

Enhancing Postpartum Health and Behaviour: Evaluating the Impact of Postpartum Counselling in Eraviperoor Grama Panchayath

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ABSTRACT

This study aims to assess the effectiveness of patient counseling in improving postpartum health and behavior in the context of Eraviperoor Grama Panchayath. Postpartum health is a critical period in a woman's life, and proper care and behavior during this phase significantly influence maternal and neonatal outcomes. This research employs a mixed-methods approach, combining quantitative surveys and qualitative interviews to comprehensively evaluate the impact of patient counseling on postpartum health and behavior. Objective: Effectiveness of patient counseling on postpartum health & behavior.

The quantitative aspect involves administering structured questionnaires to a sample of postpartum women who have received counseling. These surveys will focus on aspects such as maternal physical health, mental well-being, infant care practices, and adherence to recommended postpartum behaviors. The qualitative component comprises in-depth interviews and postpartum women to gain insights into their perceptions, experiences, and the challenges faced in implementing counseling interventions. It provides a deeper understanding of the nuances surrounding patient counseling in Eraviperoor Grama Panchayath. Results: The PPD was found to be 40% mild/moderate and 4% severe. Baby blues was found to be 77% prevalent. The effectiveness of counseling on overall maternal problems was found to be 96%.

KEYWORDS: Postpartum depression (PPD), postpartum mood disorder (PPMD), World health organization (WHO)

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INTRODUCTION

The postpartum period, typically lasting up to 6 weeks, is crucial for a woman's physical recovery and family adjustments. Eraviperoor Grama Panchayath, like many rural areas, faces unique challenges in providing adequate postpartum care. Factors such as limited access to healthcare facilities, cultural beliefs, and socioeconomic disparities can influence the health behaviours and practices of postpartum women in this community⁽¹⁾. Patient counselling interventions have the potential to bridge these gaps by providing tailored guidance, education, and emotional support to new mothers⁽²⁾.

The postpartum period, marked by joy and stress, affects 42% of US women. Support, especially in the first 6 weeks, enhances maternal well-being and is emphasized by WHO for health optimization⁽³⁾. Pregnancy and childbirth often lead to negative body image perceptions due to physical changes.

Postpartum body dissatisfaction correlates with depressive symptoms, influenced by factors like self-esteem, eating habits, and weight gain, alongside social variables like employment, marital status, and number of children.⁽⁴⁾

Postpartum depression (PPD) treatment avoids pharmacological methods for breastfeeding mothers. Prevention is key, emphasizing social support's efficacy. Perceived social support gauges acceptance and value, aiding women in managing PPD by fostering feelings of acceptance, love, and value.⁽⁵⁾ should maintain a balanced diet, continue iron and folic acid supplementation for 3 weeks, and ensure adequate nutrition, especially if breastfeeding. Addressing nutritional needs, particularly for thin women and adolescents, may necessitate additional counselling or referrals, considering socio-economic factors.⁽⁶⁾ Health-promoting behaviours encompass actions undertaken to safeguard health and prevent illness, such as maintaining a

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balanced diet, exercising regularly, avoiding harmful habits, promptly recognizing physical symptoms, managing stress, and enhancing social connections.⁷

The birth of a first child is a significant life event, particularly impactful for women. Maternal psychological morbidities, like depression and postpartum psychosis, are associated with stressful events and social health issues. Maternal depression is increasingly acknowledged as a serious public health concern, potentially affecting long-term health outcomes for women, infants, and other family members.⁸ The postpartum phase, spanning about six weeks after childbirth, is pivotal for women, newborns, and families. WHO outlines essential postpartum care recommendations encompassing maternal and newborn health, community and hospital-based services, assessment, counselling on physiological changes and health issues, and psychological support.⁹

Cognitive behavioural therapy is established for PTSD, but scant research focuses on early interventions for acute stress in women after a challenging birth. Three studies examined single debriefing session efficacy.¹⁰ Counsellors play a key role in preventing postpartum mood disorders through psychoeducation, addressing negative expectations, and offering tailored interventions.¹¹ Community education normalizes mental health assistance, ensuring proactive support. Psychoeducation structures PPMD prevention. Effective interventions include supportive counselling, cognitive behavioural therapy for behavioural changes, nondirective counselling with empathy, and crucial peer and partner support for recovery.¹² Insufficient care during this critical period risks mortality, disability, and missed chances to instill healthy practices, impacting women, newborns, and children. Enhanced access to maternal health services, including postnatal care (PNC) within six weeks of delivery, mitigates maternal issues and deaths.¹³

Awareness of PPD has increased, but understanding remains poor.¹⁴ By shedding light on the role of patient counselling in this specific context, this research aims to inform healthcare policies and practices, thereby contributing to the enhancement of postpartum care in Eraviperoor Grama Panchayath and similar rural settings. Ultimately, the well-being of mothers and their newborns depends on the effectiveness of interventions aimed at improving postpartum health and behaviour, making this study of critical importance.

OBJECTIVE

The objective of the study was to enhance the effectiveness of patient counseling on postpartum health & behavior in postpartum women. This is a cross sectional study conducted with 150 samples in Eraviperoor Grama Panchayat.

MATERIAL AND METHODOLOGY

This is a community based Cross-Sectional Descriptive Study. The study was conducted with 150 samples, from

Eraviperoor Grama Panchayat. The study was conducted for a period of 6 months (November 2022 to April 2023). The Institutional Review Board of Nazareth College of Pharmacy, Othara, Thiruvalla, Kerala approved a cross-sectional qualitative study. Inclusion criteria comprised women within 0–8 months postpartum, while exclusions included those unwilling to participate, pregnant, or non-pregnant. Patient contact details were sourced from the Family Health Centre register. In-person interviews, using structured questionnaires translated into Malayalam, determined maternal health. Counselling was provided based on assessment, followed by a two-week follow-up. Data analysis via MS Excel 2019 yielded insights into the impact of counselling on postpartum health and behaviour in Eraviperoor Grama Panchayath, recognizing the pivotal role of counselling in shaping practices and behaviours during this crucial period.

RESULTS

1. Distribution of age group of subjects

Among the 150 postpartum women enrolled in the study, the majority of the subjects belonged to the age group of 21-30 years (53%) followed by 31-40 years (40%) and 7% of the subjects belonged to the age group of 41-50 years.

2. Distribution in the literacy of subjects

Among 150 postpartum women enrolled in the study, the majority of the responses were tertiary education, which was 90%, 6% responded to have secondary education and 4% responded to have primary education. No response was made on not being educated.

3. Distribution in the place of residence of subjects

Among the 150 women enrolled in the study, the majority of the women are from the rural areas (77%) and the remaining were from the urban areas (23%).

4. Distribution in the modes of delivery

Majority of women enrolled in the study had C-Section delivery (64%) while the remaining 35% had Normal vaginal delivery and 1% had vacuum delivery.

5. Distribution of number of children and age gap between Childrens

Among the postpartum women enrolled in the study 46.67% population had number of children 2, while 43.33% population had 1 child each and 9.33% population with 3 children and 0.67% population with 4 children and 59% showed an age gap of 4-6 between the children while 31% showed an age gap of 1-3 between the children and 10% showed an age gap of 7-9 between the children.

6. Distribution in the difficulty in positioning/handling babies for the first time in subjects.

Among the 150 postpartum women enrolled in the study around 63% women had difficulty in handling the baby for the first time, while the remaining 37% did not have any difficulty in handling the baby for the first time.

7. Distribution in the conductance of postpartum checkup after 6 weeks in subjects

Majority of women enrolled in the study, 75% had postpartum checkup after six weeks, while 25% subjects did not have postpartum checkup after six weeks.

8. Distribution in the use of any oral contraceptive after delivery in subjects

Among the 150 women enrolled in the study 96% did not use any oral contraceptive after delivery, while 4% subjects used oral contraceptives after delivery.

9. Distribution in obtaining help from health centers.

Among the 150 postpartum women enrolled in the study 74% received help from health centers, while the remaining 26% did not receive help from health centers.

10. Distribution in the cleanliness of private parts in subjects

Majority of the women enrolled in the study 100% of them kept their private parts clean more than twice a day. There was no response provided once a day or twice a day.

11. Distribution in the occurrence of difficulty with weight gain and physical appearance in subjects

Among the women enrolled in the study 76% did not have any difficulty associated with weight gain, while the remaining 24% had difficulty associated with weight gain. Among the women enrolled in the study 76% did not have any difficulty associated with weight gain, while the remaining 24% had difficulty associated with weight gain. Most subjects (43%) were moderately satisfied, followed by 36% slightly satisfied, and 10% very satisfied with their physical appearance.

12. Distribution in the health of the subjects

In the study, 56% of subjects reported being very satisfied with their health, 15% had slight dissatisfaction, 13% reported slight satisfaction, 11% were moderately satisfied,

17. Distribution of whether subjects had depression.

Sl. No.	Scoring	Stages	Frequency	Percentage
1	0-7	No depression	83	56
2	8-12	Mild/Moderate depression	59	40
3	Above 13	Severe depression	8	4
	Total		150	100

Among the 150 subjects enrolled in the study 56% had no depression according to the scale, while 40% had mild/moderate depression and 4% with severe depression according to the depression scale.

18. Distribution in the presence of baby blues in subjects

About 150 subjects enrolled in the study, 77% of subjects complained about having baby blues, while 23% stated of not having baby blues.

3% were very dissatisfied, and 2% were moderately dissatisfied.

13. Distribution in the ability to take care of themselves without help from the subjects.

Among the 150 postpartum subjects in the study, 40% reported slight satisfaction in self-care without assistance, 21% expressed moderate satisfaction, 16% indicated slight dissatisfaction, 15% reported moderate dissatisfaction, 5% felt very dissatisfied, and 3% reported feeling very satisfied with self-care.

14. Distribution in the life before and after pregnancy in subjects

From the women enrolled in the study 75% had a happy but busy life, while the remaining 25% stated to struggle as a life in pregnancy and postpartum.

15. Distribution in the knowledge about postpartum depression among subjects

Initially, 50% of women in the study reported positive knowledge about postpartum, while 50% reported negative. After counselling, all participants showed improved understanding, reaching 100% positive outcomes.

16. Distribution in the subject's understanding of postpartum depression.

A: A complex mix of physical, emotional, and behavioral changes after delivery

B: A complex mix of physical, emotional, and behavioral changes before delivery

C: Type of depression seen in teenage girls and early adult women

150 subjects enrolled in study were counselled and their opinion was taken, which showed in before counselling 48% stated option A, while 33% stated option B and 19% option C. Then the counselling session was done which provided a better result which was option A 100%.

19. ASSESSMENT OF POSTPARTUM DEPRESSION

Q1. Distribution of whether subjects blamed me unnecessarily when things went wrong.

Q2. Distribution of whether subjects looked forward with enjoyment to things.

Q3. Distribution of whether subjects have felt scared or panicky for no very good reason.

F- Frequency, %-Percentage

Response	Q1				Q2				Q3			
	Before counselling		After counselling		Before counselling		After counselling		Before counselling		After counselling	
	F	%	F	%	F	%	F	(%)	F	%	F	%
Yes, quite a lot	2	2	0	0	85	57	128	85.5	8	5	0	0
Yes sometimes	34	23	6	4	31	21	17	11.5	52	35	7	4.5
No not much	35	22	39	26	24	15	5	3	44	29	9	6
No not at all	79	53	105	70	10	7	0	0	46	31	134	89.5
Total	150	100	150	100	150	100	150	100	150	100	150	100

A study involving 150 participants, initially found that 53% never experienced a particular behaviour, while 23% experienced it sometimes, 22% rarely, and 2% frequently. Post-counselling, significant improvement occurred, with 70% reporting no experience, 26% experiencing it rarely, and only 4% frequently. Similarly, initial findings regarding behaviour in Distribution of whether subjects looked forward with enjoyment to things showed 57% engaging as usual, 21% less than before, 15% significantly less, and 7% hardly at all. Following counselling, substantial positive changes were observed, with 85.50% engaging as before, 11.50% less than before, and only 3% significantly less. Additionally, initial findings on Distribution of whether subjects have felt scared or panicky for no very good reason revealed 35%

sometimes engaging, 31% never, 29% rarely, and 5% frequently. After counselling, significant improvement was evident, with 89.50% never engaging, 6% rarely, and 4.50% sometimes. These results underscore the effectiveness of counselling in positively influencing behaviours and attitudes among participants, highlighting its potential for fostering meaningful change.

Q4. Distribution of whether subjects thought of harming themselves.

Q5. Distribution of whether subjects have trouble falling asleep.

Q6. Distribution of whether subjects had been so unhappy to cry.

Response	Q4				Q5				Q6			
	Before counselling		After counselling		Before counselling		After counselling		Before counselling		After counselling	
	F	%	F	%	F	%	F	(%)	F	%	F	%
Yes, quite a lot	1	1	1	1	0		0		1	1	1	1
Yes sometimes	1	1	0	0	89	60	13	8	33	22	13	9
No not much	28	18	18	12	26	17	49	33	40	27	44	29
No not at all	120	80	131	87	35	23	88	59	76	50	92	61
Total	150	100	150	100	150	100	150	100	150	100	150	100

Among the 150 participants enrolled in the study, Distribution of whether subjects thought of harming themselves initial findings revealed that 80% reported never experiencing a certain behaviour, while 18% admitted to hardly ever experiencing it, with 1% each saying sometimes and yes quite often. Following a counselling session,

significant improvement was noted, with 87% reporting never experiencing the behaviour, 12% saying hardly ever, and no response provided for yes quite often. Similarly, in Distribution of whether subjects have trouble falling asleep indicated that 60% sometimes engaged in it, while 59% never did and 17% hardly ever did. Post-counselling, there was

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notable progress, with 59% reporting never engaging in the behaviour, 33% stating hardly ever, and 8% saying sometimes. Additionally, Distribution of whether subjects had been so unhappy to cry Showed 50% never engaging, 27% only occasionally, 22% sometimes, and 1% yes quite often. After counselling, improvement was evident, with 61% reporting never engaging, 29% only occasionally, 9% sometimes, and 1% saying yes quite often. These results underscore the positive impact of counselling in mitigating

undesired behaviours and fostering healthier patterns among study participants.

Q7. Distribution of whether subjects have felt sad or miserable.

Q8. Distribution of whether subjects had been anxious or worried for no reasons.

Q9. Distribution of whether subjects have felt down or depressed.

Response	Q7				Q8				Q9			
	Before counselling		After counselling		Before counselling		After counselling		Before counselling		After counselling	
	F	%	F	%	F	%	F	(%)	F	%	F	%
Yes, quite a lot	0		0		2	1	1	1	0		0	
Yes sometimes	34	23	16	11	24	16	9	6	2	1	2	1
No not much	49	33	49	33	51	34	48	32	19	13	11	8
No not at all	67	44	85	56	73	49	92	61	129	86	137	91
Total	150	100	150	100	150	100	150	100	150	100	150	100

In a study involving 150 participants, Distribution of whether subjects have felt sad or miserable revealed that before counselling, 44% reported never experiencing a specific behaviour, while 33% experienced it infrequently, and 23% experienced it quite often. After counselling, notable improvements were observed, with 56% reporting never experiencing the behaviour, 33% experiencing it infrequently, and 11% experiencing it quite often. Interestingly, there was no response regarding experiencing the behaviour most of the time. Similarly, Distribution of whether subjects had been anxious or worried for no reasons indicated that 49% initially reported never experiencing it, 34% experienced it infrequently, 16% experienced it occasionally, and 1% experienced it almost all the time. Post-counselling, significant improvements were noted, with 61% reporting never experiencing the behaviour, 32% experiencing it infrequently, 6% experiencing it occasionally, and 1% experiencing it almost all the time. In Distribution of whether subjects have felt down or depressed, initially 86% reported never experiencing a behaviour, 13% experienced it infrequently, and 1% experienced it quite often. After counselling, improvement was observed, with 91% reporting never experiencing the behaviour, 8% experiencing it infrequently, and 1% experiencing it quite often.

themselves without any help and meet family's responsibilities.

Among the 150 subjects enrolled in the study, ability to meet the responsibility for the family need was accessed, before counselling results showed 97% stated a negative response while 3% stated positive response. Then a counselling session was provided which provided a better result which was found to be 100% positive response after counselling.

EXERCISE

21. Distribution of whether subjects did any exercise.

In the initial study with 150 participants, 89% expressed a negative view towards exercise, and 11% had a positive response. Following counselling, a notable improvement occurred, with 98% reporting a positive attitude towards exercise and only 2% maintaining a negative perspective. The counselling session demonstrated significant positive shifts in exercise perceptions.

HELP RECEIVED DURING POSTPARTUM PERIOD AND CONTACT MADE DURING POSTPARTUM

22. Distribution of the emotional support received from the husband.

Among the 150 postpartum subjects in the study, 66% reported being very satisfied with emotional support from their husbands, 23% had moderate satisfaction, 7% experienced slight dissatisfaction, 2% were very dissatisfied, while 1% each were slightly satisfied and moderately

ABILITY TO PERFORM RESPONSIBILITY THAT MEET FAMILY NEEDS

20. Distribution of subject's ability to take care of

dissatisfied with the emotional support provided by their husbands.

23. Distribution of whether subjects' family helped through the postpartum period and whether subjects contacted other parents going through postpartum struggles.

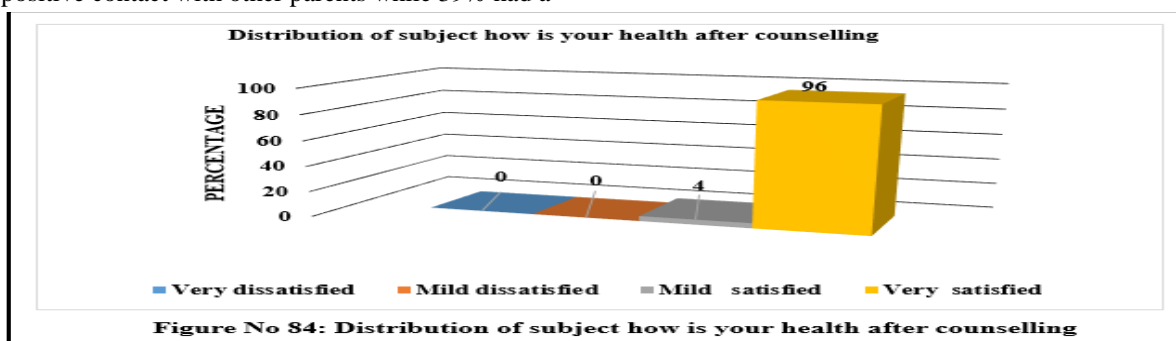
In the initial study, 90% of postpartum subjects reported positive family support and 10% expressed negative responses, increasing to 100% after counselling. Similarly, 61% had positive contact with other parents while 39% had a

negative response, reaching 100% post-counselling, underscoring its effectiveness in enhancing social interactions.

HEALTH AFTER COUNSELLING

24. Distribution of subject's health after counselling

Among the 150 subjects enrolled in the study 96% was very satisfied with health after counselling, while 4% subjects were mildly satisfied with their health after counselling.



DISCUSSION

The study, "Evaluating the Impact of Postpartum Counselling in Eraviperoor Grama Panchayath," encompasses a comprehensive exploration of postpartum well-being, considering demographic, educational, delivery-related, and emotional factors among 150 participants. The majority belonged to the 21-30 age group (53%) with 90% having tertiary education. Rural representation was prominent (77%), and 64% had C-section deliveries. Family dynamics revealed diverse child counts and age gaps. Importantly, 63% faced challenges in handling newborns initially.

Maternal health practices emerged, with 75% attending postpartum checkups and 96% refraining from oral contraceptives post-delivery. Health centre assistance was utilized by 74%, and hygiene practices were notably high, as 100% maintained cleanliness. A nuanced perspective on postpartum life was evident, with 75% reporting a happy but busy life and 25% expressing struggles during pregnancy and postpartum.

Counselling impact on self-blame perceptions unfolded positively. Knowledge and understanding of PD after counselling is 100% effective. Baby blues reported 77% *This is contradictory to the study conducted by U Prince A et.al. concluded that 50.4% experiencing postpartum baby blues.*¹⁵ Initial figures indicated 53% never blamed themselves unnecessarily, which surged to 70% post-counselling. Similarly, the exercise narrative shifted from 11% positive responses before counselling to 98% post-counselling, underscoring the efficacy of intervention. Family support perceptions also improved significantly, with 100% reporting positive responses after counselling.

Exploring emotional well-being, the study delved into feelings of depression, revealing 56% with no depression,

40% with mild/moderate depression, and 4% experiencing severe depression *This is contradictory to the study conducted by Upadhyay RP et.al. concluded that 22% experiencing postpartum depression.*¹⁶ Importantly, counselling contributed to high satisfaction levels, as 96% were very satisfied with their health after counselling *This is contradictory to the study conducted by O'hara, et al. the overall effectiveness percentage after counselling, is approximately 33.87%.*¹⁷ The study's comprehensive approach sheds light on the multifaceted aspects of postpartum experiences. The effectiveness of counselling is evident in transforming perceptions and behaviours, emphasizing its pivotal role in enhancing maternal well-being. This research serves as a valuable resource for healthcare providers and policymakers, highlighting the importance of tailored counselling interventions in fostering positive postpartum experiences within the unique context of Eraviperoor Grama Panchayath.

CONCLUSION

In conclusion, the research on "Enhancing Postpartum Health and Behaviours: Evaluating the Impact of Postpartum Counselling in Eraviperoor Grama Panchayath" illuminates the intricacies of postpartum experiences in this community. By examining demographic, educational, and health-related factors, the study identifies key challenges faced by postpartum women and highlights the transformative impact of counselling interventions. The positive shifts in self-perception and activities post-counselling underscore the holistic benefits of counselling. Crucial aspects of postpartum care, including emotional well-being, postpartum checkups, contraception usage, and health centre assistance, are addressed, providing actionable insights for tailored healthcare strategies. The research advocates for the

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continued integration and enhancement of counselling services as an integral component of postpartum care in Eraviperoor Grama Panchayath, aiming to improve overall health and well-being for postpartum women in this unique community.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients

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understand that their names and initials will not be published, and due efforts will be made to conceal their identity.

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