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International Journal of Current Research
Vol. 7, Issue, 10, pp.21735-21740, October, 2015

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

ISSN: 0975-833X

RESEARCH ARTICLE

THE USE SCREENING SCALES TO APPROACH OF PUERPERAL POSTPARTUM DEPRESSION: A SYSTEMATIC REVIEW

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ARTICLE INFO

Article History:
Received 20th July, 2015
Received in revised form
11th August, 2015
Accepted 27th September, 2015
Published online 31st October, 2015

Key words:

Postpartum depression, Brief psychiatric rating scale, Maternal depression, Screening tools.

ABSTRACT

This systematic review aims to identify scientific publications addressing the use screening scales Postpartum Depression (PPD) applied until sixth month after postpartum in mothers over 15 years. A systematic review was conducted using PubMed, LILASC, MEDLINE and the PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), using the following keywords: Postpartum Depression, Brief psychiatric rating scale, Maternal Depression. The search resulted in 55 articles that were screened by title and abstract, these 09 articles were analyzed. In this research observed it most articles discuss the importance of early screening and the relationship between anxiety, maternal availability and PPD.

Citation: Maria Erbenia Soares de Freitas, Fagner Pereira da Silva and Luciene Rodrigues Barbosa, 2015. "The use screening scales to approach of puerperal postpartum depression: A systematic review", *International Journal of Current Research*, 7, (10), 21735-21740.

INTRODUCTION

The psychiatric disorder can to occur on any phase of life, and the vulnerability can be sharp by substantial event. The puerperal period represent the important phase of life women's, is in this moment que occurring the biologics and psychology changes, expanding the risks to development of mental diseases. Consequently, this puerperal period is described as the moment that the feelings, perspectives and experiences tend to cause an emotional imbalance (Hartley *et al*., 2015). This psychiatric syndrome can occur on life women's soon after the partum or during the period up to one year after the birth of her son. The most common are the postpartum melancholic (Postpartum blues), may vary among 30% to 90% of mothers; the postpartum psychosis have lower prevalence, to happen only of 1% to 2% of cases; and the postpartum depression (PPD), that occur among 18% to 39,4% (Yawn *et al*., 2012). The PPD can be described as the mental disorder that causes changes in some aspects like the cognitive, emotional, physical and behavior (Sockola *et al*., 2012), it etiology although not fully known, studies indicated to have multifactorial causes, soon, it isn't caused to isolated reasons, the women needs be exposed to risks factors for develop the pathology.

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Among them can mention the socioeconomic factors (low income, unemployment, low level of education); the social factors (family and/or marital relationship conflict, lack of support in daily activities); obstetrics factors (pregnancy complications, risk of birth complications or postpartum compared to the baby or puerperal) and emotional factors (experienced moments of stress during the pregnancy, unwanted pregnancy, domestic violence) (Hou *et al*., 2014).

The variable clinical situation, may present irritability, demotivation, lack of motivation, lack of sex drive, inability to deal with new situations, insomnia or hypersomnia, unwillingness to perform daily tasks, gain or weight gain, reasoning deficit, the woman feels guilty, sad and abandoned (Santos Júnior, Silveira, and Gualda 2009). In more severe cases, the mother may present obsession or detachment from the baby and fear cause you some damage, This condition can be worsened by the presence of other mental disorders as panic and anxiety disorders, which end up hindering the prognosis (Yawn *et al*., 2012).

Although the depression symptoms be evident, often, is confused as "fatigue and physical stress" typical this puerperal phase, where the woman is overloaded by accumulation of new functions (Ventevogel *et al*., 2007; Sockola *et al*., 2011). Further all this physical changes, there is a certain burden of cultural charges, of family, of society and even the woman to

herself to play her maternal role in an exemplary manner, without fail, leaving the postpartum psychological further weakened.

The PPD cause the impact on bond of mother and baby is very significant, because the fact of the disease limit the mother in caring for the baby causes emotional contact, the affection and harmony that exist normally between the mother and baby being compromised, principle the baby can feel the lack of protection and the contact with the mother and express in the form of apathy, irritable and constant crying (Ali *et al*., 2013). The disease affect very negative way the relationship mother-baby and familiar, front of it, the principle forms that there are to decrease the damage and injuries caused by diseases is clinical evaluation adequate for the screening and early treatment (Ali *et al*., 2013).

The realization of early diagnostic , associated to treatment, pharmacological, therapeutic and family support, are able to promote a better control of the disease, and to prevent major repercussions in the life of this woman (Hartley *et al*., 2015). However, the PPD diagnosis is very difficult (Drake *et al*. 2012), because there isn't consensus about the etiology or treatment of disease.

On clinical practice although there many tools able to realize the detection of postpartum depression, in Brazil due to ignorance of some health professionals about the use of scales to depression, by its size or time to be complete it tend to be little used, being restricted scientific research (Figueira *et al*., 2009). In primary attention the qualified hearing by nurse or other health professional during the puerperal consultation, is the most importance, because in this moment that is collected informations that will to identify if the woman present a clinical situation stable, behavior changes (Figueira *et al*., 2009). This proximity may enable the use of specifics scales to PPD that could help on diagnosis of disease through the symptoms identification.

Nowadays there are many scales to screening of depression validated to Portuguese, however, the evaluated of symptoms depend of category of symptoms elected on tool. For example, social behavior (apathy, withdrawal), somatic symptoms (changes in sleep, appetite and weight), motor signs (inhibition, restlessness), mood (sadness, crying spells or laughter), cognitive (ideation of guilt and suicide), irritability (hostility, self-harm) and anxiety (psychic, phobic, somatic). This categories aren't presented all in a only scale, consequently the researcher must choose the category that are important and what scale is the best to the search (Yawn *et al*., 2012).

Studies realized to screening of postpartum depression have been used the followings scales: *Edinburgh Depression Postpartum Scale* (EDPS), *Self-Report Questinnaire 20* (SRQ-20), *Postpartum Depression Screening Scale* (PDSS) and Aga Khan University Anxiety and depression Scale (AKUADS) *Hopkins Symptom Check List* (SCL-25), this scales have different category of symptoms and numbers of questions (Zhao *et al*., 2015; Takahashi and Tamakoshi 2014). Considered the high prevalence of PPD and the relevance of early diagnosis of PPS, the objective of this study was to systematic review aims to identify scientific publications addressing the use screening scales Postpartum Depression (PPD) applied until sixth month after postpartum in mothers over 15 years.

MATERIALS AND METHODS

This is an exploratory systematic review study performed through critical analysis of articles. A planned thorough review aims to summarize the original research highlighting its relevant issues. It uses a clear method to identify, select and describe the studies quality, data collection and analysis (Mendes, Karina dal Sasso, Renata Cristina de Campos Pereira, and Galvão 2008).

To start the study, the following guiding question was made: "What has scientific literature presented on the Postpartum depression screening scales?"

The search and selection of open-access indexed scientific articles were conducted in national and international databases, as follows: PubMed (Public Medline), LILACS (Latina-American and Caribean System on Health Sciences Information) and MEDLINE (Medical Literature Analysis and Retrieval System Online). The search was focused on articles published in January 2008 till the final search that was conducted on December 2014.

Guidelines Systematic Review

Assessment of the scientific articles it was used PRISMA guidelines for methodology (Moher D, Liberati A, Tetzlaff J 2009). PRISMA is the often used methodology in systematic reviews for enhancing the clarity the quality of the systematic review (Fleming, Koletsi, and Pandis 2014).

Identification and Screening

To select the articles, inclusion and exclusion criteria were established and a thorough analysis of the articles quality was performed to ensure the reliability of selected literature, thus allowing increasing the study accuracy.

Eligibility

The following Descriptors Health Sciences (DeCS) and Medical Subject Headings (MeSH) descriptors were established to check the quality of scientific publications. As a strategy to gather the articles, the first descriptor was crossed with the second, and subsequently, the descriptors mentioned earlier were crossed with the third. The selected articles were analyzed by two reviewers who judiciously and independently read the resume/ resumen/abstract of the relevant materials in order to identify articles fulfilling the inclusion criteria established for this review. Table 1 provides an overview of the literature search.

RESULTS

With respect to selected articles, the articles were identified at the first crossing, with 04 in LILACS, 30 in MEDLINE and 28 in PubMed.

Table 1. Type styles Literature search

Literature search	Selection for inclusion based on title
PubMed, Lilasc and Medline Search criteria •Articles published 2009 till December 2014 • English language. •MeSH terms and DeCS: Postpartum Depression, Brief psychiatric rating scale, Maternal Depression Selection for inclusion based on abstract and eligibility phase Inclusion: •Explanatory articles for the relationship between postpartum depression and screening scales in puerperal. •Available online for free and full texts. •Focused on the study object.	Postpartum depression major area of interest + keyword •Obstetrical nursing •Screening •Common mental disorders •Puerperal Exclusion: • Describing only concept of postpartum depression. • Opinion articles, Letter to editor, Dissertations and Theses.

Thus, a total of 55 articles were identified. All articles that didn't address the proposed theme, whose full version was not available and that were repeated in more than one database were excluded from this review n = 46, thereby forming a sample of (n = 09) articles. The articles selection flow is shown in Figure 1.

With regard to characterization of selected articles, Chart 1 shows the study distribution by authors, objectives, data collection techniques, final considerations, and journal identification. Overall, it should be noted that the publications that address the use screening scales Postpartum Depression found in public health journal (44,4%), followed by mental health journal (66,6%). Selected articles showed that researches with this theme were mostly conducted in United States (33.3%).

The screening scales used on studies were applied on mother by health professionals. The relationship to professional contact with patient varied among the studies, however, the most held the interview during the puerperal consultation or home visit. The period of evaluate on immediate postpartum period occurred among 01 day and 6 months postpartum, some test studies and retest that most times was realized after the intervention.

The Table 2 feature the scale used in each study to screening of depression with respective psychometric properties and results found. The PPD prevalence varied of 5,4% to 40%. On studies that realized one more of evaluation, was different on prevalence of first and second evaluate, ranging of 23,4% on first evaluation to 15,6% on second evaluation.

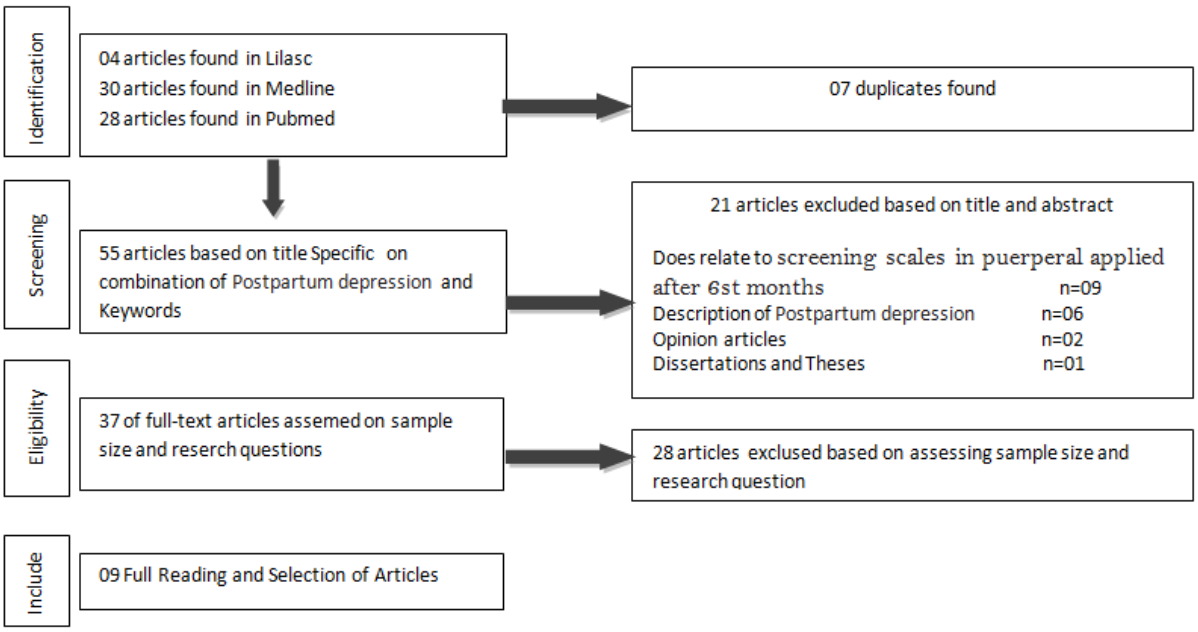

Figure 1. Flow diagram of article selection for analysis

In relation to data collection, one can still observe that 80.1% of the articles used two and three different screening scales to obtain the necessary information. Table 2 provides an overview of the main outcomes per included study.

This analysis was possible identify other aspects in relation to specimen, as obstetrics information and socioeconomics data (type of partum, age, civil state, among others). This factor is submitted as risks factors to developing of PPD in many studies performed earlier.

Table 1. Characterization of selected articles for analysis

Reference	Main outcome	Design	Postpartum	Participants	Country
(Sadat *et al*. 2014)	The findings demonstrated that postpartum depression leads to a lower life quality at second and fourth months postpartum. Integration of PPD screening into routine postnatal care is recommended.	Prospective study	2nd months Re-teste 4th months	321 300	Canada
(Figueira *et al*. 2009)	The psychometric properties of the Scale characterize it as a good screening tool for postpartum depression and its disseminated use in National Health System could have positive impacts, with a signify can't increase in the recognition, diagnosis and treatment of postpartum depression	Transversal	1st-3nd months	245	Brazil
(Hou *et al*., 2014)	CBT in combination with SFT can improve depression and sleep quality in patients with mild to moderate postpartum depression.	Prospective study	45 day	213	China
(Takahashi; tamakoshi 2014)	Is important to provide support for healthy women without delivery complications, both at home and in the community.	Longitudinal	4–5 day and 1st month	100	Japan
(Hartley *et al*., 2015)	These findings provide initial support for the 2-factor structure of the EPDS among Hispanic women in the United States.	Transversal	1st month	220	United States
(Sockol and Barber 2014)	Maternal attitudes predicted symptoms of depression and anxiety, and these attitudes had incremental predictive validity over general cognitive biases and interpersonal risk factors.	Transversal	1st month	211	United States
(Ali *et al*., 2013)	The postpartum anxiety and depression is associated with adverse outcomes regarding children's mental development on all sub-scales. The impact was accentuated by low family income or child's increasing age	Longitudinal	1st month	420	Pakistani
(Drake *et al*., 2012)	This method of online screening may become a viable and useful option to help meet those requirements as one part of a comprehensive screening, referral and treatment plan. It may also be possible to cluster additional screening, such as partner violence, parenting stress, or self-efficacy along with online PPD screening.	Exploratory study	1st day and 3st months	18	United States
(Leung *et al*., 2011)	The use of EPDS as the screening tool and the provision of follow-up care had resulted in an improvement in maternal mental health at 6 months	Prospective study	2st months and 6st months	462	China

Table 2. The scale used in each study to screening of depression with respective psychometric properties and results found

Reference	Screening	Ponto de Corte	Results
(Sadat *et al*., 2014)	EPDS	≥ 13	PPD 2nd months = 75 (23.4 %) PPD 4th months= 47 (15.6 %)
(Figueira *et al*., 2009)	EPDS	>10	PPD= 26,9%
(Hou *et al*., 2014)	EPDS	> 12	PPD before intervention=33,8% PPD after intervention= 28,9%
(Takahashi andTamakoshi 2014)	EPDS	≥9	PPD= 10%
(Hartley *et al*., 2015)	EPDS	≥ 13	PPD English =6.6 (5.1%) PPD Spanish=5.4 (4.8%)
(Sockol and Barber 2014)	EPDS	> 12	PPD
(Ali *et al*., 2013)	AKUADS	>16	PPD 1st months= 4.8% PPD 2nd months= 4.7%
(Drake *et al*., 2012)	EPDS	> 13	PPD=1%
(Leung *et al*., 2011)	EPDS	>10	PPD 2nd months= 29,6% PPD 6st months= 35%

Legend: PPD= Postpartum depression, AKUADS= Aga Khan University Anxiety and depression Scale; EPDS= Edinburgh Postnatal Depression Scale.

Related to partum type most realized was the vaginal partum, ranging of 60% to 80%, while the others were described as casarean partum. The primiparous predominate in almost all samples, ranging of 35% to 52%. Some studies feature the primiparous rate bigger than primigravidae due to abortions. On studies that exhibit this variable, the percentage varies of 2,9% to 50%, including historical of abortion in previous pregnancy and unsuccessful attempt during the pregnancy.

About the sociodemographic characteristics of sample this studies, the age average of patients varied of 15 to 40 years, predominantly with married woman (stable union and married), ranging of 52% to 90%. The degree of schooling was predominant secondary, ranging of 37% to 45%. The rest of samples including functional illiterates, primary education. The occupation most common was activities home's, and when engaged in a remunerated activity the income every exhibit the lower salary range.

DISCUSSION

The depressive symptoms of mother can aggravated due the physical conditions resulted of partum, historic obstetrics problem, fear for the health of the child or their own health, bad experience no postpartum, long wait to contact of mother with her baby, domestic violence, socioeconomic conditions, unwanted pregnancy, not live with your partner, previous depression historic (Ali *et al*., 2013, Sockola *et al*., 2012). The teenage pregnancy is seen as the factor aggravated to postpartum depression, as teenage well as pregnancy its seen as complex phases, if the instance is concomitant can bring

significant changes in the pregnant adolescent routine, be it in relation to the family, at school or with internal conflicts (Sockola *et al*., 2012). Front this situation is evident that the teenage depression becomes a critical moment, for immature effectively, leave early the studies; further to leave for second plan the friends and fun. The teenage is considered hard, to be the phase of physical and psychological changes, the pregnancy during this period can aggravated the emotional state of women leaving most vulnerable to PPD.

The anxiety although not be cited on most articles, also is considered as the worrying factor, because the its and depression normally walk together, there is some distress disproportionate in relation to the development and health of the baby, the mother think that will be unable to care of baby, this way just getting worse the depression (Hou *et al*., 2014). The anxiety is considered normal on pregnancy period if no exaggerated or persistent, otherwise it may be synonymous with depression and extend until the postpartum period.

Among all risks factors collaborate to postpartum depression, the lack of social support is that more influence, being considered the factor principle by authors. It is Understood as social support , the emotional and practice support of peoples nearest of women during the pregnancy and postpartum, offer companionship, affect and assistance of daily activities enabling best interaction of mother and child, doing love her, protected and valued (Karadağ *et al*., 2015)

The paternal role also is addressed on literature as the risk factor as well of protection to mental health women. The relation between the postpartum and difficult marital relationship have been widely studied. When the child born, because the more impact on life women's than the men, the lack of support, the women feel frustrated and evaluate negative form the companionship and her relationship with him, hurting the emotional state. The absence this support affect, often, on quality of care practice to baby and favors the developing of depression symptoms on mother (Sadat *et al*., 2014). Before the analysis of article, revealed that there aren't consent among the best period to apply the PPD scale in woman on postpartum, however, the scale most used in this period is EPDS with a specificity of 80% to confirmation of postpartum Depression cases. Various types of scales are found to screening of several sizes, that possibility the professionals choose the best to suit of situation.

A longitudinal study that aimed follow woman during the período till 6 months on postpartum, evidenced that the use to screening scale ensures the progressive monitoring of PPD situation and demonstrated that woman with diagnosis without stress symptoms were diagnosed with the disease postpartum (Ali *et al*., 2013; Takahashi ; Tamakoshi 2014). The most used scale on studies was the Edinburg Depression Postpartum Scale (EDPS), that is a tool for auto evaluation, able to diagnose and measure the intensity of depressive symptoms on postpartum, the scale have ten items with options of zero to three, the women choose the option that best expresses the way how you felt in the seven days preceding the application of the test, if the punctuation will bigger or equal to 12 the postpartum depression is confirmed (Yawn *et al*., 2012). The EDPS is used on several studies with differences points of cut, this variation depend of dimension samples and pathology prevalence's, this difference have the aim also to keep the balance among the value of sensibility and specifically, that it important points on evaluate with use of scales (Gibson *et al*., 2009). The wat to approach the pathology isn't unified, the diagnosis must be confirmed on base clinical evaluation only the application of screening scales, and the findings are worrisome once the suicide and infanticide are the most serious complications arising from puerperal disorders. The use to screening scale have been discussion in the literature, other types of scales are also used as a tool to detect symptoms of anxiety, stress and symptoms postpartum depression, among this we can cite the Edinburg Depression Postpartum Scale (EDPS) and Aga Khan University Anxiety and depression Scale (AKUADS).

The screening scales have sizes and questions diversified, and its utilization provides the diagnosis and treatment early, however, this instrument isn't seen as beneficial in the treatment routine being applied women. This conduct is related to unfamiliarity with use of scales, the size or the time required to fill them (Gibson *et al*., 2009). The postpartum depression is a disease of prevalence significant, demonstrate that this pathology can be considered a problem public health, for this reason is important that the health professional able to identify psychiatric disorder in pregnant and postpartum women, as well as the risk factors associated (Takahashi ; Tamakoshi 2014).

Maternal health should take care in public health , is important that the nurse, obtain clinicals and socioculturals information of woman, evaluating aspects with relation to means family of global form contribuing to emphat relationship, enabling a receptive listening to what woman can externalize their feelings of conflict, thus facilitating their evaluation (Drake *et al*., 2012). The prenatal consultation and puerperal are situations propitious for the Postpartum Depression diagnosis, in this sense the use of scale promotes the early detection.

Conclusion

The pathology is associated to biopsychosocial factors, the ones that stand out are the socioeconomic conditions, lack of social support, unintended pregnancy, young age, previous depression and obstetric problems, this factors can be identify both in prenatal consultation as puerperal consultation, through the qualified hearing. The late diagnosis can be associated to lack of knowledge with relation to pathology and its consequences part of familiars and of health professionals that confuse the PPD with the characteristic symptoms of postpartum period, often dealing with neglect and underestimate the suffering of women.

The screening scale to PPD presented can auxiliary to health professional on realization this diagnosis, however, the vast majority of the instruments isn't applied during medical routine hindering early screening, causing losses on relationship mother-baby and familiar. Observed the necessity of most knowledge by health professional about pathology, as well about instruments existing for the detection.

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