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DESCRIPTION AND STATISTICAL EVALUATION OF THE ORIGIN OF DEPRESSION IN PREGNANT AND POSTPARTUM WOMEN

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Depression is a condition characterized by depressed mood and loss of interest in usual activities, which affects a person's thoughts, behavior, feelings, and well-being. Depression in adults has a significant impact on quality of life, productivity, and social significance. It is known that women are approximately 1.7 times more likely to be at risk of developing depressive states. One of the most common disorders of the psychoemotional state in the postpartum period is postpartum depressive disorder, a problem that has become an active concern in recent decades not only for experts in psychiatry and psychology, but also for specialists in clinical medicine. However, until recently, the etiology and dynamics of depressive pathology remain insufficiently studied.

Postpartum depression is a serious health problem worldwide, since significant negative consequences of the postpartum period threaten not only the health of the mother and child, but also pose a threat to the well-being of the entire family.

Pregnancy and the postpartum period are major life events that can cause anxiety, depression, and adjustment disorders in susceptible individuals. Depression as the most common disease of the perinatal period and the first year after childbirth, according to statistics from developed countries, occurs in up to 14% of women throughout pregnancy and during the first year of the postpartum period. According to published data, the incidence of depressive pathology varies depending on the standard of living and well-being of the population. Thus, in countries with low and average standards of living and resources, depressive states of the population are observed from 6.5 to 12.9% and more. Pawluski J.L. et al. In 2017, 10–15% of depressive disorders were identified in developed countries, while in industrially developing countries or in countries with low material well-being, this figure can increase by 2–3 times. In the United States, perinatal depression is common in the range from 23.1% to 51% depending on the region of residence. PDD is a form of major depressive disorder, which is clinically manifested by a variety of symptoms: mood swings, a significant decrease in interest in everything around and any activity, insomnia or, conversely, severe drowsiness, causeless weight loss or weight gain, psychomotor retardation or agitation, increased fatigue, weakness, a sense of uselessness, excessive guilt, decreased ability to concentrate, focus, inability to comprehend what is happening and make informed decisions. At the same time, lactation decreases, mother-child relationships are disrupted. The extreme manifestation of a depressive state is the appearance of recurrent suicidal thoughts and even suicide attempts.

The suicide rate among all deaths in the postpartum period reaches 20%. Negative emotions experienced by women can increase the incidence of postpartum depression, which is a specific predictor of suicide attempts in the postpartum period, of which about 15% are realized.

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Risk factors for maternal suicide attempts include higher self-esteem, lower social support, and severe depression. Moreover, suicidal thoughts after childbirth are significantly correlated with thoughts of harming the child. However, infanticide attempts are rare. Such severe consequences necessitate early detection and treatment of postpartum depression at an early stage. Postpartum depression can have an adverse effect on family unity, maternal health, and the health and development of the child. Maternal depression disrupts the relationship with the child, which increases the risk of delayed emotional and cognitive development. As a consequence, a distorted perception of the world around us often develops, behavioral deviations are observed, which subsequently lead to difficulties in socialization and long-term communication problems. Of course, it also negatively affects the somatic status of the child. The specifics of the postnatal period are especially determined by the process of feeding and caring for the newborn. Along with the physiology of the formation of the lactation minant, which promotes the adaptation of a woman to the birth of a child, the feeding process performs an important function in establishing constructive dyadic relationships with the child [6, 24]. Violations of the natural feeding process or, what is much worse, the mother's refusal to breastfeed, lead to an aggravation of the psychoemotional status of the mother and the newborn, and developmental deficiencies in the child.

Numerous studies show that mothers who do not breastfeed have an increased risk of developing postpartum depression due to hormonal changes. While breastfeeding, which maintains high levels of oxytocin and prolactin, on the contrary, reduces the risk of anxiety and depressive manifestations in mothers. In the postpartum period, depressive disorders in women are conventionally divided into three main forms according to their severity: postpartum melancholy, postpartum depression, and postpartum psychosis. In psychiatric practice, such serious conditions as postpartum psychosis are extremely rare, occurring in less than 1% of mothers [24]. Patients with psychosis in the postpartum period usually require hospitalization in a specialized clinic. At the same time, depressive states after childbirth during the first year can manifest themselves in 13 to 30% of women.

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