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Relationships between perineal pain and postpartum depressive symptoms: A prospective cohort study



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ABSTRACT

Background: The relationship between concurrent or previous postnatal pain and depressive symptoms remains controversial. To the best of our knowledge, no previous study has used validated measures and multiple scales to evaluate perineal pain, or examined its relationship with depressive symptoms during the postpartum period.

Objectives: We investigated the association between pain and previous postnatal pain with depression during the 6-month postpartum period, and the influence of previous postnatal depressive symptoms.

Design: A prospective cohort study design was used.

Setting: Maternity unit of a medical center.

Participants: This study included 432 participants; data regarding demographic characteristics, perineal pain, and any pain and depression during the 6-month postpartum period were collected.

Methods: Pain and depressive symptoms were measured using the Short Form-McGill Pain Questionnaire and Center for Epidemiologic Studies Depression Scale, respectively. A generalized estimating equation was used to examine factors associated with postpartum depression.

Results: After adjusting for covariates, women who had perineal pain at 4–6 weeks postpartum showed an increased risk for depression at 4–6 weeks (risk ratio [RR]: 1.9, 95% confidence limits [CL]: 1.2, 3.2) and 6 months (RR: 1.9, 95% CL: 1.1, 3.3) compared to those with no perineal pain. Perineal pain severity, 4–6 weeks postpartum, also predicted depressive symptoms at 6 months postpartum (β = 0.63, p = 0.02). Any pain intensity score at 3–5 days postpartum predicted depression at 3 months (β = 0.01, p = 0.04). Women with high depression scores at 3–5 days had a two- or three-fold higher risk for depression at 4–6 weeks and 3 and 6 months, respectively, compared to those with low depression scores (RR: 3.5, 95% CL: 2.2, 5.4; RR: 2.2, 95% CL: 1.3, 3.4; and RR: 2.8, 95% CL: 1.7, 4.8, respectively).

Conclusions: Our study provides robust evidence that perineal pain 4–6 weeks postpartum is associated with depressive symptoms 4–6 weeks and 6 months postpartum; pain at 3–5

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days postpartum predicts depressive symptoms at 3 months postpartum; and previous postnatal depressive symptoms, particularly depressive symptoms 3–5 days postpartum, predict depressive symptoms during the 6-month postpartum period.

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What is already known about the topic?

- Little is known concerning the use of validated measures and multiple scales to evaluate perineal pain and examine its relationship with postpartum depressive symptoms.
- The relationship between concurrent or previous postnatal and depressive symptoms remains controversial.
- Few studies have evaluated the relationship between concurrent postnatal pain, previous postnatal pain, and depressive symptoms; there is also scant research on the association between previous postnatal depressive symptoms and depressive symptoms during the 6month postpartum period.

What this paper adds

- Perineal pain 4–6 weeks postpartum was associated with depressive symptoms at 4–6 weeks and 6 months postpartum.
- Severe or intense pain of any type, 3–5 days after childbirth, predicted depressive symptoms at 3 months postpartum.
- Previous postnatal depressive symptoms, particularly depressive symptoms 3–5 days postpartum, predicted depressive symptoms 4–6 weeks and 3 and 6 months postpartum.

1. Introduction

Postpartum depression affects the health of mothers, the growth (Nasreen et al., 2013; Surkan et al., 2012) and development of their children (Ali et al, 2013; Fihrer et al., 2009), and their partner's mood (Pinheiro et al., 2006). Postpartum depression is a major depressive disorder with an onset within 4 weeks after childbirth (American Psychiatric Association, 2013). The prevalence of postpartum depression was reported as 3.8% at 4 weeks, as increasing to 5.6% at 26 weeks (Gaynes et al., 2005), as 10.9% at 6 months, and as falling to 6.1% at 12 months (Yawn et al., 2015). The increasing prevalence of depression up to 6 months postpartum indicates the existence of later-onset postpartum depression (Gaynes et al., 2005). Indeed, the prevalence rates of depressive symptoms at 3 months and 6 months postpartum were still high, at 42.2% and 35.5%, respectively (Chang et al., 2015).

Biopsychological and sociocultural factors are associated with depression during the postpartum period (Bener, 2013; Figueira et al., 2010; Glynn et al., 2013; Green et al., 2006; Howell et al., 2009; Rauh et al., 2012; Yang et al., 2011). In previous studies, women suffering from

postpartum pain reported a poor quality of life (Baghirzada et al., 2013), and pain was associated with depressive symptoms during the postpartum period (Eisenach et al., 2013; Watkins et al., 2011; Woolhouse et al., 2014).

"Any pain" after childbirth (e.g., perineal pain, headaches, and pain related to abdominal incisions, the back, or nipples) (Ansara et al., 2005; Cheng and Li, 2008; Chien et al., 2009; Declercq et al., 2008; Woolhouse et al., 2014) is among the most common postpartum symptoms or health problems, reported by about 30-77% of women who are 1-12 months postpartum (Chien et al., 2009; Nikpour et al., 2013; Woolhouse et al., 2014). Concurrent experience of such pain was associated with delivery method (e.g., vaginal and cesarean delivery) (Chang et al., 2015), and depressive symptoms during the postpartum period (Woolhouse et al., 2014). In contrast, another recent study found no association between concurrent any pain and depressive symptoms during the postpartum period (Eisenach et al., 2013). Furthermore, previous postnatal any pain has been variously reported to be related (Eisenach et al., 2013; Gaudet et al., 2013; Woolhouse et al., 2014), and unrelated to postpartum depressive symptoms (Jardri et al., 2010). Localized pain during the postpartum period, such as severe breastfeeding pain, headaches, lumbopelvic pain, and pain from cesarean section, has been related to postpartum depression (Gutke et al., 2007, 2011; Watkins et al., 2011; Woolhouse et al., 2014). However, whether the pain (e.g., concurrent pain, previous pain, "any pain," localized pain, etc.) leads to depression has not been extensively studied.

Localized pain, such as perineal pain, is one of most common physical symptoms within the first 8 weeks after vaginal birth (Cooklin et al., 2015), and the incidence of acute and persistent perineal pain (8 weeks) after vaginal delivery is high (Soares et al., 2013). Our prior work showed that women with vaginal delivery had higher acute perineal pain (3–5 days) compared with the women with cesarean delivery (Chang et al., 2015). Perineal pain affects approximately one-third of primiparous women and is associated with perineal traumas (Francisco et al., 2014). Severe perineal trauma affects women's ability to care for their newborn child and their sexual relationship with their partner (Priddis et al., 2014). Perineal lacerations and depressed mood are correlated with each other (Dunn et al., 2015). However, previous studies found that perineal pain may not be associated with postpartum depression (Chien et al., 2009; Woolhouse et al., 2014).

The relationship between postnatal pain and depressive symptoms remains controversial or, at least, unverified. This may be to differences among studies with regard to the instruments used to measure pain, the dimensions of pain studied (e.g., prevalence, severity, or intensity), the

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