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# Prevalence of postpartum depression among mothers in a tertiary government hospital in the Philippines during the COVID-19 pandemic

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**Abstract:**

**BACKGROUND:** Postpartum depression (PPD) is the most common perinatal psychiatric disorder and women are at greatest risk of developing this during their first postpartum year. Extraneous factors and events indirectly related to maternity like the quarantine measures imposed during the COVID-19 pandemic can add to the already burdensome mental effects of pregnancy.

**OBJECTIVE:** The aim of the study is to determine the prevalence of and possible risk factors for PPD during the COVID-19 pandemic using the Edinburgh Postnatal Depression Scale in Filipino (EPDS-F) in a tertiary government hospital.

**METHODOLOGY:** This is a cross-sectional study involving patients 18 years of age and above who delivered vaginally or through cesarean section to a live or dead fetus more than 20 weeks age of gestation and more than 500 g, preterm or term during the pandemic. Patients included were those who tested positive for COVID-19 infection who delivered 48 h up to 8 weeks postpartum. All the patients who consented and fulfilled the inclusion criteria answered the EPDS-F questionnaire to determine the prevalence rate of PPD. A score of 13 or greater suggests the presence of major depressive symptoms.

**RESULTS:** There was a total of 61 postpartum patients who were delivered in a tertiary hospital from September 2022 to October 2022. Out of 61 patients, 20 scored 13 points and above in the EPDS-F questionnaire showing a PPD prevalence of 32.8%. Patient's age showed a statistically significant association with the likelihood of having PPD ($P = 0.0148$), the highest prevalence observed at an average age of 25 and a lower prevalence at 29 years old.

**CONCLUSION:** Although age seems to have a significant association with PPD, direct causality is difficult to establish as the likelihood of having PPD depends on the mother's personal qualities and traits, the societal background, and her coping mechanisms during an extraordinary circumstance such as this global COVID-19 pandemic.

**Keywords:**

COVID-19, Edinburgh Postnatal Depression Scale, postpartum depression

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## Introduction

The COVID-19 pandemic took its toll globally, with mothers and their unborn children not spared from the infection. To curtail the spread of the disease, different quarantine measures were imposed. Last March 16, 2020, the Philippines was placed on a series of lockdown periods of varying intensities, depending on the severity of the risk of infection in different areas. The mandate restricted the movement of the population, which paralyzed the national economy, affecting the lives of many, especially those in lower-income families.



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Due to the COVID-19 pandemic, hospital policies underwent countless revisions regarding labor and manner of delivery. Prenatal visits were replaced with online and phone consultations, and even the 90-min Essential Intrapartum Newborn Care (EINC) was initially cut short to keep the babies safe, especially from their COVID-19-positive mothers. Hospital visits were limited, if allowed, with the postpartum mothers left alone in their hospital beds as they wait for the results of the reverse transcriptase polymerase chain reaction swab tests.

Pregnancy and puerperium are sufficient to provoke a new-onset mental illness, or to elicit or exacerbate a preexisting disorder. The novelty of motherhood during the first trimester and the anxiety about uncertainties and delivery, especially during the last trimester contribute greatly to stress.[1]

In addition, extraneous factors and events indirectly related to maternity can add to the already burdensome mental effects of pregnancy.[1] In 2003, behavioral and psychological responses were studied in a case–control study involving 235 pregnant women during the severe acute respiratory syndrome (SARS) epidemic and 939 pre-SARS cohort. Anxiety levels were found to be higher among those pregnant during the epidemic, whereas no statistical difference was found between the two cohorts in terms of depression levels. In a recent nonconcurrent case–control study of postpartum mothers during the ongoing COVID-19 pandemic with a matched antecedent group from the pre-COVID-19 period (control group), there were significantly higher anhedonia (near-complete absence of motivation) and depression subscale scores in the immediate postpartum period among the former.[2]

Postpartum depression (PPD) is the most common perinatal psychiatric disorder and women are at the greatest risk of developing this during their first postpartum year. It occurs in 10%–15% of pregnancies worldwide. In Asia, the prevalence of PPD is 21.8%, and in one local multicenter study in 2019, the Philippine prevalence of PPD was reported to be at 16.4%.[3]

Psychological disorders are associated with increased risks of preterm delivery, poor attitude toward prenatal care, poor obstetrical and neonatal outcomes, higher tendencies of substance use and abuse, and reduced mother–infant bonding and problematic child behavior later on. Numerous studies have focused on the impact of COVID-19 on neonatal outcomes, but maternal morbidities following birth in an institution and a society that has been remodeled to battle a novel virus should also be of concern.[4] Pregnant and postpartum patients are considered a high-risk population to develop severe COVID-19 symptoms[5] and increased anxiety surrounding the risk of getting infected and its effects bear emotional, social, and physical consequences posing them at even greater risk for PPD.[6,7]

The American College of Obstetricians and Gynecologists currently recommends screening at least once during the perinatal period for depression and anxiety.[8] Locally, however, there have been no general recommendations made to address a particular screening protocol for pregnant or postpartum mothers.[9] To the best of our knowledge, this article is the only study to date to describe PPD in the time of the COVID-19 pandemic in the Philippines.

This study aims to determine the prevalence of and possible risk factors for PPD during the COVID-19 pandemic using the Edinburgh Postnatal Depression Scale in Filipino (EPDS-F) [Appendix I] in a tertiary government hospital by:

1. Describing the sociodemographic picture of the COVID-19 confirmed patients in terms of age, educational attainment, and household income
2. Comparing the perinatal outcomes in terms of APGAR scores and subsequent neonatal intensive care unit (NICU) admission of the babies of COVID-19 patients against EPDS-F scores and
3. Determining the association between each sociodemographic characteristic and perinatal outcome with the likelihood of having PPD.

## Methodology

### Study subjects

Subjects comprised admitted patients 18 years of age and above who delivered vaginally or through cesarean section to a live or dead fetus more than 20 weeks age of gestation and more than 500 g, preterm or term during the pandemic. Patients included were those who tested positive for COVID-19 infection who delivered 48 h up to 8 weeks postpartum. Patients with preexisting psychological disorders, cases of abortion, hydatidiform mole, and ectopic pregnancies were excluded from the study.

### Data collection

In this cross-sectional study, potential subjects were introduced to the study postpartum. For patients discharged after 24 h, telemedicine was employed, whereas an actual questionnaire was completed by those still admitted to the hospital at 48 h or more postdelivery. All the patients who consented and fulfilled the inclusion criteria answered the Edinburgh Postnatal Depression Scale (EPDS) questionnaire which was previously translated into Filipino and validated in 2005. It has a 98.9% specificity and positive predictive value of 90.9%. There are 10 questions in the EPDS-F questionnaire where patients can rate their agreement on a 0–3 Likert scale and total scores may range from 0

to 30.[10] A score of 13 or greater suggests the presence of major depressive symptoms. Regardless of the score, however, a positive response to the item about self-harm ideation [Appendix 1] results in a positive screen.

### Sample size

Based on the census of the institution, 1–2 COVID-19 confirmed patients were admitted per day, amounting to an average of 60 patients per month. At 95% confidence level and 80% power of test, the minimum sample size was 52 patients.

### Analysis

Descriptive statistics such as mean and standard deviation was used to present continuous data, whereas frequency and percentage were used for categorical variables. The variables of interest (age, education, employment, income, and pregnancy outcome) were each tested independently for statistical association with PPD using *t*-test and Chi-square.

The research protocol has been reviewed and approved by the department and institutional technical and ethical review boards.

## Results

A total of 61 mothers were included in the study, most are aged 26–34 years old, with the average age being 27.9 years. The majority of the subjects were college graduates at 65.6% [Table 1]. More than half of the population (50.8%) were employed, mostly coming from households earning at the 10,000–20,000 Pesos bracket at 36%.

Seventy percent blamed themselves for things that went wrong and out of 61 patients, 43% felt anxious or worried and scared or panicky for no good reason [Table 2]. Despite these, the majority (57.4%) of the subjects were able to cope. It is notable, however, that around 21% (13 respondents) had suicidal ideations, occurring quite often in three of the patients. All 13 patients scored 13 and above and were referred to the psychiatry department. Out of 61 patients, a total of 20 patients scored 13 and above showing a likelihood of having PPD, giving a prevalence score of 32.8%.

Fifty-five babies had a good APGAR score of 9,9 and were placed at bedside [Table 3]. Six out of 14 patients had babies admitted to the NICU for neonatal pneumonia, one of which had an APGAR score of 8,8, whereas the rest scored 9,9. Out of the 61 patients, one delivered a term baby who underwent intrauterine fetal demise and scored 19 in the EPDS-F questionnaire.

Among the 60 live births, there were 46 babies who were roomed in with their mothers, 12 of whom scored 13 and above in the EPDS-F questionnaire [Table 4]. Fourteen babies were brought to the NICU mostly due to prematurity and neonatal pneumonia versus sepsis. EPDS-F scores among the mothers showed no difference, both at 50%.

Most of the subjects who scored >13 in the EPDS-F belong to ages 17–30 [Figure 1]. Based on the graph, the average age having the likelihood of having PPD is 25 years old. On the other hand, 29 years old is the average age where having PPD is unlikely (EPDS-F score >13).

Each sociodemographic and perinatal outcome variable was evaluated independently and only age showed statistical association with the likelihood of having PPD with a $P = 0.0148$ [Table 5].

## Discussion

Two of the major events in a woman's life are pregnancy and childbirth. After giving birth, a woman's

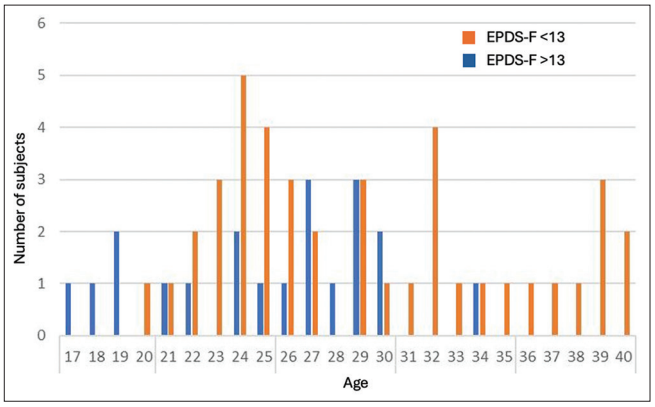


**Figure 1:** Number of subjects per age and their corresponding Edinburgh Postnatal Depression Scale in Filipino scores. EPDS-F: Edinburgh Postnatal Depression Scale in Filipino

**Table 1: Sociodemographic characteristics of mothers included in the study**

| Sociodemographic characteristic | Number of subjects (%) |
|---|---|
| Age | |
| 25 and below | 24 (39.3) |
| 26–34 | 28 (45.9) |
| >35 | 9 (14.7) |
| Educational attainment | |
| Elementary/HS/vocational | 21 (34.4) |
| College | 40 (65.6) |
| Work status | |
| Working | 31 (50.8) |
| Nonworking | 30 (49.2) |
| Monthly household income (P) | |
| 5000 pababa | 12 (19.7) |
| 5000–10,000 | 16 (26.2) |
| 10,000–20,000 | 22 (36.1) |
| 20,000–50,000 | 11 (18.0) |

**Table 2: Results of the edinburgh postnatal depression scale**

| Questionnaire item | Number of subjects (%) |
|---|---|
| I have been able to laugh and see the funny side of things | |
| As much as I always could | 26 (42.6) |
| Not quite so much now | 26 (42.6) |
| Definitely not so much now | 1 (1.6) |
| Not at all | 8 (13.1) |
| I have looked forward with enjoyment to things | |
| As much as I ever did | 31 (50.8) |
| Rather less than I used to | 24 (39.3) |
| Definitely less than I used to | 1 (1.6) |
| Hardly at all | 5 (8.2) |
| I have blamed myself unnecessarily when things went wrong | |
| No, never | 4 (6.6) |
| Not very often | 14 (23.0) |
| Yes, some of the time | 31 (50.8) |
| Yes, most of the time | 12 (19.7) |
| I have been anxious or worried for no good reason | |
| No, not at all | 12 (19.7) |
| Hardly ever | 23 (37.7) |
| Yes, sometimes | 26 (42.6) |
| Yes, very often | 0 |
| I have felt scared or panicky for no very good reason | |
| No, not at all | 14 (23.0) |
| No, not much | 21 (34.4) |
| Yes, sometimes | 22 (36.1) |
| Yes, quite a lot | 4 (6.6) |
| Things have been getting on top of me | |
| No, I have been coping as well as ever | 13 (21.3) |
| No, most of the time I have coped quite well | 22 (36.1) |
| Yes, sometimes, I haven't been coping as well as usual | 23 (37.7) |
| Yes, most of the time I haven't been able to cope at all | 3 (4.9) |
| I have been so unhappy that I have had difficulty sleeping | |
| No, not at all | 12 (19.7) |
| Hardly ever | 30 (49.2) |
| Yes, sometimes | 12 (19.7) |
| Yes, very often | 7 (11.5) |
| I have felt sad or miserable | |
| No, not at all | 10 (16.4) |
| Hardly ever | 32 (52.5) |
| Yes, sometimes | 13 (21.3) |
| Yes, very often | 6 (9.8) |
| I have been so unhappy that I have been crying | |
| No, never | 10 (16.4) |
| Only occasionally | 35 (57.4) |
| Yes, quite often | 10 (16.4) |
| Yes, most of the time | 6 (9.8) |
| The thought of harming myself has occurred to me | |
| Never | 41 (67.2) |
| Hardly ever | 7 (11.5) |
| Sometimes | 10 (16.4) |
| Yes, quite often | 3 (4.9) |



responsibilities and roles undergo immediate sudden and intense changes.[11] Women, due to genetically determined vulnerability and hormonal fluctuations, are predisposed to depression. Among postpartum patients, depression is the most common disorder after childbirth,[3] occurring at any time from 1 month to 1 year.

In the local prepandemic study of Santiago and Habana, they identified that an income lower than 10,000 pesos and below tertiary level educational attainment were the most significant contributors to the development of PPD.[4] This was also consistent with a local cross-sectional-validation study by Torres *et al*. in 2009 which explained that this could have been due to the increasing poverty rates and inflation.[12] A study in Italy also proved that low economic status can bring about PPD. Interestingly, however, mothers receiving economic support increased their EPDS scores, probably due to lower self-esteem as the new mother perceives herself to be inefficient and incompetent.[13]

Given the demographics of our pandemic patients, contrary to the two local reports, this research showed that age was the only statistically associated factor related to the likelihood of having PPD. There have been contrasting conclusions across different studies when it comes to age. In a cohort study in Switzerland, young adults were found to be more susceptible to having depression in general and identified prepandemic emotional stressors as the greatest risk factor for exacerbation of emotional distress during the pandemic.[14] This was also supported by a study by Bottino *et al*. in 2012, where increasing maternal age seemed to confer a protective effect against PPD.[15] In contrast, another study found that women of advanced maternal age have higher rates of depression than their younger counterparts due to obstetric and perinatal complications seen in elderly gravidas. They were also more anxious as they fear the transmittal of the virus to the baby, compared to their younger counterparts whose source of anxiety is the loss of daily contact with their partners.[16]

In a study in Taiwan in 2022 involving 1197 women, among the significant independent risk factors for PDD identified was NICU admission with a $P = 0.001$. In the same study, APGAR scores at the 1$^{st}$ and 5$^{th}$ min of life were tested separately and were deemed not significant, with $P = 0.062$ and $P = 0.811$, respectively.[10] In the study of Santiago and Habana, the presence of congenital illness was one of the variables taken into account and was deemed not significant ($P = 0.37$).[4] In our study, neither the APGAR scores nor the location of the baby had significant association with the increased risk of PPD. This may be due to the notion of the mothers that EINC poses safety concern and that NICU admission may confer protection from virus transmission.

**Table 3: Perinatal outcomes of the babies and Edinburgh Postnatal Depression Scale in Filipino score of mothers**

| APGAR score (1 and 5 min) | EPDS-F score | |
|---|---|---|
| | <13 | >13 |
| 2, 7 | 1 | 0 |
| 3, 7 | 1 | 0 |
| 8, 8 | 0 | 1 |
| 8, 9 | 1 | 1 |
| 9, 9 | 38 | 17 |
| Fetal death in utero | 0 | 1 |

EPDS-F: Edinburgh Postnatal Depression Scale in Filipino

**Table 4: Statistical association of the status of the baby with the likelihood of postpartum depression**

| Status or perinatal outcome | EPDS-F score | |
|---|---|---|
| | >13 | <13 |
| Directly roomed in (bedside) | 12 | 34 |
| NICU | 7 | 7 |
| Stillbirth | 1 | 0 |

NICU: Neonatal intensive care unit, EPDS-F: Edinburgh Postnatal Depression Scale in Filipino

**Table 5: Statistical association of sociodemographic characteristics and perinatal outcomes with the likelihood of having postpartum depression**

| Variable | *P* |
|---|---|
| Age | 0.0148* |
| Education | 0.204 |
| Employment | 0.648 |
| Income | 0.576 |
| Isolation | 0.148 |
| APGAR score | 0.365 |
| Status or location of the baby postpartum | 0.088 |

*statistically significant

In a cohort study in Japan, EPDS scores of postpartum mothers in the pre-COVID-19 period and during the pandemic were compared. It showed a positive screening rate among those who delivered during the pandemic, with worse mother–infant bonding during the 1st month.[17] In Italy, a nonconcurrent case–control study between mothers who delivered during the COVID-19 pandemic with an antecedent group of postpartum women from 2019 was studied. It showed higher EPDS scores with the former with 26% of them scoring more than 12.[18] In our study, the prevalence score of PPD among COVID-19-confirmed patients was 32.8%, which is notably higher than that of a prepandemic local study by Santiago and Habana at 14.5%.[4] Such results may be due to pandemic-related events brought about by the emotional and economic impact of social distancing, worry of acquiring the COVID-19 infection, and loss of jobs. Social distancing and revised visitation policies may have also contributed to the decreased social support that was usually provided for postpartum patients.[19]

## Conclusion

The prevalence rate of PPD among Filipino COVID-19 confirmed patients is 32.8%. Although age seems to have a significant association with PPD, direct causality is difficult to establish as the likelihood of having PPD depends on the mother's personal qualities and traits, existing familial problems, societal background, and her coping mechanisms during an extraordinary circumstance such as this global COVID-19 pandemic. Nonetheless, visiting and assessing the psychological state of the patients is still essential.

### Limitations and recommendations

The first limitation of this study is its reproducibility as the COVID-19 pandemic posed an extraordinary environment that was distinct to the study population. The sample size was also small and geographically specific, which limited the generalization of results. As this study only focused on COVID-19-positive patients, more encompassing inclusion criteria could also be more reflective of the true prevalence rate of PPD during the pandemic.

There are other maternal characteristics and obstetric factors that could influence susceptibility to PPD that were not included in this study, namely preexisting psychological conditions, presence of emotional stressors, obstetric score, maternal comorbidities, and route of delivery. To compensate for the small sample size, a multicenter research could have been done and causation could have also been explored through multivariate ANOVA or logistic regression analysis rather than multiple *t*-tests.

### Authorship contributions

Roxanne E. Garcia - Involved in conceptualization, methodology, validation, formal analysis, resources, data curation, writing of original draft and visualization.

Dr. Jericho Thaddeus P. Luna - Involved in conceptualization, methodology, validation, writing – review and editing and supervision.

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### Conflicts of interest

There are no conflicts of interest.

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## Appendix I: EDINBURGH POSTNATAL DEPRESSION SCALE-FILIPINO TRANSLATION (EPDS-F) CODE

### SA NAKARAANG 7 ARAW:

1. Nagawa kong tumawa at nakita ko ang nakakatuwang bahagi ng mga bagay:
   - Kasing dalas ng palagi kong ginagawa
   - Hindi na gaano kadalas sa ngayon
   - Talagang hindi na gaano kadalas sa ngayon
   - Hindi ni minsan

2. Umaasa ako na masisiyahan sa mga bagay:
   - Kasing dalas ng dati kong ginagawa
   - Hindi na gaano kadalas katulad ng dati kong ginagawa
   - Talagang di na gaano kadalas katulad ng dati kong ginagawa
   - Bibihirang mangyari

3. Sinisi ko ang aking sarili kapag may mga maling bagay na nangyari:
   - Oo, kadalasan
   - Oo, minsan
   - Hindi gaanong madalas
   - Hindi, hindi kailanman

4. Nag-alala ako o nabalisa nang walang magandang kadahilanan:
   - Hindi, hindi ni minsan
   - Bibihirang mangyari
   - Oo, kung minsan
   - Oo, napakadalas

5. Nakaramdam ako ng takot o biglang pagkatakot nang walang magandang dahilan:
   - Oo, napakadalas
   - Oo, paminsan-minsan
   - Hindi, hindi gaanong madalas
   - Hindi, hindi ni minsan

6. Nahihirapan akong makayanan ang mga bagay:
   - Oo, kadalasan ay hindi ko nakakayanan ang mga bagay
   - Oo, paminsan-minsan ay hindi ko nakakayanan ang mga bagay nang kasing husay ng dati
   - Hindi, kadalasan ay nakayanan ko nang mahusay ang mga bagay
   - Hindi, nakakayanan ko ang mga bagay katulad ng palagian

7. Naging sobrang malungkutin ako kaya nahirapan ako sa pagtulog:
   - Oo, kadalasan
   - Oo, napakadalas
   - Hindi gaanong madalas
   - Hindi, hindi kailanman

8. Nakaramdam ako ng lungkot at pagiging kahabag-habag:
   - Oo, kadalasan
   - Oo, napakadalas
   - Hindi gaanong madalas
   - Hindi, kailanma'y hindi

9. Naging malungkutin ako na naging dahilan ng aking pag-iyak:
   - Oo, kadalasan
   - Oo, napakadalas
   - Paminsan-minsan lamang
   - Hindi, kailanma'y hindi

10. Ang pag-iisip na saktan ang aking sarili ay nangyari sa akin:
   - Oo, napakadalas
   - Paminsan-minsan
   - Bibihirang mangyari
   - Hindi kailanman