

Ante partum depression and husband's mental problem increased risk maternity blues

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Abstrak

Maternity blues (MB) adalah suatu gangguan yang umum ditemukan dan biasanya tidak terdiagnosis. Studi ini mengidentifikasi beberapa faktor risiko yang berhubungan dengan MB. Subjek adalah perempuan hamil dengan antenatal dan melahirkan di Rumah Sakit Persahabatan (RSP) Jakarta dari 1 Nopember 1999 - 15 Agustus 2001. Pengambilan sampel dengan cara konsektif dan diikuti sampai dengan 2 minggu postpartum. Subjek yang menderita gangguan psikiatri (skizofrenia atau gangguan psikotik lainnya) tidak diikuti sertakan. MB dan ante partum depresi (APD) dideteksi dengan Edinburgh Postnatal Depression Scale (EPOS). Status mental suami didasarkan penentuan Symptom Check List-90 (SCL-90). Sebanyak 25% menderita MB di antara 580 subjek. Dibandingkan dengan yang subjek yang tidak mengalami APD, yang mengalami APD berisiko 3 kali lipat menderita MB [rasio hazard snaian faHR) = 3,57; 95% innerval kepercayaan (CI) ~ 2.54;5,03]. Perempuan yang mempunyai bayi tidak sehat pada 5 hari perrama pasca persalinan berisiko lebih dari 2 kali lipat mendeita MB dibandingkan dengan yang mempunyai bayi sehat (aHR = 2,21; 95% CI = 1,34 : 3.66). Istri yang suaminya mengalami masalah kesehatan mental berisiko hampir dua kali lipat menderita MB (aHR = 1,91; 95% CI = 1,36 ; 2,68). Serla istri yang mengalami stres dalam masa hamil berisiko 1,6 kali mendeita MB (aHR = 1,59; 95% CI = 1, 14 : 2,25). Untiik mencegah timbulnya MB perlu diberikan penanganan khusus pada mereka yang mempunyai riwayat APD, kondisi bayinya tidak sehat pada 5 hari pertama pasca persalinan dan suami mengalami masalah pada kesehatan mental, serta istri yang mengalami sires dalam masa hamil. (MedJ Indones 2006; 15:74-80).

<hr><i>Maternity blues disorder (MB) is common, and it is usually undiagnoscd. This study to identify several risk factors related to MB. Subjects were pregnant women who had antenatal and delivery a! the Persahabatan Hospital (RSP) Jakarta from ! November 1999 to 15 August 2001. Consecutive sampling and was followed-up until two-week postpartum. Those who ever had psychiatric disorders (schizophrenia or other psychotic disorders) were excluded. MB and ante partum depression (APD) detected by using Edinburgh Postnatal Depression Scale (EPDS). Husband's mental status based on Symptom Check List-90 (SCL-90) respectively. Among 580 subjects, 25% suffering from MB. Compared with those who did not have APD, those who experienced it had more than three-fold increased risk to be MB [adjusted hazard ratio (aHR) = 3.57; 95% confidence inten>al (CI) - 2.54;5,()3]. Those who had not healthy baby on the first 5 days afterbirth than who had healthy baby had twice increased risk to be MB (aHR = 2.21 ; 95% CI = 1.34 ; 3.66). Who had husband with problem in mental health had 1.9 increased risk to be MB (aHR = 1.91 ; 95% CI = 1.36 ; 2.68) . Stress during pregnancy had 1.6 increased risk To be MB (aHR = 1.59; 95% CI ~ 1. 14 ; 2.25). To control MB, special attention should be paid to women who had APD history, who had unhealthy baby on 5 first days afterbirth, who had husbands' mental health problems, and who had stress during pregnancy. (Med J Indones 2006; 15:74-80).</i>