

Common Health Problems during Postpartum Period among Females in Rural Areas of Aligarh.

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ABSTRACT

Background: Postpartum maternal morbidity is defined by WHO as morbidity that occurs in the first 6 weeks after delivery. 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. The leading cause of maternal mortality is postpartum hemorrhage. There are incidences of postpartum psychosis in many females which include postpartum blues, postnatal depression and postpartum psychosis. The aim of this study was to find out self reported common health problems during the postpartum period in the women of rural areas of Aligarh. **Methods:** A cross-sectional study was conducted during Dec in 2017, 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. **Results:** The results reported that 82% of females under study had problem of backache. Only 20% had breast problem. 92% of them gave complaint of either pain in lower abdomen. 22% were suffering from white discharge per vaginam. 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. **Conclusion:** The factors responsible for postpartum morbidity should be detected. Antenatal education programme needs to be implemented on a large scale.

Keywords: Common Health Problems, Post-Partum, Females.

INTRODUCTION

Postpartum maternal morbidity is defined by WHO as morbidity that occurs in the first 6 weeks after delivery.^[7] 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] Postpartum depression (PPD) is the most common serious complication of childbirth. PPD is associated with multiple risk factors

such as maternity blues, history of previous psychiatric disorder, other history of depression, child-care stress, life stress, lower levels of social support (including partner support), marital dissatisfaction, infant temperament, obesity, poor self-esteem, lower socioeconomic status, single status, younger age, and unplanned/unwanted pregnancy.^[11-14]

The majority of maternal deaths (62%) occurs place soon after birth with postpartum haemorrhage being the major cause of death. The kind of complications following childbirth such as chronic pain, impaired mobility, damage to the reproductive system, genital prolapse and infertility are also more common in developing countries.

The main reason for the underutilisation of postnatal care is generally related to unavailability, inaccessibility and the poor quality of health services.^[8] Physical accessibility is an important variable for utilisation of postnatal health services.^[9]

Distance limits women's willingness and ability to seek health care particularly when appropriate transportation is scarce and communications and terrain are difficult. Reason for non-use of postnatal health services is the lack of awareness or not perceiving a need for it. Lack of awareness might be

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related to illiteracy and lack of particular health services in accessible area.^[10]

Awareness should be created in the community to motivate pregnant women to attend antenatal care. This will in turn encourage them to seek postnatal care. However, postnatal care services should be made available in the villages, and more health workers and Traditional Birth Attendants should be trained in providing postnatal care. Mothers should be visited at least twice during the postnatal period by local health workers (within 48 hours after delivery and 3–7 days after delivery) as described in the National Maternity Care Guidelines. Awareness programmes on postnatal care should be implemented; targeting women, mother-in-laws and husbands.

The aim of this study was to find out self-reported common health problems during the postpartum period in the women of rural areas of Aligarh.

MATERIALS AND METHODS

A cross-sectional study was conducted during Dec in 2017, 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

As shown in table-1, 82% of females under study had problem of backache. Only 20% had breast problem. 92% of them gave complaint of either pain in lower abdomen. 22% were suffering from white discharge per vaginum. 18% of females under study gave complaint of itching or irritation or ulcer or wart in the genitalia. 34% had some urinary problem. 40% had complaint of perineal pain and 8% complaint of pain during intercourse. Excessive bleeding was complained by only 22% of them. Anal problem and fever were complained by 4% and 36% 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 84% of females, lack of concentration was reported by 40% of them, irritability by 54% of them, anxiousness was reported by 30% of them, 2% complained of feeling of worthlessness, 36% had loss of appetite and 36% felt like crying easily.

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

Complaints	No.	Percent
Excessive Bleeding (As Perceived By The Woman)	11	22
Backache	41	82
Breast Problems	10	20
Urinary Problems	17	34
Perineal Pain	20	40
Puerperal Fever	18	36
Pain in Lower Abdomen	46	92
Pain During Intercourse	4	8
White discharge per vaginum	11	22
Itching/Irritation/Boil/Wart In The Genitalia	9	18
Anal Problem	2	4

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

Complaints	No.	Percent
Anxiousness	15	30
Lack of Concentration	20	40
Crying Easily	18	36
Loss of Sleep	42	84
Loss of Appetite	18	36
Irritability	27	54
Feeling of Worthlessness	1	2

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.

As shown in [Table 1], 82% of females under study had problem of backache. Only 20% had breast problem. 92% of them gave complaint of either pain in lower abdomen. 22% were suffering from white discharge per vaginum. 18% of females under study gave complaint of itching or irritation or ulcer or wart in the genitalia. 34% had some urinary problem. 40% had complaint of perineal pain and 8% complaint of pain during intercourse. Excessive bleeding was complained by only 22% of them. Anal problem and fever were complained by 4% and 36% respectively.

A study conducted by Singh and Kumar found approximately 40% of rural women suffer from at least one postpartum morbidity.^[16] Iyengar reported around 75% of women have a morbidity after

delivery among rural women of Rajasthan.^[15] Another study reported complaints of backache and perineal pain to be most common among postpartum women.^[17,18] In our study, the most common complaint was pain during intercourse and backache. In our study, breast problem was reported in 20% of females. 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.^[19] Studies have shown that caesarean section delivery and sitting in breastfeeding posture were associated with increased risk of pelvic girdle pain during the postpartum.^[20] Self-reports of breast problems in developing countries range from 1% to 14%.^[21-23] Several studies have found a high prevalence of self-reported ill-health (from 23%-92%) in postpartum period.^[24-26]

In our study, 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 84% of females, lack of concentration was reported by 40% of them, irritability by 54% of them, anxiousness was reported by 30% of them, 2% complained of feeling of worthlessness, 36% had loss of appetite and 36% felt like crying easily.

Bowen et al found similar mood instability problems in postpartum women. Another study in Chennai reported prevalence of psychiatric morbidities to be 33.4% and 6.5% of the cases had a major illness like psychosis and postnatal depression.^[27,28] A study found postnatal depression in 18.6% of women,^[29] anxiety in 13.1% and stress in 8.7% of females. Other studies also reported high levels of postnatal depression.^[30,31] Nielsen et al showed social isolation as a strong risk factor associated with postpartum depression.^[32] 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.^[33] It has been reported that postnatal depression might be associated with discontinuation of breastfeeding.^[34,35]

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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