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Case Study: Postpartum Depression

Sheela's Story

Sheela was a 30 year-old mother of four children who had been married for eight years. She lived with her husband and in-laws in a small village. She had given birth to her fourth child three months previously. Her pregnancy and labor had been uneventful, and an untrained traditional midwife helped conduct the home delivery. Because pregnancy was viewed in her village as a normal occurrence that did not require any medical attention, Sheela did not receive any antenatal or postnatal care.

For a month after the birth, Sheela felt normal, but then she began to exhibit unusual behavior. She became reclusive and stopped speaking to anyone at home, losing interest in her daily activities and ceasing to care for her children. The rest of the people in her family, however, were busy with their own lives and seemed indifferent to her condition.

One day, when all of her family members had gone to the fields to work, Sheela set herself on fire and walked out of the house covered in flames. Some neighboring men saw her and smothered the flames with blankets, and one of them ran to get her family from the fields. They called an auto rickshaw to take her to the hospital, where Sheela was admitted to the burns unit. She had sustained 63% superficial and deep burns. Eight days after admission, she died of shock and septicemias.

Questions for Students

What were the social, economic, and medical factors that contributed to Sheela's death?
What could have been done to prevent it?

Tutor's Notes

What went wrong?

- Home delivery by untrained attendant
- No antenatal or postnatal care
- No high risk identification
- Symptoms of depression not detected
- Indifferent attitude of family members

Discussion

Sheela had several children, and the intervals between the births were quite short. Because she did not receive antenatal or postnatal care, her symptoms of depression were not detected.

Postpartum depression is a condition faced by millions of women each year. In fact, about 10-15% of all mothers suffer some form of this depression between a month and a year after childbirth. Symptoms often include feelings of restlessness, anxiety, and depression; loss of energy, sleep difficulties, and weight loss or gain. In much rarer cases (less than 1% of postpartum women) new mothers may experience postpartum psychosis, symptoms of which include refusal to eat, paranoia, and irrational thoughts. Postpartum depression is thought to be caused by shifts in hormone levels during and immediately after pregnancy.¹

Although postpartum depression is common, it can be successfully treated with medicine and therapy. The tragic outcome in Sheela's case could have been avoided had her husband and relatives been more caring and supportive. Psychological support and counseling with antidepressant drugs could have also helped prevent the tragedy. Community awareness in the form of local support groups could be most valuable.

¹ http://newsinhealth.nih.gov/2005/December2005/docs/01features_02.htm