 2 Differences in mean scores of EPDS-1 and EPDS-2 ($N=50$)

EPDS-1 M±SD	EPDS-2 M±SD	t	p ^a
7.36±3.61	5.84±2.63	4.42	< .01**

**p < .01

^a Paired-samples t test

Table 3 The distribution of EPDS scores and the rate of PPD ($N=50$)

EPDS total score	EPDS-1		EPDS-2		χ^2	p ^a
	n	%	n	%		
0-9	36	72.0	44	88.0		
10-12	9	18.0	5	10.0		
13-30	5	10.0	1	2.0		
10-30	14	28.0	6	12.0	5.26	.02*

^a Mc Nemar test