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VALIDATION OF EDINBURGH POSTNATAL DEPRESSION
SCALE IN A SAMPLE OF RUSSIAN MOTHERS

Vera A. Yakupova (a)*

*Corresponding author

(a) Lomonosov Moscow State University, Moscow, Russia, vera.a.romanova@gmail.com, +79035304783

Abstract

According to WHO, depression is one of the most common mental disorders on the planet that has a direct impact on a person's loss of ability to work and is the second most frequent cause of suicide. In European countries, postpartum depression occurs at a frequency of 10-15%, while in Muslim countries the figure is 17-27%. Unfortunately, Russia does not register statistically the number of cases where women consult specialists about their symptoms of postpartum depression. If we accept the WHO overall data, about 200 thousand women in Russia had postnatal depression (PND) in 2017 alone. The problem of measuring the level of PND in Russia is acute. The important goal of the study is to design a methodological toolkit for assessing a woman's psychological state in order to prevent the occurrence of depression. This task includes the adaptation of the Edinburgh Postnatal Depression Scale (EPND) - a methodology intended for PND diagnosis, which is successfully used in many countries for about 20 years. 151 mothers of children from 1 to 11 months (mean age = 5,4 months) took part in the study. EPND scale was translated in Russian and showed high validity ($\alpha = ,838$) and strong correlations with Beck Depression Scale (r -Spearman = ,798, $p < 0.01$). .

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1. Introduction

The birth of the first child brings about serious changes in a woman's life. It imposes some limitations on her personal free time and her freedom of movement. The woman quits her professional activity for some while, as a rule. According to a sociological survey by the Superjob.ru web portal, 98% of women in Russia take a maternity leave, in Europe in the overwhelming majority of cases it is women too who go on leave to take care of her child (Keizer, 2015). Caring for an infant requires considerable physical and psychological resources. The birth of a child is a serious stage in the life of a family as a whole (Karabanova, 2005). Transition to parenthood as a separate stage in the life of a family (Doss et al., 2017). The period of transition to parenthood is characterized by increased stress, a higher risk of depressive episodes (Nolvi et al., 2016) and growing dissatisfaction with their marital relationships (Christopher C. et al., 2015). In European culture, it is the woman who bears the main burden of caring for her baby. Mothers are more likely to experience emotional exhaustion in the first months after delivery (Loutzenhiser, et al., 2015). Postpartum depression occurs at a frequency of 10-15% in European countries, (Fuggle et al., 2002), 17-27% in Muslim countries (Green et al., 2006). According to ICD-10, PND is symptomatic of clinical depression, but it manifests itself within 6 weeks after delivery. At the same time, PND may last up to a year (Ramadas, 2016).

Despite frequent depressive symptoms that mothers tend to have in the first months following childbirth in Russia they rarely seek help. There are several reasons for this. Firstly, a woman and her relatives often tend to lack information about the signs of postpartum depression and its ramifications for the psychological well-being of mother and child. Secondly, parents do not have information about specialists they may turn to for help in addressing such issues. Thirdly, one of the specific features of depressed state is a sheer shortage of energy even to perform small routine tasks, thus making it all the more difficult for mothers to look for specialists and seek assistance in this state. In this regard, it is difficult to overestimate the importance of preventing the development of postpartum depression.

2. Problem Statement

Postpartum depression affects not only a woman's well-being but also the entire family system. Women who are depressed find it more difficult to recognize and respond to their child's condition in a proper way (Ruthenford et al., 2015), which in turn has a negative impact on the child's attachment to its mother, on its emotional and intellectual development (Murray et al., 1997, Murray et al., 1999). Thus, the children of mothers who suffered an episode of postpartum depression are more likely to exhibit anxious-avoidant attachment and behavioral problems at the age of 1.5 years than those in the control group (Murray, 1992). According to the research, there is a connection between a child's restless temperament - constant crying, poor sleep, and its mother's severe depressive symptoms (Nolvi et al., 2016), but the direction of this relationship is difficult to define - it may be reciprocal influence of the mother's reaction which only exacerbates her child's negative manifestations. Postpartum depression has an adverse impact not only on the mother's state and her relationship with her child but also on the process in which the child's father masters his parental role. So the study by Beestin et al. (2014) suggests that an episode of postnatal depression in a mother proves to be a difficult experience for the child's father, often leading to his emotional exclusion from his child, his feeling of loneliness and isolation. The risk of a father developing

depression is directly related to the level of depression in a mother (Bielawska-Batorowicz & Kossakowska-Petrycka, 2006).

3. Research Questions

Thus, postpartum depression is fraught with dangers not only for the mother, but it also has long-term consequences for the psychological well-being of the entire family. The World Health Organization recommends that a preventive system of supporting women be set up to stop the development of postpartum depression (WHO, 2009) Our project allows for the start of such a system: it is to design diagnostic tools in Russian language to assess the severity of depression symptoms.

4. Purpose of the Study

The purpose of the study is to translate and test Edinburgh Postnatal Depression Scale in Russian sample.

5. Research Methods

The translation of EPNDS was performed by two bilingual scientists. The second measure to assess the validity of EPNDS is Beck Depression Scale.

In Moscow we recruited the sample of 151 mothers, who had given birth from 1 to 11 months ago. The sample consisted of 62,9% primiparous, 37,1% multiparous. The mean age of participants is 31, years. 98,2% of mothers were married. The mean age of children is 5,4 months.

6. Findings

The Russian translation showed high validity: $\alpha = ,838$. The correlation between EPNDS and Beck Depression Scale was strong: $r\text{-Spearman} = ,798$, $p < 0.01$.

We found 11 to be an optimal cut-off point for prediction of mild depression. 21 - a cut-off point for severe depression.

7. Conclusion

We believe that, despite the rather small sample, we have shown that the EPDS Russian version is a valid and useful screening instrument for the Russian postpartum population. Having the possibility of administering through health workers a simple, rapid (and thus more easily acceptable by the new mothers) and valid questionnaire like the EPDS increases the opportunities of detecting and treating postnatal depression. Translations of the EPDS have confirmed their validity in many countries as well. Further research is now warranted, in much broader Russian samples.

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