



ABSTRACT BOOK



KHARKIV, UKRAINE
MAY 24th-26th, 2017

Chernushova I.

PREVENTION OF PSYCHOLOGICAL RISKS IN WOMEN WITH PPD

Kharkiv National Medical University

(Department of Psychiatry, Narcology and Medical Psychology)

Research advisor: PhD. Cherkasova A.A.

Kharkiv, Ukraine

Introduction. Postpartum Depression PPD (postnatal depression) — is a widely spread emotional disorder which can affect new mothers after childbirth. This disorder can be long-term, mild or severe. The mild form is also known as the "baby blues." Mild symptoms include anxiety, depression, irritability, confusion, crying spells, as well as sleep and appetite disturbances. These feelings can last anywhere between 24 hours to 72 hours. More drastic symptoms come with postpartum depression, including hopelessness, suicidal thoughts, infanticide, panic, among many other feelings that can last for weeks or even months.

Although a number of risk factors have been identified, the causes of PPD are not well understood. Hormonal change is hypothesized to contribute as one cause of postpartum depression. The emotional effects of postpartum depression can include sleep deprivation, anxiety about parenthood and caring for an infant, identity crisis, a feeling of loss of control over life, and anxiety due to lack of support from a romantic or sexual partner. Many women recover with treatment such as a support group, counseling, or medication.

Objectives: to study methods of preventive measures of PPD.

Materials and methods. 10 new mothers with PPD have been examined. The following methods have been used:

- 1) putting a baby to the breast right after delivery;
- 2) "Kangaroo care".

The Kangaroo Mother Care Method has challenged traditional childcare practices related to premature or low-weight infants at birth; has allowed parents to recover their prominent role within the physical and emotional recovery process of their children, and it has made neonatology a more humane practice.

Results of research. The above methods applied to two of the mothers examined have failed to result positively, they have proved to be having PPD in the very early stage. Seven of the women examined have demonstrated interest to their babies and other positive changes having been treated actively for 2 days. The above methods applied for the first time to one new mother has helped her recover completely.

Conclusions. A major part of prevention is being informed about the risk factors, and the medical community can play a key role in identifying and treating postpartum depression. Women should be screened by their physician to determine their risk for acquiring postpartum depression. Also, proper exercise and nutrition appear to play a role in preventing postpartum, and depressed mood in general. A variety of treatment options exist for PPD, and treatment may include a combination of therapies. If the cause of PPD can be identified, treatment should be aimed accordingly.