

Title:

Effect of Stillbirth Postpartum on Depression in Women Between Ages 15-20 Versus 30-35

Michelle M. Brindle

School of Nursing, Prairie View A&M University College of Nursing, Houston, TX, United States Minor Outlying Islands

Ashley Menchaca

School of Nursing, Prairie View A&M University: College of Nursing, Houston, TX, USA

Ravali Valluri, BS

College of Nursing, Prairie View A & M University, Houston, TX, USA

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Abstract Summary:

Purpose/Aim: To determine which group of women, ages 15-20 versus ages 30-35, who delivered a stillborn will experience depression to a greater degree. Design: A non-experimental correlation study. Method: Two outpatient clinics located in a large metropolitan area in southwest Texas will be the setting for this study.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify the two age group of women most affected by postpartum depression after experiencing a stillbirth.	The content provided will be able to expand the knowledge of the learner to certain sensitive populations at risk for suffering postpartum depression after suffering the loss of a stillbirth.
The learner will be knowledgeable in assessing depression related symptoms in the women whom suffered having a stillbirth.	The content provided will further expand the knowledge of the learners to related literature review articles and theorist supporting this study.

Abstract Text:

A developing fetus that passes away succeeding 20 weeks and weighs more than 500 g is called a stillbirth (Kersting & Wagner, 2012). A stillbirth usually passes away prior to or during child birth and often without any specific occurrence happening prior to the child birth (Kersting

& Wagner, 2012). Warshak et al. (2013) found that teenage girls were reported to have a 20% increased chance of conceiving a stillbirth when compared to older women. The teenage girls who were obese were also found to have a 70% increased chance of conceiving a stillbirth when compared to older women (Defranco, Habli, Lewis, Russell, Warshak, & Wolfe, 2013). According to Kingston, Heaman, Fell, and Chalmers (2012), teenage girls and young adult women were most likely have experienced poorer health maintenance prior to delivery, higher stress levels due to inexperience, and a higher risk for postpartum depression than older women respectively.

A study in Michigan involved 1400 women the average age was 29 (Boggs, Gold, Leon, & Sen, 2015). The grieving mothers were seven times more likely to be positive for post-traumatic stress disorder (PTSD) and four times higher for depression. Of the women, 183 had a history of depression, 45 had a history of PTSD, 44 had a history of interpersonal violence, and only 16 reported a social support system. As opposed to the grieving mothers, the non-grieving mothers had only 83 women show signs of a history of depression, eight had a history of PTSD, 26 had a history of interpersonal violence, and 16 had social support (Boggs, Gold, Leon, & Sen, 2015).

So far, studies have shown that bringing a new child into the world can cause major changes in life and organization to a person or family (De Tyche, George, Luz, Spitz, & Thilly, 2013). Wisner et al. (2013) conducted a study in which they found that 14% of 10000 postpartum women were screened positive for depression. Amongst the 14% of women, 40% were screened positive with depression occurring after birth or postpartum, which identifies the importance of screening and treating women with postpartum depression (Costantino, Confer, Eng, Famy, Hanusa, Hughes, Luther, Moses-Kolko, Mcshea, Rizzo, Sit, Wisniewski, Wisner, & Zoretich, 2013). It is important to screen depression in postpartum women because depression has been known to be the second leading cause of death in postpartum women

(Costantino, Confer, Eng, Famy, Hanusa, Hughes, Luther, Moses-Kolko, Mcshea, Rizzo, Sit, Wisniewski, Wisner, & Zoretich, 2013).

De Tychey, George, Luz, Spitz, and Thilly (2013) emphasized on measuring the levels of anxiety and the coping skills in postpartum and prenatal women of Lorraine, France. The researchers whom conducted this study found that the level of anxiety and other mental disorders were higher in postnatal women than in prenatal. George et al. (2013) stated that different negative emotional disorders affect the fetus's health by causing low-birth weight and prematurity. George et al. (2013) concluded that their finding can bring about further studies to prevent negative outcomes to the mother's and fetal's health status.

Van (2012) conducted a qualitative study that interviewed Euro-American and Asian American women who experienced a loss of pregnancy, including ectopic pregnancy, miscarriage, stillbirth, and fetal death. One of the women age 38 with six week gestation stated, because her pregnancy was not as far along to feel the actual effects of pregnancy, such as quickening or morning sickness, she did not attach to the fetus, therefore, the mourning and effects of losing a child was not as prevalent as it would have been further into pregnancy. Van did not focus on depression, but did find that depression was a major outcome in poor coping strategies after a woman experienced a postpartum loss (Van, 2012).

Liabsuetrakul, Pradhan, Shrestha, and Upadhyay (2014) analyzed two groups of women to determine which group would be most influenced in choosing whether to use health care services during motherhood. Liabsuetrakul et al. (2014) concluded that the younger population of women needed more of an influence, whether it be a mother, mother-in-law, or spouse, to utilize health care services during motherhood. In addition, the older women were able to depend on themselves to use the maternal health care services (Liabsuetrakul, Pradhan, Shrestha, & Upadhyay, 2014).

In Lannegrand-Willems, Marchal, and Perche's (2016) article, participants of the study were 1077 French students, 73% of which were women. Of this 1077, 524 were adolescents and the remaining 553 were emerging adults. Vocational identity processes potentially indicate that there might be a high risk of depression in adolescents compared to the emerging adults. Although this study does not talk about postpartum depression in general, it gives us an understanding that fulfillment with life has not occurred yet in adolescent girls. This study also reveals that adolescent girls are at increased risk for depression and disappointment with life (Lannegrand-Willems, Marchal, & Perche, 2016).

According to Lakshminarayana et al. (2012), in the rural regions of India, psychological distress was measured among different age groups of mothers (n=5801) facing child birth. Multiple factors were associated with psychological distress including low asset ownership, unwanted pregnancy for mothers, stillbirth or neonatal death and maternal age (p-value < 0.05). The proportion of mothers with psychological distress increased with higher age women. When the mothers were stratified by presence or absence of infant loss, the association of higher age with more psychological distress was only observed in the absence of infant loss. However, in mothers with infant loss there was a trend of more psychological distress with lower age, although, there was no statistical significance in this subset of mothers. This contradictory association of psychological distress to higher and lower age of the mother depending on the absence or presence of infant loss depicts the complicated relationship between age, infant loss and psychological distress. There is an obvious trend of increased psychological distress with lower age women specifically during infant loss, although the population considered is very different (Probst, Lakshminarayana, Nair, Tripathy, Copas, Mahapatra, Rath, Gope, Rath, Bajpai, Patel, & Costelloa, 2012).