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RESEARCH ARTICLE

SELF-REPORTED POSTPARTUM MORBIDITY AMONG WOMEN IN ALIGARH

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ABSTRACT

Introduction: Maternal death is a big health problem, especially in developing countries. The leading cause of maternal mortality is postpartum hemorrhage. The common risk factors for maternal morbidity are age, obstetric history, multiparity, anaemia etc. There are incidences of postpartum psychosis in many females which include postpartum blues, postnatal depression and postpartum psychosis. In India, the birth of a girl could be major depressive factor to mother. Developing countries accounts 99% of all these maternal deaths which is higher in women living in rural areas and poor communities country. Postpartum maternal morbidity is defined by WHO as morbidity that occurs in the first 6 weeks after delivery. The aim of this study was to find out self-reported postpartum morbidity in women in rural areas of Aligarh. **Material and Methods:** A cross-sectional study was conducted during Oct-Nov in 2014, in the rural areas of Jawan, Aligarh. The study subjects were married women aged between 15 to 45 years, who were present in the postpartum period, those who refused to provide consent, were excluded. The total number of study subjects were 50. Questionnaires were prepared for the study. Data was collected and analyzed using SPSS software. **Results:** More than half of females under study had problem of backache or some breast problem. Nearly half of them gave complaint of either pain in lower abdomen or white discharge per vaginum. 36% of females under study gave complaint of itching or irritation or ulcer or wart in the genitalia. 30% had some urinary problem. 20% had complaint of perineal pain and pain during intercourse. Excessive bleeding was complained by only 10% of them. Anal problem and fever were complained by 10% and 6% respectively. There were psychological problems also present in the females under study like loss of sleep, lack of concentration, irritability, anxiousness, feeling of worthlessness, loss of appetite or felt like crying easily. **Conclusion:** Postpartum is often a neglected part of maternal health. So it needs more attention. The factors responsible for postpartum morbidity should be detected. Antenatal education programme needs to be implemented on a large scale. Postnatal care should be given to the mothers. The health professionals should be trained to pay more attention to women's complaints (mental distress in particular).

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INTRODUCTION

Maternal death is a big health problem, especially in developing countries. WHO defines maternal death as *the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes* (1). Sixty percent of maternal deaths occur in the postpartum period (2). The leading cause of maternal mortality is postpartum hemorrhage (3,4). The common risk factors for maternal morbidity are age, obstetric history, multiparity, anaemia etc (5). There are incidences of postpartum psychosis in many females which include postpartum blues, postnatal depression and postpartum psychosis (6). In India, the birth of a girl could be major depressive factor to mother (7). Post partum depression is most common in the first 6 months after childbirth with a prevalence of around 19% (8).

Even though 63% of deliveries globally, and 75% in India, occur at home, these are rarely observed (9, 10). Most of the reported information on maternal morbidity are based on hospital deliveries or women's self-reports (11). Developing countries accounts 99% of all these maternal deaths which is higher in women living in rural areas and poor communities (12,13). The global incidence of maternal mortality, 25% occurs in India alone (14). India observes the largest number of neonatal and maternal deaths in any single country (15). Postpartum maternal morbidity is defined by WHO as morbidity that occurs in the first 6 weeks after delivery (14).

Morbidity data are vital for policymakers and health care planners who need to know how many women require essential obstetric care (16,17). The aim of this study was to find out self-reported postpartum morbidity in women in rural areas of Aligarh.

MATERIAL AND METHODS

A cross-sectional study was conducted during Oct-Nov in 2014, in the rural areas of Jawan, Aligarh. The study subjects

were married women aged between 15 to 45 years, who were present in the postpartum period, those who refused to provide consent, were excluded. *Postpartum period* was defined as the time period beginning after the delivery of placenta and continuing up to 6 weeks after the birth of the infant. The total number of study subjects were 50. Questionnaires were prepared for the study. Data was collected and analyzed using SPSS software.

Some operational definitions

Breast problems: either cracked nipples or painful lumps in breast or difficulties in breastfeeding.

Urinary problems: were either in the form of burning during micturition or increased frequency of micturition or urinary incontinence or retention of urine.

Excessive bleeding: either the bleeding is so excessive on first day such that the mother becomes unconscious or five days after delivery [the mother used more than 5 pads a day or increased vaginal bleeding after the bleeding had decreased or stopped; or any increase in use of pads (by at least 2) after it was less or none.

RESULTS

Table-1 Distribution of Physical Postpartum Morbidities Among Respondents(n=50)

Variable	No	Percent
Excessive Bleeding(As Perceived By The Woman)	5	10
Backache	33	66
Breast Problems	29	58
Urinary Problems	15	30
Perineal Pain	10	20
Puerperal Fever	3	6
Pain in Lower Abdomen	24	48
Pain During Intercourse	10	20
White discharge per vagina	24	48
Itching/Irritation/Boil/Wart In The Genitalia	18	36
Anal Problem	5	10

Table -2 Distribution of Psychological Problems Reported among Respondents (n=50)

Variable	No.	Percent
Anxiousness	16	32
Lack of Concentration	31	62
Crying Easily	4	8
Loss of Sleep	39	78
Loss of Appetite	6	12
Irritability	24	48
Feeling of Worthlessness	7	14

As shown in *table-1*, more than half of females under study had problem of backache (66%) or some breast problem (58%). Nearly half of them (48%) gave complaint of either pain in lower abdomen or white discharge per vagina.36% of females under study gave complaint of itching or irritation or ulcer or wart in the genitalia. 30% had some urinary problem. 20% had complaint of perineal pain and pain during intercourse. Excessive bleeding was complained by only 10% of them. Anal problem and fever were complained by 10% and 6% respectively.

As shown in *table-2*, there were psychological problems also present in the females under study. Most probable reason for these psychological problems were that some of the females were primigravida .So they had no experience of motherhood.

The other reason was probably the girl child in some of the females under study. But these were not the only factors.

Loss of sleep was reported by 78% of females, lack of concentration was reported by 62% of them, irritability by 48% of them, anxiousness was reported by 32% of them, 14% complained of feeling of worthlessness, 12% had loss of appetite and 8% felt like crying easily.

DISCUSSION

The females under study had one or the other morbidities present. The limitation of this study is that the complaints were self-reported and not confirmed by any physician.

In our study, more than half of females under study had problem of backache(66%) or some breast problem(58%). Nearly half of them (48%) gave complaint of either pain in lower abdomen or white discharge per vagina.36% of females under study gave complaint of itching or irritation or ulcer or wart in the genitalia.30% had some urinary problem.20% had complaint of perineal pain and pain during intercourse. Excessive bleeding was complained by 10% of them. Anal problem and fever were complained by 10% and 6% respectively.

Singh and Kumar (18) found approximately 40% of rural women suffer from at least one postpartum morbidity. Iyengar (14) reported around 75% of women have a morbidity after delivery among rural women of Rajasthan. Another study (19,20) reported complaints of backache and perineal pain to be most common among postpartum women. In our study also, the most common complaint was of backache. In our study, breast problem was next common complaint. This might be because we have covered any of the breast problems like cracked nipple, lumps in breast or difficulties in breast feeding. But it was reported in less than 10% of participants in other studies(14,21).

Studies have shown that caesarean section delivery and sitting in breastfeeding posture were associated with increased risk of pelvic girdle pain during the postpartum (22).

Self-reports of breast problems in developing countries range from 1% to 14% (23,24,25). Several studies have found a high prevalence of self-reported ill-health (from 23%-92%) in postpartum period(26,27,28).

Few studies reported haemorrhage also (14,15,18).

In our study, loss of sleep was reported by 78% of females, lack of concentration was reported by 62% of them, irritability by 48% of them, anxiousness was reported by 32% of them, 14% complained of feeling of worthlessness, 12% had loss of appetite and 8% felt like crying easily.

These were similar to other study (21). Bowen *et al* (29) found similar mood instability problems in postpartum women. Another study in Chennai(30) reported prevalence of psychiatric morbidities to be 33.4% and 6.5% of the cases had a major illness like psychosis and postnatal depression.

A study(31) found postnatal depression in 18.6% of women, anxiety in 13.1% and stress in 8.7% of females. Other studies also reported high levels of postnatal depression (32,33).

Nielsen *et al* (34) showed social isolation as a strong risk factor associated with postpartum depression. Extended family members provide support and guidance to a woman

who is taking a new role as a mother. But it is gradually fading away now-a days. Most women with postpartum depression are not diagnosed and treated. If not identified and treated in time, 20% of severe postnatal depression will become chronic (35). It has been reported that postnatal depression might be associated with discontinuation of breast-feeding(36,37).

CONCLUSION

Postpartum is often a neglected part of maternal health. So it needs more attention. The factors responsible for postpartum morbidity should be detected. Antenatal education programme needs to be implemented on a large scale. Postnatal care should be given to the mothers. The health professionals should be trained to pay more attention to women's complaints (mental distress in particular).

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