



Postpartum Depressed Women in COVID-19 Pandemic Quarantine

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Pregnancy and childbirth constitute major personal, social, physiological, and emotional events. Postpartum depression (PPD) contributes considerably to the burden of disease among women of childbearing age. The symptoms of PPD include sluggishness, fatigue, sadness, hopelessness, helplessness, and worthlessness. Apart from these symptoms, women often have problems with sleeping, changes in appetite, difficulties in concentrating, crying for no reason, lack of interest in the baby, feeling very anxious about the baby, feeling of being a bad mother, and loss of interest or pleasure (1). The prevalence of PPD in developing and developed countries ranges from 1.9% to 82.1% and 5.2% to 74.0%, respectively, using self-reported questionnaires. Untreated PPD may lead to untoward consequences affecting the mother, child, and family as a whole (2).

The pandemic of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has spread like a wildfire. By the January 23, 2021, 96,877,399 cases and 2,098,879 deaths were confirmed, with a crude mortality rate of 2.17% (3). The pandemic of COVID-19 has led to severe and unprecedented economic and health consequences and has divested businesses and increased unemployment globally. In its latest economic forecast, the Organisation for Economic Co-operation and Development said the world economy will contract by 4.5 percent this year – an upward revision from a prediction made in June that pointed to a 6 percent decline in gross domestic product (4). The physical and psychological effects of this pandemic, such as stress, anxiety, and depression, are well documented (5). It is expected that malnutrition due to food insecurity and poverty, child and sexual abuse, violence against

women, unwanted pregnancies, especially in the teenage group, and emotional trauma may be further aggravated by school closure and lockdowns. With attention to the enormous impacts of the COVID-19 pandemic on the individual and society, the magnitude of this disaster and its devastation needs critical attention especially in the developing world (6).

Generally, the quarantine of people is the first policy solution when a pandemic happens. It may result in several consequences such as worries about infection, frustration, boredom, lack of sufficient supplies and information, financial loss, depression, posttraumatic stress disorder, and stigmatization. Also, anxiety and depression (16–28%) and self-reported stress (8%) are common psychological problems during the COVID-19 pandemic (7, 8).

Even under ordinary circumstances, adjusting to parenthood is challenging for a new mother. Having sufficient support is critical in such circumstances. When mothers receive support from specific individuals during stressful situations, they are more protected against PPD (9). At the time of the quarantine, if depressed mothers are left alone at home, these challenges are multiplied. Worries about exposure to the coronavirus coupled with physical distancing may worsen depressive symptoms and decrease accessibility to resources such as health care providers. Under social distancing, giving support is more difficult for them. Moreover, managing COVID-19 at home with a baby may increase anxiety in postpartum depressed women. In some cases, living with family members in very crowded places may cause family friction and increase challenges in adapting to the motherhood role. A cause of PPD is the interaction between biological, psychological, and social risk fac-

tors, and the pandemic of COVID-19 can further aggravate some of these factors.

Despite these challenges, there are ways to diagnose and treat PPD in this pandemic. Making available information sources on the internet, besides telephone calls or on-line visits by health workers and emergency departments in hospitals, is essential. Moreover, adopting a healthy lifestyle such as proper nutritional intake, enjoyable, brief, and easy-to-do exercises, adequate sleep, doing relaxation and breathing techniques, and having video calls with family and friends may be helpful. In this situation, partner support is the first logical choice. Being a friendly listener and providing reasonable practical assistance, such as doing household chores, can also help. Keep in mind that PPD may improve, and the pandemic will pass, but the strong bonds created can stay forever (10).

Health care providers should pay attention to the signs and symptoms of mental disorders, such as anxiety, depression, and even suicidal ideation. Psychiatric counseling should be considered when needed. Moreover, acquaintances should be informed that understanding the experiences of postpartum-depressed quarantined women has a critical role in protecting them from infection and minimizing the impact of the quarantine on the baby, mother, and family (11).

Footnotes

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