A HISTORICAL PERSPECTIVE OF POSTPARTUM DEPRESSION: *Suffering in Silence*

"Fatima, 25 years old recently married lady, dreamed of being a mommy. She wanted to have a child and believed that her dream came true one day. She would sit for hours and then one day, she became pregnant. She had a wonderful pregnancy and a perfect baby boy. But instead of being glad, all she could do was cry and overwhelmed in the weeks following the birth of her child. She ceases to cook and barely feeds her baby. The family and doctors are unsure of why Fatima is unhappy, even in the light of having a healthy baby boy."

Brooke Shield famously narrated the tears of her daughter following the birth of child in famous song, *Down Came the Rain*. Now, Postpartum Depression has become a famous term for health professionals. The large number of families are struggling through Postnatal Depression but unable to seek help (suffering in silence) because of the toxic combination of the lack of awareness, unable to access the wide range of quality treatment options and the fear of stigma preventing thousands of mothers from seeking help at the early stage of illness.[1] An estimated prevalence of one in ten new mothers are suffering from Postpartum Depression. Approximately 70,000 new mothers from England and Wales are suffering every year despite having quality access to the management.[2] Postpartum Depression affects atleast 10-13% of the women in Pakistan to 28-33% in accordance with some other studies. Postpartum depression has carried a social stigma and the society perceive that the lady is so unkind following the birth of a healthy child. As a result, the ladies try hard to conceal the symptoms of depression following the birth of a baby which may result into the thoughts of harming themselves or their babies.[4] It was thought that it is caused by promiscuity of the mothers during pregnancy, to much heat, or witchcraft.[5]

The historical approach towards Postpartum Depression (PPD) passed through variant pitfalls regarding its etiology, diagnosis and management. Hippocrates in the 4th century B.C. proposed that lochial discharge results in Postpartum mental health issues,[6] Tortula, a 13th century family Physician believed that it is caused when womb became too moist,[7] and later it was termed as "melancholic filicide".[8] In 19th century, Jean-Etienne Esquirol became one the first Physicians to provide detailed case reports of Postpartum Psychiatric illnesses. Esquirol for the first time described two categories of Postpartum Psychiatric illness: Puerperal and lactational.[9] In 1858, Louis-Victor Merce published the first paper on puerperal mental illness, his *Treatise on insanity in pregnant, postpartum, and lactating women.* Merce described the etiology of Postpartum Depression was that of functional and organic changes in female reproductive system following childbirth.[10]

In the early 20th century, three main lines of thought emerged regarding describing Postpartum Depression following the childbirth. These theories were eloquently described by Dr. James Hamilton, a Psychiatrist and founder of the Merce society, in his 1962 book titled '*Postpartum Psychiatric Problems*.[10] Kannosh and Hope believed that Postpartum Psychiatric illness is due to some chemical or hormonal changes that occurred after the delivery of a baby. He also suggested that Postpartum Depression (PPD) might be related to lactation as depressive symptoms emerged most likely preceding the weaning of their infant.[11] In 1968, Brice Pitt was one of the first Psychiatrists who did first community-based cohort study on Postpartum Depression (PPD) and found that 10.8% of women in the cohort suffered PPD.[12] Interestingly, until 1990s, the Psychiatric organization did not accept Postpartum Depression (PPD) as a separate disease categorization. The DSM V (Diagnostic and Statistical Manual, American Psychiatric Association 2013) categorized 'Postpartum onset' as a specifiers for mood disorder (code: 296.80, DSM V, APA 2013) and stated that Postpartum Depression duration encompass 04 weeks after birth.[13] The ICD 10 (International Classification of Diseases code, WHO 1992) does not support Postpartum Depression as a distinct entity. It categorized Mental and Behavioral Disorders associated with Puerperium, not elsewhere classified (F53 ICD 10, WHO 1992) and stated that the duration does not exceed 06 weeks after birth.[14] However, the literature suggests the duration might exceed into months after the delivery.[15]

In the developed world, there has been widely increased focus on the prevention of Postpartum Depression (PPD) through screening, support groups and interventions. There is mandatory screening at postpartum obstetric visits and initial newborn visits to a Pediatrician. Recent advances in this area include the Melanie Blocker-Stokes act which provides government funding for research and advocacy for Postpartum Depression (PPD) in United States and legislation in New Jersey made compulsory to screen for Postpartum Depression (PPD) through Edinburgh Postnatal Depression Scale (EPNDS).[16,17] There has been a surge in popularity of blogs and support groups such as Katherine Stone's "Postpartum Progress" and the Postpartum Support International Group.[18]

Postpartum Depression (PPD) is a common and treatable condition. In a developing patriarchal society like Pakistan, it is still a subject of stigma and controversy Apathic attitude from the health managers not to take effective measures to prevent this distressing condition is another reason. There is a growing strong evidence that a depressed mother gives birth to a depressed child. As a result, more research, structured advocacy, reduction of stigma is needed to give access to the mothers who are suffering in silence.

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Dr. Ali Burhan Mustafa
Assistant Professor
Head of Department,
Department of Psychiatry & Behavioral Sciences,
Sheikh Zayed Medical College/Hospital, Rahim Yar Khan, Pakistan.
Email: aliburhanmustafa@gmail.com