A Prospective Study
of

Socio-Demographic Analysis of Depression During Post-Partum period

Dissertation
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THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY

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the degree of

MS (OBSTETRICS & GYNAECOLOGY)

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CERTIFICATE

This is to certify that this dissertation in "**Socio-demographic analysis of depression during post-partum period**" is a bonafide work done by **Dr. J.Krithika Meenakshi** under my guidance during the period 2012 – 2015. This has been submitted in partial fulfillment of the award of **M.S.** Degree in **Obsetetrics & Gynaecology (Branch – II)** by the Tamilnadu Dr. M.G.R. Medical University, Chennai.

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DECLARATION

I, **Dr. J.Krithika Meenakshi,** solemnly declare that the dissertation titled **"Socio-demographic analysis of depression during post-partum period"** was done by me at The Government Rajaji Hospital, Madurai , during 2012-2015 under the guidance of my unit chief **Prof. T.UMA DEVI**

The dissertation is submitted in partial fulfillment of requirement for the award of M.S. Degree (Branch – II) in **Obsetetrics & Gynaecology** to **The Tamil Nadu Dr. M.G.R. Medical University.**

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INDEX

ABSTRACT & KEYWORDS

KEY WORDS:

Post-partum depression, Post-natal depression, Socio-demographic profile, incidence, prevention, early detection and management, cross-sectional study, Edinburgh Post-Natal Depression scale

ABSTRACT:

Non-psychotic post-partum depression is the most common complication of childbirth. Paucity of Indian literature regarding the incidence of depression necessitates this study. 400 consecutive patients admitted to the labour ward for delivery to the Government Rajaji Hospital included in the study. The various socio-demographic, obstetric and paediatric data collected and analysed using the Edinburgh Post-Natal depression scale questionnaire to identify for the presence of post-partum depression. The incidence of depression found to be about 10%, which consistent with literature from around the world. Women scoring >10 on the EDPS score were referred to the psychiatrist for confirmation of diagnosis and treatment. Various factors affecting the development of PPD were analysed and tests of statistical significance carried out and the results presented.

Introduction

INTRODUCTION

"Giving birth and being born brings us into the essence of creation, where the human spirit is courageous and bold and the body, a miracle of wisdom"

- Harriete Hartigan[1]

The confirmation of pregnancy is one of the most joyous days in the life of any woman. From the day she changes the way she sees the world as she prepares for the arrival of her little one.

The next few months are filled with words of advice and wisdom from friends, family and elders. As she enters the final days of her pregnancy, life becomes a state of cautious optimism, mixture of smile with breathlessness and pain with hope [2].

Delivery is the culmination of months of bearing with the pain. The little one in the hands is a sight to behold.

But things do not always go to script. The whole duration of pregnancy and delivery is a tight rope walk, fraught with dangers. What is seen a pleasure to many become a source of stress to a few. Here we encounter a group of disorders known as the psychiatric disorders of pregnancy.

Nested in this group of disorders are [3]

1. Antenatal depression

2. Psychiatric disorders of childbirth which includes

    a. Tocophobia

    b. Post-traumatic stress disorder

3. Post-partum psychiatric disorders which includes

    a. Post-partum blues

    b. Post-partum depression

    c. Post-partum psychosis

Post-partum Blues [4]:

Post-partum blues are the most common disturbances in mood occurring in between 30-75% of post-partum women [5, 6 and 7]. They are defined as a transient depression occurring in mothers usually in the first week after delivery [8, 9, 10 and 11]. This syndrome is associated with the following symptom constellation

1. Fatigue,

2. irritability

3. sporadic, often inexplicable crying

4. sadness

5. mild confusion

6. Insomnia.

7. Anxiety

They last for a very short period of time and are usually self-limiting, hence they generally do not require any psychiatric treatment [12]. The peak incidence is usually observed during the 5th day after child birth following which regression occurs [13]. However persistent post-partum blues may lead on to the development of post-partum depression [14]

Post-partum psychosis [15]

Post-partum psychosis is a severe illness affecting 1-2 mothers per 1000 childbirths, comprising of the following symptoms

1. Confusion

2. Hallucinations

3. Delusions

4. Very high possibility of harming the child

Hence there is a high rate of psychiatric hospitalization of women suffering from this disorder [16]

Post-partum depression:

Between these two extremes, lies post-partum depression. Postpartum depression (PPD) is an illness which is intense and

pervasive with mood swings which are labile and severe and is more persistent and serious than postpartum blues [17].

Post-partum depression is usually associated with the following symptoms

1. Excessive fatigue

2. Loss of pleasurable feelings – anhedonia

3. Alteration in eating and sleep patterns including insomnia

4. Anxiety

5. Irritability

6. Crying episodes

Common stressors in the post-partum period include

1. Poor socio-economic status

2. Domestic violence

3. Lack of social support

4. Anxiety because of lack of adequate knowledge regarding the stresses of child-birth, initiation of breast-feeding and child rearing.

The impact of post-partum depression is higher than other forms of depression because the needs of the baby are exquisitely dependant on the mother and also the husband [18].

Post-partum depression is slowly starting to get the recognition it deserves. DSM- TR –IV includes a post-partum onset specifier, which occurs when the depression has an onset within 4 weeks of birth of the child.

Women who suffer from post-partum depression are far more likely to experience depressive episodes in the future and represent a period of vulnerability. Such mothers also display fewer positive emotions and respond lesser to infant cues, may even progress to the extent of harming the child

The other side of the coin is the fact that women do not report depressive symptoms because of the presence of social pressures. That puts the onus on the health care providers to identify the possible factors predisposing to the development of post-partum depression, which will enable the prevention of development of post-partum depression. Also they go a long way in early diagnosis and treatment which reduces the development of long-term complication [19, 20 and 21]

Aim

AIMS & OBJECTIVES

The aims of this study include:

1. To determine the incidence of depression during post-partum period

2. To identify the various socio-demographic and medical factors associated with the development of post-partum depression

3. To study the correlation between high-risk pregnancy and psychiatric outcomes

4. To develop strategies for the prevention of post-partum depression and to provide maximal support to women during the post-partum period.

History

HISTORY OF DEPRESSION

ANCIENT GREECE AND ROME:

People in ancient Greece believed that all diseases were caused due to a loss balance in the four basic bodily fluids, which they called "humours". They also believed that the dominant humour determined a person's personality. Melancholia (Melas = black, khole' = bile) [22] was considering to be a separate disease entity with classical symptoms in "Aphorisms" by Hippocrates, in which despondencies and fears lasting for a prolonged duration where considered to be characteristic of the disease [23]

Hippocrates also made the earliest clinical description of Post-partum mental illness in the 5th century BC, when in the "Third Book of Epidemics" [24], he describes the case of a woman, after giving birth to twins, developed severe insomnia and restlessness of the 6th post-partum day, developed delirium on the 11th day and slipped into a coma and died on the 17th day. Hippocrates offered the following hypothesis regarding the development of postpartum mental illness:

1. Agitation mania and delirium were caused by suppression of lochial discharge.

2. Madness was caused by the blood getting collected in the breasts of a woman

These hypotheses were became dogma and were accepted for more than 2000 years.

Aretaeus of Cappadocia noted that depressive patients were "dull or stern; dejected or unreasonably torpid, without any manifest cause" [25].

The humoral theory was soon discarded but was later revived by Galen in Rome. Melancholia was considered to be a far broader concept than current day depression and importance was given to a symptom cluster consisting of despondency, sadness, and dejection, often mixed with delusions, obsessions, anger and fear[26]

MEDIEVAL PERIOD

Avicenna of Persia in the 11th century described melancholia as a type of depressive mood disorder, as a condition in which a patient may develop phobia and became unduly suspicious [27]

In regions of medieval Europe following Christianity, moral and spiritual theories were prevalent. Acedia also called sloth (absence of caring) involved lethargy and low spirits typically linked with isolation [28]

17th – 19th CENTURY

The most important scholarly work of the 17th century on depression was by Robert Burton called the '*Anatomy of Melancholy*'. According to the author the disease could be prevented with sufficient sleep, a healthy diet, music and talking about the problem with a friend [29].

In the 18th century, mechanical and electrical explanations were favoured to melancholia. Ideas of slowed circulation and depletion of energy replaced gloomy and dark state [30].

The word "depression" (derived from Latin: *deprimere* = "to press down") [31]. Richard Baker used it in 1665 in his Chronicle in referring to somebody have "a great depression of spirit". Samuel Johnson used it in a similar vein in 1753[32].

French psychiatrist Louis Delasiauve used depression in reference to a psychiatric symptom for the first time in, began appearing in the dictionaries referring to a physiological lowering of emotional function [33] Melancholia had been used in conjunction with learned and intellectual mean since Aristotle, in the context of creativity and deep contemplation. However these concepts were abandoned by the new concept and was used more in reference to women. The newer concept

abandoned these associations and, through the 19th century, became more associated with women. [26]

In the 19th century, interest in the psychiatric problems in the post-partum women were revived. Esquirol [34] noted that post-partum psychiatric problems occurred in a variety of syndromes and suggest a few causal factors:

a) Heredity

b) Extreme susceptibility

c) Previous attacks after child birth

d) Emotional instability

e) Traumatic events.

He suggested purgative, tepid bath and nursing as the possible treatment methods.

Esquirol also observed that

a) Incidence of psychiatric illnesses following the birth of a child was much higher than statistics derived from psychiatric hospitals

b) A large number of cases of mild to moderate severity, which were taken care of at home were never recorded

In the early part of the 19th century, psychiatric problems following

child birth were divided into "Puerperal" (which occurred within 6 weeks) and lactational (which occurred after 6 weeks) [35]

The person who is recognized to have made the maximum contribution to the development of literature regarding psychiatric problems and childbearing was a French physiatrist Louis-Victor Marcé, via his monograph *"Traité de la folie des femmes enceintes, des nouvelles accouchées et des nourrices, et considérations médico-légales qui se rattachent à ce sujet" (Treatise on the madness of pregnant women, etc.)[36]*.

20th and 21st centuries

The 20th century saw the development of various models of depression [37]

Proponents (Year)a	Model	Mechanism	Scientific and Clinical Implications
Karl Abraham (1911)	Aggression turned inward	Transduction of aggressive instinct into depressive affect	Hydraulic mind closed to external influences; nontestable
Sigmund Freud (1917) John Bowlby (1960)	Object loss	Disruption of an attachment bond	Ego-psychological; open system; testable
Edward Bibring (1953)	Self-esteem	Helplessness in attaining goals of ego ideal	Ego-psychological; open system; social and cultural ramifications

Aaron Beck (1967)	Cognitive	Negative cognitive schemata as intermediary between remote and proximate causes	Ego-psychological; open system; testable; predicts phenomenology; suggests treatment
Martin Seligman (1975)	Learned helplessness	Belief that one's responses will not bring relief from undesirable events	Testable; predicts phenomenology; predicts treatment
Peter Lewinsohn (1974)	Reinforcement	Low rate of reinforcement, or reinforcement presented noncontingently; social deficits might preclude responding to potentially rewarding events	Testable; predicts phenomenology; predicts treatment
Joseph Schildkraut (1965) William Bunney and John Davis (1965) Alec Coppen (1968) I. P. Lapin and G. F. Oxenkrug (1969) David Janowsky et al. (1972) Arthur Prange et al. (1974) Larry Siever and	Biogenic amine (neurochemical)	Impairment or dysregulation of aminergic transmission	Testable; reductionistic; explains phenomenology and opposite episodes; suggests treatment
Bernard Carroll et al. (1981)		Impaired glucocorticoid and mineralocorticoid receptors (neuroendocrine)	Testable; reductionistic; explains phenomenology; explains anxious comorbidity; suggests treatment
Alec Coppen and D. M. Shaw (1963) Peter Whybrow and Joseph Mendels (1968) Robert Post (1990)	Neurophysiological	Electrophysiological disturbances leading to neuronal hyperexcitability and/or kindling	Testable; reductionistic; explains phenomenology and recurrence; suggests treatment
Hagop Akiskal and William McKinney (1973) Frederick Goodwin and Kay Jamison (1990)	Final common pathway	Stress-diathesis interaction converging on midbrain mechanisms of reward and biological rhythms	Testable; integrative, psychobiological; pluralistic; explains phenomenology; suggests treatment

The Diagnostic and Statistical Manual of Mental Disorders (DSM – I) was first published by the American Psychiatric Association in 1952, which was followed by the DSM- II in 1968. DSM – I referred to a "depressive reaction" while the DSM – II called it "depressive neurosis".

DSM – TR – IV, which was released in the year 2000, followed a categorical classification system and mental disorders were divided into Axis 1 to 5(each a specific dimension) and depression came under Axis I [70]

Axis I: All psychological diagnostic categories except mental retardation and personality disorder

Axis II: Personality disorders and mental retardation

Axis III: General medical condition; acute medical conditions and physical disorders

Axis IV: Psychosocial and environmental factors contributing to the disorder

Axis V: Global Assessment of Functioning or Children's Global Assessment Scale for children and teens under the age of 18

Review of Literature

REVIEW OF LITERATURE

Reviewing the literature is a fundamental step in any research. This refers to a systematic and exhaustive study of published materials to the specific topic under consideration. Reviewing literature justifies the need for the present study, finds lacunae existing in the present knowledge, the various theories that have been put forward earlier and identifies the pertinent questions that need to be posed.

This section deals with the studies relevant to the topic in question viz. post-partum depression

Chabrol H conducted a study on the prevention and treatment of Post-Natal Depression at the University of Toulouse. He critically reviewed pharmacological, psychosocial and psychological approaches to preventing and treating PND including the effects of PND on the long term development of the child [38]

Marie-Paule Austin et al studied the relationship between anxiety during pregnancy and PPD and concluded that lower self-esteem and maternal income were important risk factors in the development of post-partum depression [39]

Josefsson et al studied the effect of temperament and character of women and post-partum depression. His study found that higher

avoidance of harm and low self -directedness were important risk factors in stressful situations such as childbirth [40]

Rojas et al characterized the relationship between quality of life and post-partum depression and found mild to moderate depression and that there was a significant impairment in the activities of daily living. [41]

Ueda M et al explored the concept of mental health of the mother and infant and demonstrated a significant impact post-natal depression. He also emphasized the need for identifying and developing screening methodologies in the early identification of post-natal depression. [42]

Park YJ et al studied the predictors of PPD and identified stress of child care and family support as the significant predictors. He also used the fitness model for explaining PPD based on 6 variables, child care stress, quality of married life, pregnancy planning, support from family, self-esteem and perceived social support. [43]

Wewerinke A et al studied the psychiatric disorders in pregnant and puerperal women. He identified that depression was the most common psychiatric disorder. He also identified that a relationship exists between depression and obstetric complications. He stressed the need for identification of depression in the pre-pregnant period. He identified that PIH, Emergency section, unwanted pregnancy and early discharge from the hospital as the major obstetric problems leading to depression. [44]

Logsdon et al studied the effect of social support on PPD and concluded that low self-esteem and improved social support resulted in lower incidence of post-partum depression. [45]

Owoeye et al studied the risk factors associated with PPD and the EDPS scores of Nigerian women. He found that the risk factors for the development of post-partum depression were predominantly psychosocial factors such as marital conflict, unemployment and unwanted pregnancy. He also outlined the steps needed to be taken to minimize the incidence of PPD such as provision of better and cheaper health care and improving the general socio-economic situation in the country. [46]

Mallikarjun & Oyebode described the prevention of PND. He identified that many of the risk factors that lead to the development of PND were usually present during the peril-partum period such as antenatal depression/anxiety, past history of depressive episodes, lack of social support and marital discontent. [47]

Boyce and Hickey identified the psychosocial factors associated with major depression. The following factors were identified as being predisposing to the development of PPD [48]

    i. Age < 16 years

    ii. Marital discord

    iii. Decreased social support

iv. Previous psychiatric problems

v. Vulnerable personality

vi. Multiple life events

vii. Undesired baby

Holden et al studied the effect of counselling on PND and documented the valuable contribution made by health care visitors in managing PND [49]

Armstrong & Small rued the fact that Screening for post-natal depression was not an easy task. Universal screening for PND was not recommended and more evidence was needed regarding the fact that screening was definitely beneficial. [50]

Faisal Cury et al studied the prevalence of PPD and plotted the relationship of PPD and life events and coping patterns and concluded that a definite relationship did not exist between the two variables. [51]

Bloch et al studied the risk factors for early PPD in Israeli women and identified that a depressive history was a significant risk factor along with hormone related aetiology. [52]

Katherine Green et al studied the social and pyscho-cultural factors among mothers with PND in the United Arab Emirates. They concluded that older age at marriage, not breast-feeding, first child, poor relationship with mother in law and poor self-image are significantly associated with depression. [53]

Innadi et al identified economic status, support structure, planning of pregnancy, antenatal complications and psychiatric problems as the factors that caused an increase in incidence of PPD [54]

Hall et al studied the effect of various stress factors and social resources on post-partum mothers suffering from depression and suggested interventions to decrease the effective stressors decreased the incidence of depression. [55]

Rodrigues et al emphasized the lack of qualitative studies on PND in non-western societies. They provided construct validity for PND. [56]

Goyal et al studied the incidence of PPD in migrant Indian women and concluded that the rates of PPD were similar to American white women and the fact that about 50% of the disease remained undetected. [57]

Signe Dørheim Ho-Yen et al studied the factors associated with PPD amongst Nepali women and concluded that arranged marriages, staying in mother's home after childbirth were protective. However multiparous women, stressful events in life, smoking and ante-natal depression were associated with increasing incidence of PPD. [58]

Seceo et al studied the factors associated with PPD in adolescent mothers and noted that infant care and socioeconomic status had a strong positive predictive value. Support structure did not significantly affect the development of depression. [59]

Blackmore et al developed a new tool called Antenatal psychosocial health assessment tool (abbreviated to ALPHA) and conducted a randomized control trial to test the use of ALPHA in detecting psycho-social risk factors for the development of PPD. They concluded that ALPHA was a good tool to identify risk factors but did not fare well at identifying depressive symptomatology and that better options were required for better identification. [60]

Ross et al conducted a meta-analysis of socio-demographic characteristics in studies assessing the risk factors, preventive modalities and treatment of postpartum depression. He concluded

that in the existing studies the socio-demographic factors did not correlate significantly with the development of Post-partum depression. He also opined that improvements in the reporting of the socio-demographic profile was required and the studies should also be conducted in populations hitherto unreached. [61]

Adewuya et al studied the socio-demographic and obstetric risk factors in the development of PPD amongst Nigerian women. They identified female baby, pre-term delivery, admission into hospital in the ante-natal period, single mother, LSCS as being strong predictors for the development of Post-partum depression. They concluded that although the PPD prevalence was comparable to the western population, the risk factors were different in each society and local approaches were needed before planning strategies to prevent the development of PPD amongst women. [62]

Beck & Indman studied the many faces of PPD. Anxiety, confusion and emotional lability were the most common "faces" of PPD and that post-partum depression screening scale (PDSS) provided a good test to identify post-partum depression. [63]

Chen CM et al conducted a study amongst Taiwanese women comparing their lifestyle and support structure to the development of Post-partum depression. They concluded that PPD

was related to nutritional status, stress levels and their management, inter-personal relationships and self-actualization. [64]

Harvey ST et al analysed the women who were referred to psychiatric consultation services based on the Edinburgh post-natal depression scale and concluded the EDPS scale was a useful tool for screening women and emphasized the need for psychiatric assessment through interviews before the scores can be interpreted to be significant for relevant syndromes clinically. [65]

Sibel Ayvaz et al studied the risk factors associated leading to PPD in the Trabzon province of Turkey and History of PPD in earlier pregnancy, a high Beck anxiety inventory score and a general health inventory score of more than 5 during pregnancy were found to be strongly related to the development of post-partum depression. [66]

Azidah et al compared the social and cultural practices amongst post-partum women in Kelantan province in Malaysia and the development of Post-partum depression. They identified peri-partum depressive symptoms, anxiety related to the baby and the use of various traditional medications and traditional massaging systems as being significantly related to the development of post-partum depression. [67]

Patel et al conducted a cohort study on the effect of post-natal depression on the growth and development of the infants from Goa. They suggested that PND had a strong and independent predictive value for the babies to be low-birth weight and that the scores for mental development quotient were adversely affect because of PND. This was the first study to provide conclusive evidence that PND, which is a potentially treatable condition, caused poor growth and development of babies in South Asia. [68]

Heh et al studied the relationship between women "doing the month" and the development of post-partum depression in Taiwan. They identified that incidence of depression was less when the women stayed in their maternal homes and were taken care of by their mothers. The support structure was also inversely proportional to the amount of depressive symptoms experienced by the women. The influence of in-laws was also found to be inversely proportional to the development of PPD. They concluded that the East Asian culture of "doing the month" was beneficial in decreasing the incidence of PPD. [69]

Thus the review of literature clearly delineates a role for the conducting the study in South Indian population where there is a paucity of data. Thus the socio-demographic variables influencing

the development of post-partum depression are identified in this

study.

The disease

POST-PARTUM DEPRESSION – THE DISEASE

This section deals with the disease in question – post-partum depression. A short description of the pathophysiology, prevention, diagnosis and management of post-partum depression is entailed.

ETIOPATHOGENESIS:

Multifactorial Causation model:

It is too simplistic to consider that a single etiological agent leads to the development of depression. It is currently believed that a variety of factors precipitate the development of depression in a genetically susceptible person [71]. The following factors are considered to be significant in the development of PPD.

Biological Factors:

The rapid fall in the reproductive hormone levels that occur after delivery is considered as a potential reason for the development of PPD [72].Estrogen and progesterone levels return to the pre-pregnant state within 3 days. Lactation is initiated when prolactin, which was blocked by estrogen during pregnancy is no longer present. Oxytocin production is stimulated by suckling. Cyclical androgen variation is absent in both pregnancy and lactation. Corticosteroids return to the baseline 4 hours after labour and thyroxin levels return to the baseline in approximately 1

month [73]. The withdrawal of the reproductive hormones could trigger PPD.

Obstetric Factors:

Obstetric factors implicated in the development of PPD include antenatal complications such as PIH, hyperemesis gravidarum and intra-partum complications such as preterm labour, intra-partum hemorrhage, emergency LSCS and assisted delivery [74].

Unwanted pregnancy:

Unwanted pregnancy is considered a risk factor for PPD. However this does not automatically mean the woman dislikes the fetus but considers only the circumstances that lead to the pregnancy. [75]

Breast feeding:

The association between breast feeding and PPD is equivocal and maybe affected by confounding variables such as preference, social customs etc. [76]

Clinical Factors:

Clinical features refer to variables such as previous psychiatric symptoms, family history of psychiatric disorders and affective disorders during pregnancy.

Previous Depressive Episodes:

Previous episodes are strong predictor of the development of future episodes of depression [77,111].

Family History of Depression:

Establishing a family history of depression is difficult because of the taboo associated with the disclosure of depression to the members of the family. Hence the casual association is difficult to prove. [74]

Mood during Pregnancy:

Mood during pregnancy is a strong predictor of the development of PPD. [74]

Psychological Factors:

Neurotic personality:

Neurotic personality is associated with a higher rates of development of PPD. [74]

Cognitive attributional style [78]:

Negative cognitive attributional style was a significant predictor of the development of PPD.

Social Factors:

Life Events:

There is an established link between the onset on depression and

the significant events in life. [79] Death of a near one, divorce, breakup, loss of a job and moving to a new town may all lead to stressful experiences and the onset of depression even in previously normal individuals.

Pregnancy and birth of a child are stressful events in their own rights. But there are multiple stressful factors that add to the problem may lead on to the development of post-partum depression. [80]

One of the potential pitfalls in identifying stressful life events as the cause of PPD is the presence of recall bias. People tend to recall stressful life events with greater accuracy once the diagnosis is made. This problem is reduced in prospective studies when the confounding factors are removed.

Social Support:

A good support structure protects against the development of PPD [81]. Support can be in the form of husband, friends and relatives. Social support is of the following types [79, 82, 83and 84]

  i)   Emotional support - caring

  ii)   Information support – guidance and advice

  iii)   Instrumental support – Material assistance

  iv)   Perceived support – A belief that people around them will provide the necessary support when needed

  v)   Received support – Support that is obtained directly by

asking.

Childbearing - Psychosocial Aspects:

The mother's psychosocial outlook is completely changed with the arrival of the baby. The family system needs a complete overhaul and a huge share of the work falls on the mother. This also means decreased time for the husband and a strain in the relationship. All these factors may push the mother into developing PPD. [73]

Socio-economic Status:

Socio-economic status is cited as a cause for the development of PPD. Lower socio-economic status is innately linked to lesser specialist employment and lower educational levels which act as predisposing factors [85, 86 and 87]

Child factors:

Factors related to the infant are not consistently associated with the development of PPD due to the recall bias present [88].

Beck's Hypothesis [99]:

Beck hypothesized that the following factors were responsible for PPD development

1. Incongruity between expectations and reality of motherhood

2. Spiraling downward

3. Pervasive loss

4. Making gains.

Summarizing the factors associated with Post-partum depression

Strong to Moderate

        Depression during pregnancy

        Anxiety during pregnancy

        Stressful recent life events

        Lack of social support (either perceived or received)

        Previous history of depression

Moderate

        High levels of childcare stress

        Low self-esteem

        Neuroticism

        Difficult infant temperament

Small

        Obstetric and pregnancy complications

        Cognitive attributions

        Quality of relationship with partner assessed using DYAS.

        Socioeconomic status

No effect

        Ethnicity

        Maternal age Level of education Parity

        Gender of child (within Western societies)

DETECTION OF POST-PARTUM DEPRESSION:

Non-psychotic depression in the post-partum period is the most common complication of childbirth affecting at least 10-15% of the women. The major problem is under reporting of the disease burden both from the side of the patient and under diagnosis because the health care provider is not adequately sensitized to refer the patient for specialist consultation. Because of the silent nature of the disease, a heavy emphasis needs to be laid not only on the early detection of the problem and instituting appropriate treatment but also screening post-partum women who are at risk for the development of depression.

Questions a screening program needs to answer:

1. Are the screening program requirements (i.e., time and cost) appropriate for the community?

2. Are other equally worthy procedures and efforts being given equivalent consideration or are existing resources being redirected unnecessarily?

3. Does the procedure create new medical risks and how are these assessed in relation to the procedure?

4. Does the procedure place additional strain on health care resources in a disproportionate manner to the magnitude of the health problem being studied?

5. What are the limitations of using screening assessments as a widespread diagnostic tool in relation to other diagnostic approaches?

6. Are there specific ethical or moral issues raised by the screening program?

7. How will the objectives of the screening program be communicated to the various target populations at risk?

DSM – TR – IV [70] criteria for the detection of Major depressive disorder

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions of hallucinations.

- Depressed mood most of the day, nearly every day, as indicated by
- either subjective report (e.g. feels sad or empty) or observation made by others (e.g. appears tearful)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
- Significant weight loss when not dieting or weight gain (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal
- ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- The symptoms do not meet criteria for a Mixed Episode
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

- The symptoms do not meet criteria for a Mixed Episode
- The symptoms are not better accounted for by Bereavement, i.e. after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms or psychomotor retardation.
- Postpartum onset specifier: Onset of episode within 4 weeks postpartum

Measures used to detect post-partum depression:

The following categories of tests are used to detect post-partum depression

1. **Standardized Interviews:** These are based on stringent guidelines and are used usually for research based purposes, by clinicians and researchers well versed with ICD and DSM systems. They are time consuming and expensive to conduct.

The following standardized interview techniques may be used

i) Schedule of Affective Disorders and Schizophrenia (SADS).

ii) Structured Clinical Interview for DSM disorders (SCID).

iii) Standard Psychiatric Interview (SPI)

iv) Present State Examination (PSE)

2. **Clinician Rated Scales**: These measures are used by clinicians to assess the symptoms of depression and to monitor the response to treatment. They provide the details regarding the severity and duration and to confirm the clinical diagnosis. They are not suitable to be used as a screening tool for the general population. The commonly used clinician rating scales are

i) Hamilton Rating Scale for Depression

ii) Montgomery- Asberg Depression Rating Scale

3. **<u>Self-Report Questionnaires:</u>** These questionnaires can be used to assess the symptomatology of depression. They consists of patients being ask to rate the severity and frequency of depressive symptoms. They can be used for screening the general public for depression. However they cannot be used as diagnostic tests and patients need to be referred to a specialist for more in-depth analysis before the diagnosis is confirmed and treatment commenced. Examples of self-report questionnaires include

i Edinburgh Postnatal Depression Scale (EPDS)

ii Beck Depression Inventory (BDI)

iii Center for Epidemiological Studies Depression Scale (CES-D)

iv Depression Adjective Checklist (DACL)

v General Health Questionnaire (GHQ)

vi Hospital Anxiety and Depression Scale (HADS)

vii Profile of Mood States (POMS)

viii Pitt Depression Scale

ix Postpartum Depression Screening Scale (PDSS)

x. Zung Self-Rating Depression Scale (ZSDS)

A range of potential strategies exist in relation to screening results and include

(1) Simple feedback of scores obtained from screening measures

(2) Feedback provided by a health professional who has received postpartum depression training

(3) Feedback that can incorporate standard or individualized treatment advice, and

(4) Integrated recognition and management approaches that rely on multiple system supports within the clinical setting to assure prompt, coordinated follow-up.

TREATMENT:

Various options available for the treatment of post-partum depression include

Pharmacological Interventions

Antidepressant Medication:

Tricyclic Antidepressant (TCAs):

1. Amitriptyline

2. Clomipramine

3. Desipramine

4. Doxepin

5. Imipramine

6. Nortryptiline

7. Protriptyline

8. Trimipramine

Selective Serotonin Reuptake Inhibitors (SSRIs):

1. Citalopram

2. Fluoxetine

3. Fluvoxamine

4. Paroxetine

5. Sertraline

Monoamine Oxidase Inhibitors (MAOIs):

1. Moclobemide

2. Phenelzine

3. Tranylcypomine

4. Terbutaline

Others:

1. Amoxapine

2. Bupropion

3. Maprotiline

4. Mirtazapine

5. Nefazodone

6. Trazodone

7. Venlafaxine

<u>Psychological Interventions:</u>

1. Interpersonal Psychotherapy

2. Cognitive Behavioural Therapy

<u>Psychosocial Interventions:</u>

1. Peer support

2. Partner support

3. Non-directive counselling

<u>Hormonal Manipulations</u>

1. Estrogen therapy

2. Progrestrone

<u>Other interventions:</u>

1. Relaxation/Massage Therapy

2. Bright light therapy

3. Maternal and infant sleep interventions

4. Electro-convulsive therapy (ECT)

<u>PREVENTION OF POST-PARTUM DEPRESSION:</u>

The potential benefits of screening and preventing/treating postpartum depression include [101]

1) reduced maternal and infant morbidity,

2) Enhanced quality-of-life functioning, and

3) Improved child health outcomes;

4) It may also decrease health service utilization.

The potential harms of screening include [102,103,104]

(1) False positive results

(2) Adverse effects of treatment

(3) Negative effects and cost of treatments for women who are incorrectly identified as being depressed, and

(4) Potential labelling and stigmatization; there is also the question of resource implications after defining a large proportion of women as 'at-risk

Preventive interventions incorporate any strategy that

(1) Reduces the likelihood of a disease/condition affecting an individual (*primary prevention*)

(2) Interrupts or slows the progress of a disease/condition through early detection and treatment (*secondary prevention*), or

(3) Slows the progress of a disease/condition and reduces resultant disability through treatment of established disease (*tertiary prevention*)

Establishing a base occurrence rate, recognizing that not all women with identified risk factors will develop postpartum depression [105].

- Determining the predictive accuracy of screening procedures such that vulnerable women are specifically identified.
- Being cognizant that screening procedures will exclude some women who will later develop postpartum depression.

- Assessing outcomes with regular monitoring and follow-up that includes a wide range of outcomes not just preventing the onset of postpartum depression.
- Recognizing that intervention non-compliance and participant attrition are major problems and that those who decline enrolment or withdraw from involvement may be those at greatest risk.
- Devising interventions that are brief enough to be acceptable, long enough to achieve lasting benefits, intensive enough to have an effect, user friendly, and not too expensive.

MODALITIES FOR PREVENTION OF POST-PARTUM DEPRESSION:

Psychological Interventions:

1. Interpersonal Psychotherapy
2. Cognitive Behavioural Therapy
3. Psychological debriefing

Psycho-social Interventions:

1. Antenatal and Postnatal Classes
2. Intrapartum Support
3. Supportive interactions

Quality improvement interventions:

1. Continuity of care

2. Early post-partum follow-up

3. Home follow-up

4. Flexible post-partum care

Hormonal interventions:

1. Estrogen therapy

2. Progestrone therapy

3. Thyroxine replacement

Other interventions:

1. Educational strategies

2. Relaxation with guided imagery

Impact on the child:

Post-partum depression interferes with the mothers' ability to provide good care to the infant [89, 90].Longitudinal studies of children, whose mothers develop depressive symptoms exhibit poor social, emotional, neuro-physiological and cognitive skills during childhood and adolescence [91].The physiological regulation especially the consolidation of the stress response is found to be negatively affected by maternal depression in the long term. Depressed mothers

are less competent in constructing an environment which promotes growth of the infant which leads on to characteristic decreases in sensitivity, decrease in the range of expression and lack of support for the infant. The ability of the infant to manage physiological stress, regulate their negative emotions and handle social processes, is dependent on the mother and depression when present in the mother causes disruption of the cognitive, emotional and psychosocial growth of the infant [92,93,94].

Criteria used in the evaluation of mother-infant relationship in PPD include [95, 96, 97 and 98]

Mother-Infant Relationship:

1. Harmony/Attunement
2. Feeding

Child Growth and Development:

1. Sudden Infant Death syndrome
2. Emotion/Affective development
3. Attachment and Social Functioning
4. Physical Development
5. Cognitive Development: IQ and Language
6. Child Behaviour

7. Sleep

8. Crying and Motor Behaviour

Materials & Methods

MATERIALS AND METHODS

This study was designed to identify and analyse the socio-demographic factors affecting depression in the post-partum period. From June 2013 to September 2014, 400 patients presenting to the Obstetrics and Gynaecology department of Madurai Medical College and Government Rajaji hospital were analysed.

The patient selection criteria are as follows

INCLUSION CRITERIA

1. All pregnant women including primi and multi gravida

2. Patients delivering with normal labour, instrumented delivery, caesarean section including still born and intra-uterine death

3. Normal pregnancy and high risk pregnancy

4. Patients consenting to be included in the study

EXCLUSION CRITERIA

1. Patients not willing to be included in the study

2. Patients with known psychosis who are under treatment

400 patients who satisfied the above inclusion criteria and willing to be enrolled into the study were sampled after obtaining an informed consent

PATIENT EVALUATION:

Patients were administered a detailed questionnaire listing various socio-demographic factors, history about present conception, previous obstetric history, past general medical history and family history.

The data obtained was subsequently recorded and analysed

EDINBURGH POST-NATAL DEPRESSION SCALE [107]

The Edinburgh Post Natal Depression scale questionnaire on Day 7, Day 14 and Day 42 to quantify the various symptoms of depression.

The questionnaire was developed in 1987 by JL Cox and JM Holden and comprised of 10 items. It can be completed in roughly 5 to 10 minutes, reflective of the mother's feelings during the previous 7 days. The 10 questions are rated on a scale of 0-3(4 points) and assesses of the following items

1. Depressed mood
2. Anhedonia
3. Feelings of guilt
4. Anxiety
5. Self-harm/Suicidal tendencies

The EDPS questionnaire has been widely used to identify PPD [108].

The EDPS correlated moderately (r=0.59) with the structure clinical interview conducted for the diagnosis of DSM-IV mood disorder [109, 110].The questionnaire has also been validated for the use on pregnant women [110].

There is a difference of opinion amongst various authorities as to the cut-off point to be used in evaluating the questionnaire using large scale studies in various countries [110, 111, 112 and 113]

We have used a cut-point point of 10 since the scope of this study is a screening study and the women are referred to the Department of Psychiatry for further tests to confirm the diagnosis and institute appropriate treatment. The lower cut-off increases the sensitivity of the screening test [114]

Observations

OBSERVATIONS

Age:

Age of the subjects participating in the study were analysed. The minimum age was 18 years and the maximum age was 36 years, with a mean of 24.79 years

Age	Number	Percentage
<20	51	12.75%
21-25	197	49.25%
26-30	121	30.25%
>30	31	7.75%
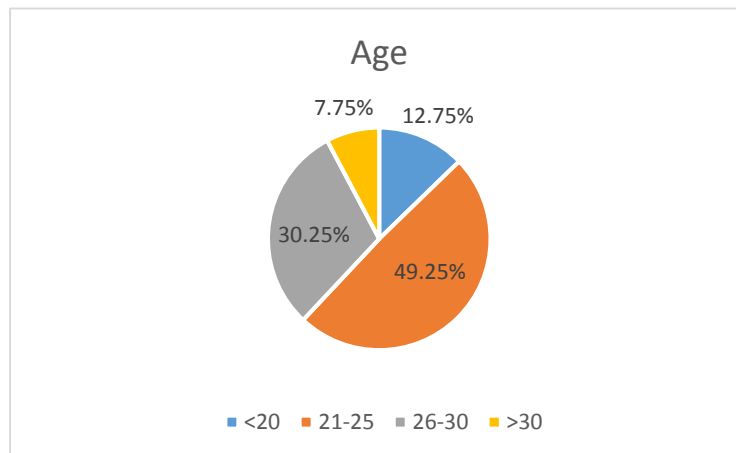
Residence:

Place of residence were divided into rural and urban and the following

data obtained

Residence	No. of subjects	Percentage
Rural	196	48%
Urban	204	52%

Body Mass Index:

Body mass index was identified, using the formula

$$BMI = \frac{Body\ weight\ (kg)}{[Height\ (m)]^2}$$

BMI was found to range between 19.3 and 38.46 with a mean of 26.73

BMI	No. of subjects	Percentage
<19.99	2	0.5%
20-24.99	138	34.5%
25-29.99	181	45.25%
30-34.99	74	18.5%
>35	5	1.25%

BMI
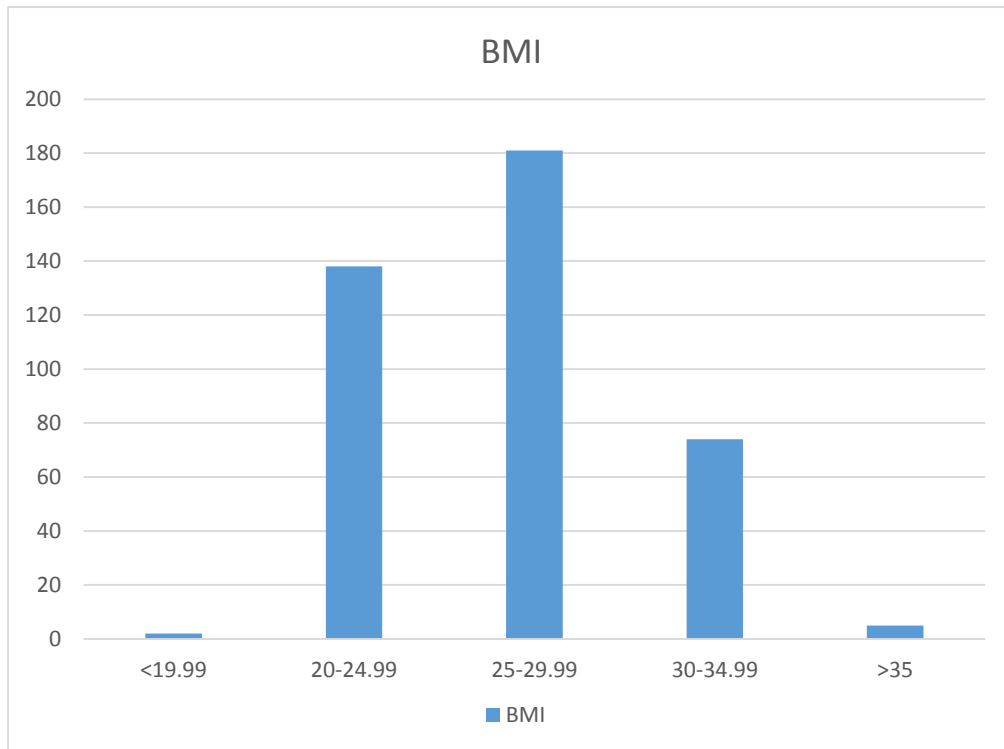
Educational Qualification:

Subjects were grouped based on the highest qualification obtained and the results tabulated:

Education	No. of subjects	Percentage
Post Graduate	1	0.25%
Graduate	63	15.75%
+ 2	188	47%
6th – 10th	130	32.5%
1st-5th	18	4.5%

Employment:

Subjects were grouped based on the nature of work and the results tabulated:

Occupation	No. of subjects	Percentage
Home maker	29	7.25%
Daily wage labourer	216	54%
Semi-skilled worker	118	29.5%
Professional	37	9.75%

Monthly income:

Monthly income ranged from 0 to 7000 with an average of Rs. 2696

Monthly income (Rs.)	No. of subjects	Percentage
<1000	29	7.25%
1001-2000	34	8.5%
2001-3000	240	60%
3001-4000	46	11.5%
>4001	51	12.75%

Consanguinity:

Subjects were grouped based on whether they had a consanguineous marriage

Marriage	No. of subjects	Percentage
Consanguineous	72	18%
Non-Consanguineous	328	82%

Nature of marriage:

Subjects were grouped based on whether they had a Love or arranged marriage

Marriage	No. of subjects	Percentage
Love marriage	69	17.25%
Arranged	331	82.75%

Maternity:

Subjects were grouped based on the gravidity and parity and the following observations made

GPLA	No. of subjects	Percentage
G1	204	51%
G2P0L0	5	1.25%
G2P1L0	2	0.5%
G2P1L1	135	33.75%
G2P1L2	2	0.5%
G3P1L1	23	5.75%
G3P2L1	8	2%
G3P2L2	18	4.5%
G4P3L1	1	0.25%
G4P3L2	2	0.5%
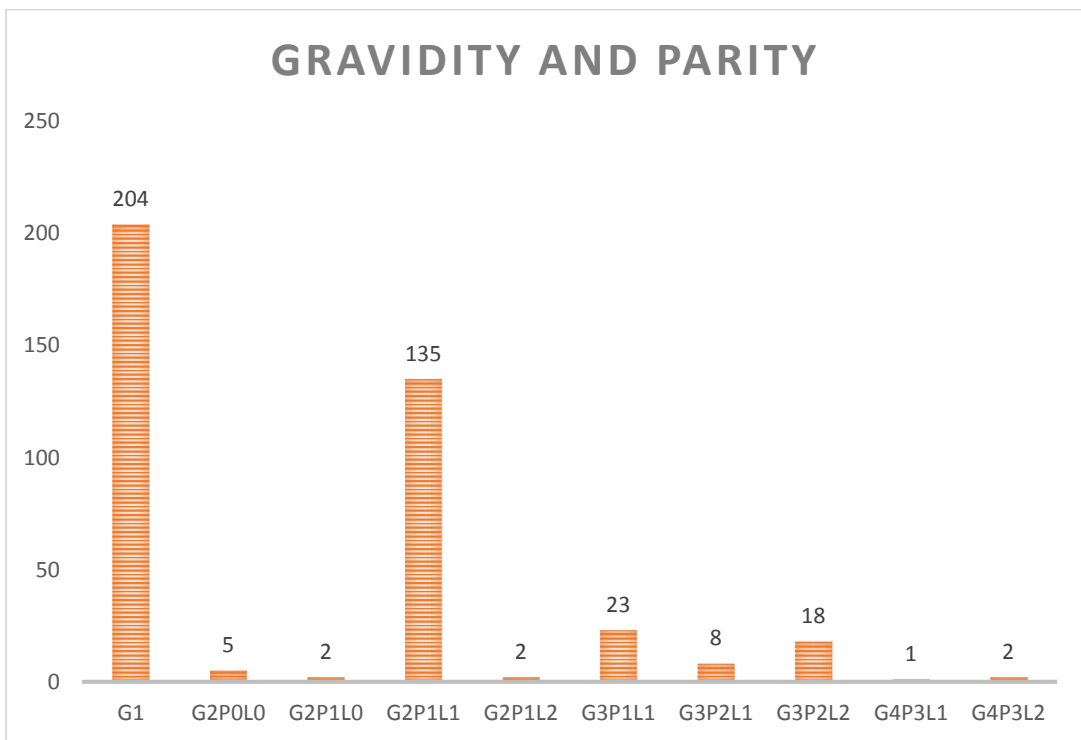
Booking:

Subjects were grouped based on whether the pregnancy was booked

Booked	No. of subjects	Percentage
Yes	399	99.75%
No	1	0.25%

Health care visits:

Subjects were grouped based on the frequency of health care visits including visits to the doctor and house visits with a mean of 6.76

No. of visits	No. of subjects	Percentage
0-5	19	4.75%
6-9	371	92.75%
>10	10	2.5%

The mean was found to be 6.75 visits with a range of 0-19 visits.

Iron/Folic acid supplementation:

Subjects were grouped on whether they took iron and folic acid supplementation.

Supplementation	No. of subjects	Percentage
Yes	399	99.75%
No	1	0.25%

Antenatal complications:

Complications developed during the antenatal period were recorded and tabulated.

Antenatal complications	No. of subjects	Percentage
Anaemia	64	16%
Antepartum hemorrhage	4	1%
Cervical incompetence	1	0.25%
Cephalo pelvic disproportion	40	10%
Eclampsia	5	1.25%
Elderly primi	1	0.25%
Gestational Diabetes	13	3.25%
Hepatitis B	2	0.5%
Heart Disease	4	1%
Hyperemesis	1	0.25%
Long term infertility	1	0.25%
Polyhydramnios	4	1%
Retrovirus positive	2	0.5%
Rh incompatibility	9	2.25%
Oligohydramnios	4	1%
Pregnancy induced hypertension	17	4.25%
No complications	228	57%

Pregnancy outcome:

The outcomes of the current pregnancy were recorded

Outcome	No. of subjects	Percentage
LSCS	122	30.5%
Normal	218	54.5%
Repeat LSCS	40	10%
Forceps	10	2.5%
LSCS/twin	1	0.25%
Vacuum	1	0.25%
Still born	1	0.25%
IUD	3	0.75%
Normal/Twin	4	1%

Contraceptive use:

History regarding the use of contraceptives prior to conception was obtained. If contraceptives were used, details regarding whether the pregnancy was a result of contraceptive failure was noted. The following observations were made

Contraceptive use		No. of subjects	Percentage
No		381	95.25%
Yes	Failure	14	3.5%
	No	5	1.25%

Duration of pregnancy:

Subjects were grouped based on the duration of pregnancy.

Duration	No. of subjects	Percentage
Pre-Term	9	2.75%
Term	382	95.5%
Post-term	9	2.75%

Intra-partum complications:

Subjects were grouped based on the presence of intra-partum

complications

Intra-partum complications	No. of subjects	Percentage
Prolonged labour	5	1.25%

Nil	395	97.75%

Post-Natal complications:

Complications and diseases developed by the child after birth were

assessed

Post-Natal complications	No. of subjects	Percentage
Big baby	23	5.75%
Respiratory distress	22	5.5%
Normal	355	88.75%

Baby Treatment:

The number of babies that required nursery/NICU care in the immediate

post natal period were identified

Baby requiring treatment	No. of subjects	Percentage
Yes	45	11.25%
No	355	88.75%

Sex of the child:

Male children were more common than female children in our study

Sex	No. of subjects	Percentage
Female	197	49.25%
Male	199	49.75%
Still birth/Intra-uterine death	4	1%

Post-partum complications:

Subjects were grouped based on the presence of post-partum

complications

Post-partum complications	No. of subjects	Percentage
Wound infection	10	2.5%
Retained placenta	13	3.25%
Post-partum hemorrhage	20	5%
Nil	357	89.25%

Hospital stay:

The number of days the patient stayed in the hospital at which time the baby was delivered and stayed as a result of direct obstetric and paediatric related causes was measured and tabulated. Patients who were subsequently identified as having depression and referred/admitted in the department of psychiatry were not included in the hospital stay calculation.

The duration of hospital stay ranged from 3-31 days with a mean of 8.37 days

Duration of hospital stay (days)	No. of subjects	Percentage
10 or less	278	69.5%
>10	122	30.5%

Figure: Hospital stay — No. of patients vs Duration of hospital stay
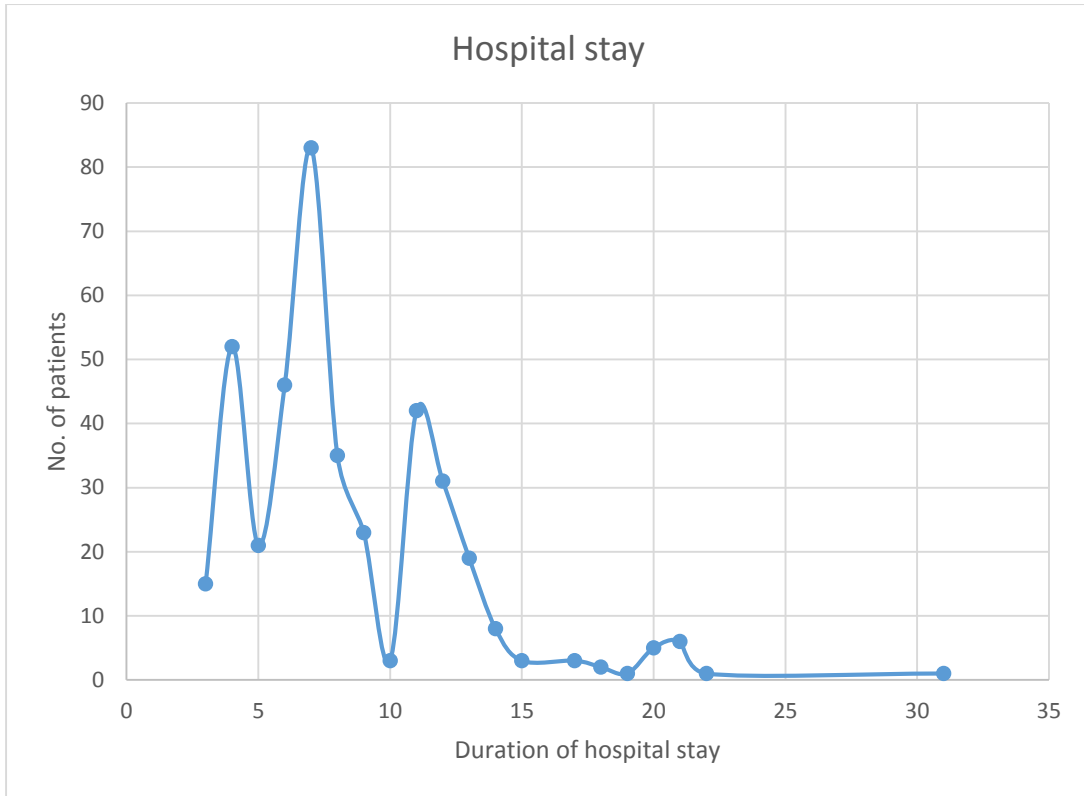
Depressive symptoms in current pregnancy:

The number of subjects reporting one or more depressive episodes in the current pregnancy

Depressive episodes	No. of subjects	Percentage
Yes	2	0.5%
No	398	99.5%

Suicidal ideations in current pregnancy:

The number of subjects reporting one or more episodes of suicidal

ideations in the current pregnancy

Depressive episodes	No. of subjects	Percentage
Yes	1	0.25%
No	399	99.75%

Breast feeding:

The subjects were enquired regarding the initiation of breast-feeding and

the following data obtained

Breast feeding	No. of subjects	Percentage
Yes	379	94.75%
No	17	4.25%
Not applicable	4	1%

Support structure:

The subjects of the study were enquired regarding the perceived presence

of support structure

Support structure	No. of subjects	Percentage

Yes	388	97%
No	12	3%

Obstetric History:

Details regarding the previous conceptions were elicited in detail

Obstetric History	No. of subjects	Percentage
NOT APPLICABLE	204	51%
1 NORMAL	109	27.25%
1 LSCS	26	6.5%
2 NORMAL	14	3.5%
1 NORMAL/1 LSCS	5	1.25%
1 LSCS/1 MTP	3	0.75%
1 IUD/1 NORMAL	2	0.5%
1 NORMAL/ 1 IUD	1	0.25%
1 SPONTANEOUS ABORTION/1 NORMAL	4	1%
1 NORMAL/1 MTP	8	2%
1 MTP/ 1 NORMAL	1	0.25%
1 SPONTANEOUS ABORTION	4	1%
1 STILL BIRTH	2	0.5%
1 NORMAL/1 SPONTANEOUS ABORTION	4	1%
1 MTP	1	0.25%
1 IUD/1 LSCS	1	0.25%
1 LSCS/1 IUD/1 LSCS	1	0.25%
1 LSCS/1 MISSED ABORTION	1	0.25%
2 NORMAL/1 IUD	1	0.25%
1 STILL BIRTH/1 NORMAL	1	0.25%
1 NORMAL/1 STILL BIRTH	1	0.25%

1 MISS ABORTION/1 NORMAL	3	0.75%
1IUD/1NORMAL/1STILL BIRTH	1	0.25%
1 LSCS/TWIN	2	0.5%

Current Child:

The health of children were detailed and recorded

Health of the child	No. of subjects	Percentage
Healthy	186	46.5%
Cerebral palsy	1	0.25%
Death – LRTI	1	0.25%
1 Alive, 1 death due to accident	1	0.25%
Not applicable	211	52.75

Age at menarche:

The age at menarche of the subjects were recorded with a range of 7 to 17 years and a mean 11.75 years

Age at menarche	No. of subjects	Percentage

7	1	0.25%
9	24	6%
10	69	17.25%
11	158	39.5%
12	99	24.75%
13	37	9.25%
14	11	2.75%
17	1	0.25%
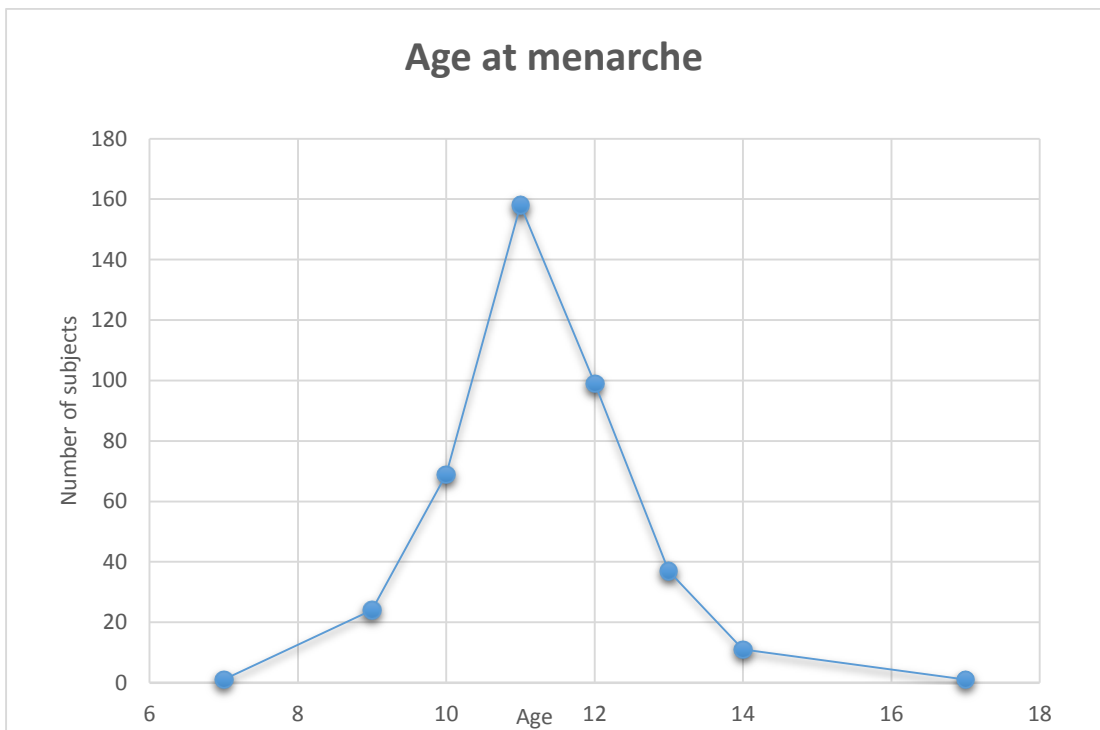
Age at marriage:

The age at marriage of the subjects were recorded with a range of 16 to 25 with a mean of 19.23

Age at marriage	No. of subjects	Percentage
16	3	0.75%
17	43	10.75%
18	117	39.25%
19	69	17.25%
20	82	20.5%
21	54	13.5%
22	19	4.75%
23	9	2.25%
24	3	0.75%
25	1	0.25%

Age at marriage
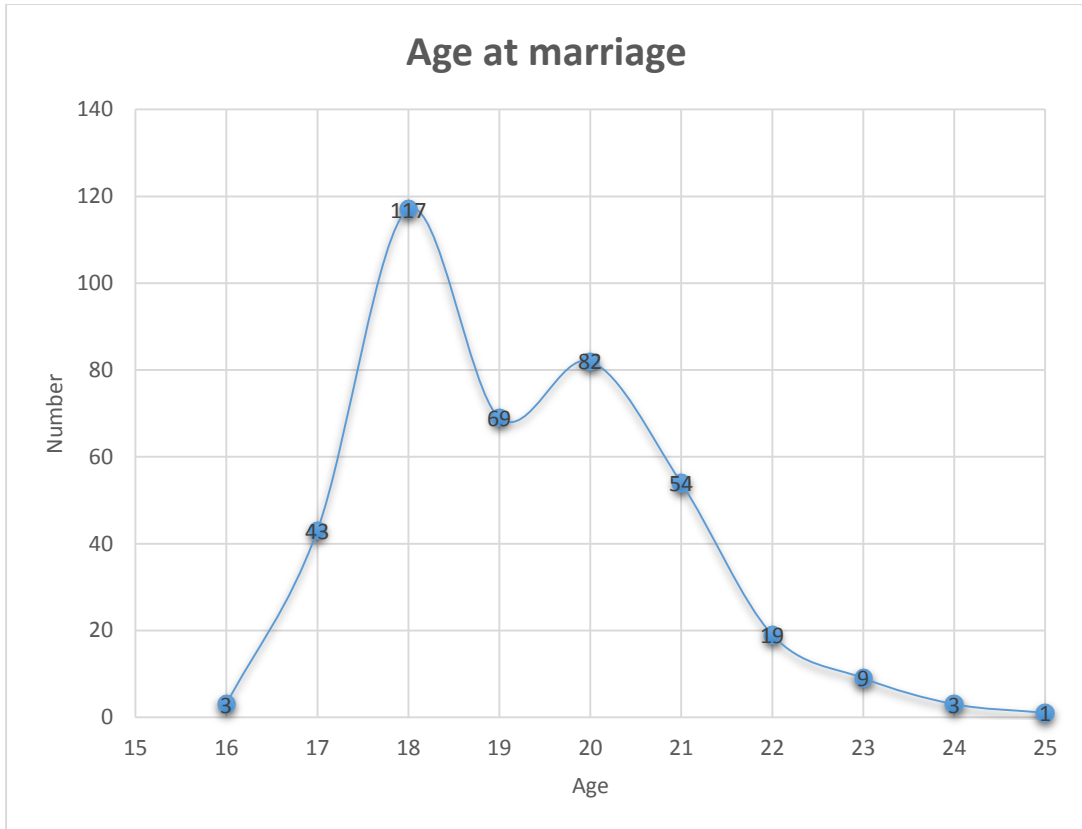
PAST HISTORY:

a) INFECTION:

History of infectious diseases were recorded and tabulated

Infection	No. of subjects	Percentage
Hepatitis-B	1	0.25%
HIV	1	0.25%
Jaundice	1	0.25%
Tuberculosis	1	0.25%

Infection	No. of subjects	Percentage
No infections	396	99%

b) <u>CHRONIC DISEASES:</u>

History of chronic diseases were recorded and tabulated

Infection	No. of subjects	Percentage
Diabetes Mellitus	2	0.5%
Gestational Diabetes Mellitus	1	0.25%
Hepatitis B	1	0.25%
Hypertension	4	1%
Menorrhagia	1	0.25%
Multiple Transfusions	1	0.25%
Nil	390	97.5%

c) <u>DEPRESSION/SUICIDE:</u>

History of depression/suicidal attempt were recorded and tabulated

Depression/Suicidal Ideation	No. of subjects	Percentage

Yes	1	0.25%
No	399	99.75%

FAMILY DETAILS:

Parents:

The details regarding parents were elicited and recorded

Parents alive	No. of subjects	Percentage
Both	376	94%
One	21	5.25%
Neither	3	0.75%

Siblings:

The details regarding siblings were elicited and recorded. The range was

0-5 with a mean of 2.13

Siblings	No. of subjects	Percentage
0	5	1.25%
1	114	28.5%
2	145	36.25%

3	108	27%
4	23	5.75%
5	5	1.25%

FAMILY HISTORY:

a) CHRONIC DISEASES:

b) History of chronic diseases in the family were recorded and tabulated

Chronic Diseases	No. of subjects	Percentage
Diabetes Mellitus	32	8%
Diabetes Mellitus – Both Parents	5	1.25%
Heart Disease	19	4.75%
Hypertension	14	3.5%
Hypertension – Both parents	21	5.25%
Tuberculosis	1	0.25%
Nil	308	77%

c) DEPRESSION:

History of depression in the family were recorded and tabulated

Depression	No. of subjects	Percentage
Yes	2	0.5%
No	398	99.5%

d) <u>SUICIDE ATTEMPT:</u>

History of suicidal attempt in the family were recorded and tabulated

Suicidal attempt	No. of subjects	Percentage
Yes	1	0.25%
No	399	99.75%

e) <u>DEATH:</u>

Subjects were asked about deaths occurring in the family in the past 1 year

Death within 1 year	No. of subjects	Percentage
Yes	11	2.75%
No	389	97.25%

f) HOMICIDE:

Subjects were asked about homicidal deaths occurring in the family in the past 1 year

Homicidal Deaths within 1 year	No. of subjects	Percentage
Yes	6	1.5%
No	394	98.5%

SEXUAL PARTNERS:

Subjects were asked about whether self or spouse had multiple sexual partners

Multiple sexual partners	No. of subjects	Percentage
Yes	8	2%
No	392	98%

EDINBURGH POST-NATAL DEPRESSION SCORES

EDPS was calculated based on the answers to the EDPS questionnaire at day 7, 14 and 42. Scores >10 were classified as post-partum depression

Day 7:

EDPS SCORES	No. of subjects	Percentage
<10	360	90%
>10	40	10%

Day 14:

EDPS SCORES	No. of subjects	Percentage
<10	358	99.44%
>10	2	0.56%

Day 42:

EDPS SCORES	No. of subjects	Percentage
<10	357	99.72%
>10	1	0.28%

EDPS scores
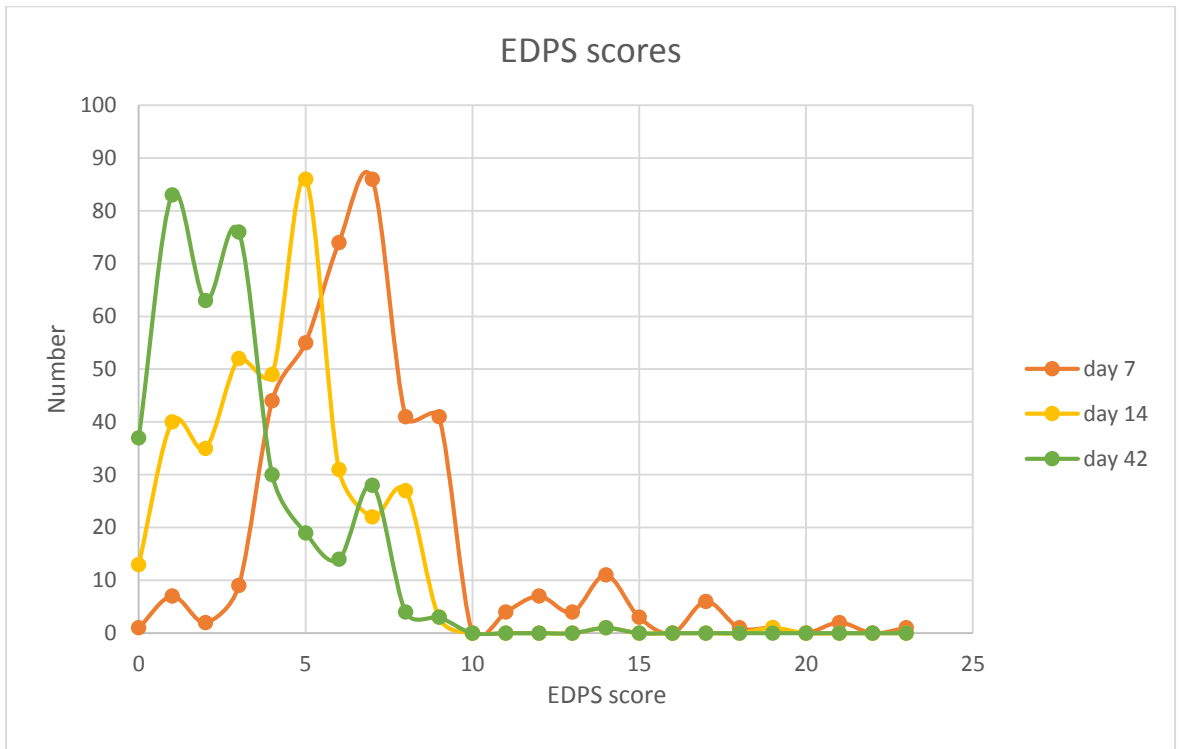
Results

RESULTS

Age:

When age of the subjects and the diagnosis of post-partum depression

were compared the following results obtained

Age	PPD		Total
	Yes	No	
<20	6	45	51
21-25	14	183	197
26-30	14	107	121
>30	9	22	31

The above table demonstrates that age has a significant impact on the

development of post-partum depression (p=0.003)

Residence:

When place of residence i.e. rural or urban were compared to the

development of post-partum depression, the following table was obtained

Residence	PPD		Total
	Yes	No	
Rural	23	173	196
Urban	20	184	204

The above table illustrates that the place of residence has no association with the development of post-partum depression (p=0.53)

Body Mass Index:

The development of PPD was compared against the BMI of the subjects and the following results obtained

BMI	PPD		Total
	Yes	No	
<19.99	1	1	2
20-24.99	13	125	138
25-29.99	19	162	181
30-34.99	10	64	74
>35	1	1	5

Based on the above results, BMI does not significantly influence the development of post-partum depression (p=0.32)

Educational Qualification:

The development of PPD was compared with the education levels of the subjects of this study and the following results obtained

Education	PPD		Total
	Yes	No	
Post Graduate	0	1	1
Graduate	6	57	63
+ 2	15	173	188
6th – 10th	16	114	130
1st-5th	6	12	18

Based on the above results, development of post-partum depression is significantly affected by education levels (p=0.02)

Employment:

The development of PPD was compared with the nature of employment and the following results obtained

Occupation	PPD		Total
	Yes	No	
Home maker	5	24	29
Daily wage labourer	23	193	216
Semi-skilled worker	14	104	118
Professional	1	36	137

Based on the above results, development of post-partum depression is not significantly related to the occupation (p=0.26)

Monthly income:

Monthly income was compared to the development of PPD

Monthly income (Rs.)	PPD		Total
	Yes	No	
<1000	5	24	29

1001-2000	5	29	34
2001-3000	23	217	240
3001-4000	5	41	46
>4001	5	46	51

Based on the above findings, income is not significantly related to the development of post-partum depression (p=0.69)

Consanguinity:

Consanguinity did not significantly affect the development of post-partum depression (p=0.75)

Consanguinity	PPD		Total
	Yes	No	
Yes	7	65	72
No	36	292	328

Nature of marriage:

Nature of marriage did not significantly affect the development of post-partum depression (p=0.80)

Nature of marriage	PPD		Total
	Yes	No	
Love	8	61	69
Arranged	35	296	331

Maternity:

Maternity was compared to the development of PPD

GPLA	PPD		Total
	Yes	No	
G1	19	185	204
G2P0L0	2	3	5
G2P1L0	0	2	2
G2P1L1	5	130	135
G2P1L2	0	2	2
G3P1L1	6	17	23

G3P2L1	1	7	8
G3P2L2	8	10	18
G4P3L1	1	0	1
G4P3L2	1	1	2

The incidence of post-partum depression was significantly affected by the gravidity and parity status of the subject (p<0.0001)

Booking:

Booking of pregnancy significantly affected the development of post-partum depression (p=0.003)

Booked	PPD		Total
	Yes	No	
Yes	42	357	399
No	1	0	1

Antenatal complications:

The presence of antenatal complications significantly increased the development of post-partum depression (p<0.001)

Ante-natal complications	PPD		Total
	Yes	No	
Anaemia	2	62	64
Antepartum hemorrhage	3	1	4
Cervical incompetence	1	0	1
Cephalo pelvic disproportion	5	35	40
Eclampsia	5	0	5
Elderly primi	1	0	1
Gestational Diabetes	1	12	13
Hepatitis B	0	2	2
Heart Disease	1	3	4
Hyperemesis	0	1	1
Long term infertility	0	1	1
Polyhydramnios	0	4	4
Retrovirus positive	2	0	2
Rh incompatibility	0	9	9
Oligohydramnios	2	2	4
Pregnancy induced hypertension	5	12	17
No complications	15	213	228

Pregnancy outcome:

The outcome of pregnancy significantly affected the development of post-partum depression with higher rates seen with fetal demise (IUD and still birth) with a p-value <0.001

Pregnancy outcome	PPD		Total
	Yes	No	
LSCS	7	115	122
Normal	25	193	218
Repeat LSCS	7	33	40
Forceps	0	10	10
LSCS/twin	0	1	1
Vacuum	0	1	1
Still born	1	0	1
IUD	3	0	3
Normal/Twin	0	4	4

Contraceptive use:

Pregnancy as a result of contraceptive failure was associated with higher rates of post-partum depression (p=0.0006)

Nature of marriage		PPD		Total
		Yes	No	
No		35	346	381
Yes	Failure	8	6	14
	No	0	5	5

Duration of pregnancy:

Pre-term delivery is associated with a higher rates of development of post-partum depression (p<0.0001)

Duration of pregnancy	PPD		Total
	Yes	No	
Pre-Term	6	3	9
Term	36	346	382
Post Term	1	8	9

Intra-partum complications:

Development of intra-partum complications did not significantly alter

the development of post-partum depression (p=0.47)

Intra-partum complications	PPD		Total
	Yes	No	
Yes	1	4	5
No	41	354	395

Baby Treatment:

Number of babies requiring nursery/NICU care was compared to the

development of Post-partum depression

Baby treatment	PPD		Total
	Yes	No	
Yes	9	36	45
No	34	317	351

The above table illustrates that women whose children require

treatment have a higher rate of development of post-partum depression

(p=0.03)

Sex of the child:

Mothers who had delivered female children were at a higher risk of development of post-partum depression than mothers who had delivered male children (p=0.05)

Sex of the baby	PPD		Total
	Yes	No	
Female	25	172	197
Male	14	185	199

Post-partum complications:

The development of post-partum complications did not significantly alter the development of post-partum depression (p=0.07)

Post-partum complications	PPD		Total
	Yes	No	
Yes	8	35	43
No	35	322	357

Hospital stay:

Hospital stay of more than 10 days was associated with a higher

incidence of post-partum depression (p<0.0001)

Duration of hospital stay (days)	PPD		Total
	Yes	No	
10 or less	13	265	278
>10	30	92	122

Depressive symptoms in current pregnancy:

Depressive symptoms in current pregnancy is associated with a higher

incidence of post-partum depression (p<0.0001)

Depressive symptoms in current pregnancy	PPD		Total
	Yes	No	
Yes	2	0	2
No	41	357	398

Suicidal ideations in current pregnancy:

Presence of suicidal ideations in current pregnancy is associated with a

higher incidence of post-partum depression (p=0.003)

Suicidal ideations in current pregnancy	PPD		Total
	Yes	No	
Yes	1	0	1
No	42	357	399

Breast feeding:

Women who breast fed their child were at a lower risk of developing

post-partum depression than women not breast feeding their child

(p=0.05)

Breast feed	PPD		Total
	Yes	No	
Yes	4	13	17
No	35	344	379

Support structure:

Women who perceive a lack of support structure are at a higher risk of

developing post-partum depression (p<0.001)

Support Structure	PPD		Total
	Yes	No	
Yes	38	350	388
No	5	7	12

Age at marriage:

Age at marriage is not associated with a significant increase in the

incidence of post-partum depression (p=0.92)

Age at marriage	PPD		Total
	Yes	No	
20 or less	34	280	314
21 or more	9	77	86

Past history of infection:

Past history of infection is not associated with a significant increase in the incidence of post-partum depression (p=0.35)

Past history of infection	PPD		Total
	Yes	No	
Yes	1	3	4
No	42	354	396

Past history of chronic diseases:

Past history of chronic disease is not associated with a significant increase in the incidence of post-partum depression (p=0.93)

Past history of chronic disease	PPD		Total
	Yes	No	
Yes	1	9	10
No	42	348	390

DEPRESSION/SUICIDE:

Past history of depressive disorder/suicidal ideation is associated with a

significant increase in the incidence of post-partum depression (p=0.003)

Past history of depressive disorder/suicidal ideation	PPD		Total
	Yes	No	
Yes	1	0	1
No	42	357	399

PARENTS:

The loss of one or both parents were associated with a significant

increase in the incidence of post-partum depression (p<0.001)

Parents alive	PPD		Total
	Yes	No	
Both	32	344	376
One	9	12	21

Neither	2	1	3

Siblings:

The number of siblings is not related to the development of post-partum depression (p=0.89)

Siblings	PPD		Total
	Yes	No	
0	1	4	5
1	14	100	114
2	14	131	145
3	11	97	108
4	3	20	23
5	0	5	5

FAMILY HISTORY OF CHRONIC DISEASES:

The family history of chronic diseases is not related to the development of post-partum depression (p=0.88)

Chronic diseases	PPD		Total
	Yes	No	
Diabetes Mellitus	2	30	32
Diabetes Mellitus – Both Parents	1	4	5
Heart Disease	1	18	19
Hypertension	1	13	14
Hypertension – Both parents	2	19	21
Nil	36	272	308
Tuberculosis	0	1	1

FAMILY HISTORY OF DEPRESSION:

The family history of depression is not related to the development of post-partum depression (p=0.62)

Family history of depression	PPD		Total
	Yes	No	
Yes	0	2	2
No	43	355	398

FAMILY HISTORY OF SUICIDE ATTEMPT:

The family history of suicidal attempt is strongly associated with increased rates of PPD (p=0.03)

Family history of suicide attempt	PPD		Total
	Yes	No	
Yes	1	0	1
No	42	357	399

DEATH:

Deaths occurring in the family in the previous one year did not significantly affect the development of post-partum depression (p=0.07)

Deaths within the past 1 year	PPD		Total
	Yes	No	
Yes	3	8	11
No	40	349	389

HOMICIDE:

Deaths occurring in the family in the previous one year did not significantly affect the development of post-partum depression (p=0.63)

Homicidal deaths within the past 1 year	PPD		Total
	Yes	No	
Yes	1	5	6
No	42	352	394

SEXUAL PARTNERS:

Presence of multiple sexual partners was significantly associated with the

development of post-partum depression (p<0.00001)

Multiple sexual partners	PPD		Total
	Yes	No	
Yes	6	2	8
No	37	355	392

Summary

SUMMARY

- 21-25 is the most common age group of women in the study

- There is a slight urban preponderance

- Majority of the women involved in the study have a BMI>25

- Daily wage labourers are the commonest employment group

- The average monthly income is Rs. 2696 i.e. < Rs. 100/day

- Majority of the marriages are non-consanguineous arranged marriages

- More than half the women involved in the study are primi gravida

- Mean number of visits to a health care provider during the pregnancy was 6.76

- Anaemia and CPD are the most common ante-natal complications

- Full term normal labour is the most common pregnancy outcome

- 5% of the couples used some form of contraception prior to pregnancy

- >95% of the women had no intra-partum and post-partum complications and babies were healthy

- The mean duration of hospital stay was 8.37 days

- <1% of the women reported depressive symptoms or suicidal ideations in pregnancy

- 95% of the women breast fed their babies

- 3% of the women perceived a lack of support structure

- Mean age at menarche was 11.75 and mean age at marriage was 19.23

- 2% of the women reported multiple sexual partners for self/spouse

- Factors significantly affecting the development of post-partum depression

    a) Age

    b) Educational qualification

    c) Gravidity and parity

    d) Booking of pregnancy

    e) Developmental of ante-natal complications

    f) Pregnancy outcome

    g) Contraceptive failure

    h) Pre-term pregnancy

    i) Baby requiring intensive care

    j) Female baby

    k) Hospital stay

    l) Depressive/suicidal symptoms in current pregnancy

    m) Women not breast feeding their babies

    n) Support structure

    o) Past history of depression/suicidal ideations

    p) Loss of one or both parents

q) Family history of attempted suicide

r) Multiple sexual partners

- Factors that do not significantly affect the development of post-partum depression

  a) Residence

  b) BMI

  c) Employment

  d) Monthly income

  e) Consanguinity

  f) Nature of marriage

  g) Intra-partum complications

  h) Post-partum complications

  i) Age at marriage

  j) Past history of infection

  k) Past history of chronic diseases

  l) Siblings

  m) Family history of chronic diseases/depression

  n) Death/Homicide in the family

Discussion

DISCUSSION

The mean age of women included in the study is 24.36 with an age range of 18-36. This compares similarly with other studies. [116,117,118,119]. About 20% of the study group was outside the 20-30 age group and increased incidence of PPD was found in the <20 and >30 age group. This indicated that adolescent and teenage pregnancy formed a significant risk group which needs to be targeted for the prevention of PPD.

The rural-urban divide was in favour of the urban regions in a 52:48 ratio. This was indicative of the fact that the hospital is an apex tertiary care referral hospital for the southern part of the state and patients not only from the Madurai urban area but also from the surrounding rural areas get referred to the hospital. However there seems to be no discernible effect on the development of Post-partum depression.

Body mass index does not significantly impact the development of PPD.

Majority of the women encountered in our study have an educational qualification between class 6 and class 12. This is lower when compared to the western population and is reflective of the lower educational levels of our country. Women with lower educational levels have a higher risk of developing post-partum depression. This is consistent with studies from various other countries. [124, 125 and 126].

The occupational status of the women does not influence the development of PPD. 83% of the woman were involved as daily wage labourers and semi-skilled workers. This is also reflective of the nature of the population visiting a government hospital as a trend amongst professionals to go to "private/corporate" hospitals. The average income of the subjects also was < Rs. 3000(50$), which is much lower than various other studies conducting in western countries

18% of the marriages were consanguineous which is reflective of the fact that consanguinity is prevalent in India. However it does not affect the development of PPD

83% of the marriages were "arranged" in nature, which is consistent with the nature of marriages in our country. However there is no consistent relationship to the development of PPD

51% of the women were primi gravida and the women with gravida 3 or above had a very strong pre-disposition to the development of PPD and could be multi-factorial include more mouths to feed.

>99% of the conceptions were booked which is reflective of the efficient functioning of the health care systems in our state and unbooked women were at a higher risk of developing PPD

44% of the women had at least one identifiable ante-natal complication and they were significantly predictive of the development of PPD. This has been validated in many studies [74, 75, 124 and 125]. This indicates the need for prophylactic measures to prevent depression in women with significant ante-natal problems

The mean number of health care visits during pregnancy was 6.75 which is again a good reflection of penetration of medical care in Tamil Nadu. Similarly >99% of the population were given iron and folic acid supplementation.

Full term normal delivery was the most likely outcome of pregnancy. The rates of development of post-partum depression were higher when associated with a bad fetal outcome such as fetal demise. Pre-term delivery also increased the rates of PPD. This population requires careful supervision and intervention.

5% of the women felt that conception was a result of contraceptive failure. This group developed post-partum depression much more commonly than the general rates. This fact has been documented and validated by numerous studies[74, 75, 121,122].

90% of the women did not develop any intra-partum or post-partum complication, showing the efficiency of our health care services.

Mothers whose children developed complications and required intensive care had a higher chance of development of PPD. This has also been extensively reported in literature and maybe considered a part of the grieving and anxiety reaction. [74, 75, 127,128,129]

Male babies were more common than female babies and the ratio is reflective of the sex ratio of the general population (980 females per 1000 males). There is a prevalent opinion in the society that male children are better than female children because of decreased expenditure and more income and the notion that male children take care of the parents during old age. This has also reflected in the higher rates of development of PPD in women who gave birth to female baby. [117,118, 119]

Hospital stay of greater than 10 days was associated with higher rates of development of PPD.

Depressive symptoms and suicidal ideation in pregnancy were associated with significant psychiatric morbidity and has been validated in many studies. [74, 75, 130, 131, 132]

Breast feeding the child was protective to the development of post-partum depression. Possible reasons include bonding of the mother and child during feeding and feeling of completeness and satisfaction upon breast feeding the child.

Support structure has been extensively studied as being linked to post-partum depression. [74, 75]. In our study, the women who perceive a lack of support structure are found to develop PPD more commonly than women who feel their support structure is adequate.

The mean age at marriage in our study population was 19.23 years. This reflects the early marriage system widely prevalent in our country. However age at marriage did not significantly affect the development of depression.

Previous history of a depressive episode and/ or suicidal ideation was a strong predictor of the development of PPD which is consistent with various meta-analysis on the subject [74, 75]

Similarly the significant life event, loss of a parent are associated with development of depression. The presence of a family member with attempted suicide increases the incidence of PPD

The presence of multiple sexual partners for self or spouse had a very strong association with the development of PPD.

The overall rates of PPD in our study was 10.75% which was consistent with various other national and international studies.

Since the EDPS scale is a screening tool, women who scored more than the cut-off were provisionally diagnosed to have depression and

referred to the department of Psychiatry, Government Rajaji Hospital for

more tests before the diagnosis could be confirmed.

Conclusion

CONCLUSION

Visiting a psychiatrist and have a psychiatric illness are still considered a taboo in our country. Perhaps this is also reflected in the paucity of Indian literature regarding the incidence of post-partum depression. Post-partum depression is a silent disease. The mother suffers in silence, the baby suffers in even more silence. This places the emphasis on health care providers to do something about the problem.

Identifying at-risk mothers-to-be and new mothers requires extensive studies and formulation of a policy that identifies people at risk of developing the problem and if the disease indeed develops early identification and appropriate treatment. This requires multifactorial approach amongst obstetricians, paediatricians psychiatrist and paramedical personnel such as nurses and clinical psychologists.

This is also entails that the health care providers are first sensitized to the existence of the disease, the depth of the problem and the various effects to the mother, child, the immediate family and the society at large.

The education of the society at large regarding the subtle manifestations of post-partum blues, post-partum depression and post-partum psychosis and the need to contact a health care provider if symptoms are encountered.

The pharmacological properties of the anti-depressants and the interaction with the breast-feeding of the child also needs consideration especially in third world country like ours where the breast milk provides a very important role in the growth and development of the child.

Annexures

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Ref. No. 9101/E4/2/2013

Govt. Rajaji Hospital,
Madurai.20. Dated: . 07.2013

Institutional Review Board / Independent Ethics Committee.
Dr. N. Mohan, M.S., F.I.C.S., F.A.I.S.,
Dean,
Madurai Medical College &
Govt Rajaji Hospital, Madurai 625020.
Convenor

Sub: Establishment-Govt. Rajaji Hospital, Madurai-20-
Ethics committee-Meeting Minutes- for May 2013
Approved list -regarding.

The Ethics Committee meeting of the Govt. Rajaji Hospital, Madurai was held on 27.05.2013, Monday at 10.00 am to 12.00.pm at the Surgery Seminar Hall, Govt. Rajaji Hospital, Madurai. The following members of the committee have attended the meeting.

1.Dr. V. Nagarajan, M.D., D.M (Neuro) Ph: 0452-2629629 Cell.No 9843052029	Professor of Neurology (Retired) D.No.72, Vakkil New Street, Simmakkal, Madurai -1	Chairman
2. Dr.Mohan Prasad , M.S M.Ch Cell.No.9843050822 (Oncology)	Professor & H.O.D of Surgical Oncology(Retired) D.No.72, West Avani Moola Street, Madurai -1	Member Secretary
3. Dr. I. Jeyaraj, M.S., (Anatomy) Cell.No 9566211947	Director & Professor Institute of Anatomy /V.P Madurai Medical College	Member
4. Dr. Parameswari M.D (Pharmacology) Cell.No.9994026056	Director of Pharmacology Madurai Medical College	Member
5. Dr.Moses K.Daniel MD(Gen.Medicine) Cell.No 09842156066	Professor & H.O.D of Medicine Madurai Medical College	Member
6. Dr.D. Soundara Rajan,MS(Gen.Surgery) Cell.No 9842120127	Professor & H.O.D of Surgery Madurai Medical College	Member
7. Dr.Angayarkanni MD(O&G) Cell.No 9443567724	Professor & H.O.D of O&G Madurai Medical College	Member
8. Dr.P.V. Pugalenthi M.S, (Ortho) Cell.No 9443725840	Professor & H.O.D Ortho Madurai Medical College	Member
9. Dr. M. Sundarajan M.S., Mch Cell.No 9994924369 (Neuro Surgery)	Professor (Neuro Surgery) Madurai Medical College	Member
10 Thiru..Pala. .Ramasamy , BA.,B.L., Cell.No 9842165127	Advocate, D.No.72.Palam Station Road, Sellur, Madurai -2	Member
11. Thiru. P.K.M. Chelliah ,B.A Cell.No 9894349599	Businessman, 21 Jawahar Street, Gandhi Nagar, Madurai-20.	Member

The following Project were approved by the committee

..2..

2.

Department of O.G

Name of P.G.	Course	Name of the Project	Remarks
Dr. J. Krithika Meenakshi	PG in M.S (O&G) Madurai Medical College Madurai-20.	Socio demographic analysis of depression & suicidal tendency in women during post partum period in delivered at Govt. Rajaji Hospital, Madurai-20.	Approved

Please note that the investigator should adhere the following: She/He should get a detailed informed consent from the patients/participants and maintain it Confidentially.

1. She/He should carry out the work without detrimental to regular activities as well as without extra expenditure to the institution or to Government.

2. She/He should inform the institution Ethical Committee, in case of any change of study procedure, site and investigation or guide.

3. She/He should not deviate the area of the work for which applied for Ethical clearance. She/He should inform the IEC immediately, in case of any adverse events or Serious adverse reactions.

4. She/He should abide to the rules and regulations of the institution.

5. She/He should complete the work within the specific period and if any Extension of time is required He/She should apply for permission again and do the work.

6. She/He should submit the summary of the work to the Ethical Committee on Completion of the work.

7. She/He should not claim any funds from the institution while doing the work or on completion.

8. She/He should understand that the members of IEC have the right to monitor the work with prior intimation.

Member Secretary   **Chairman**

DEAN/Convenor
Govt. Rajaji Hospital,
Madurai- 20.

To
The above Applicants
-thro. Head of the Department concerned

<u>நோயாளி தகவல் மற்றும் ஒப்புதல் படிவம்</u>

கர்ப்ப காலத்தின் போது மன அழுத்தம் ஏற்படலாம். பிரசவத்தை பற்றிய பயம், குடும்பசுழல், சமூக சூழல், மேலும் அவர்களுடை ய மருத்துவ பிரச்சனைகள், இவை எல்லாம் இவர்களுக்கு மன அழுத்தத்தையும் தற்கொலை முயற்சியையும் ஏற்படுத்தலாம். இது தாய்க்கு மட்டுமின்றி குழந்தைக்கும் பாதிப்பை ஏற்படுத்தும். குழந்தை வளர்ப்பில் கவனம் செலுத்த முடியாமலும், தன் உடல் நலத்தில் கவனம் செலுத்த முடியாமலும் போகும். இதை கண்டறிய எடின்பர்க் அளவுகோல் உள்ளது. இதன் மூலம் மன அழுத்தம் பற்றி கண்டறிய கேட்கப்படும் கேள்விகளுக்கு பதில் அளிக்க முழு மனதுடன் சம்மதிக்கறேன்.

<div align="right"><u>நோயாளியின் கையொப்பம்</u></div>

| S.No | Name | Age | Res | BMI | Edu.Q | cupati | income | cons | arranged | current conception | | | | | | | | | | | | | | | Hs | dep | sui | bf | ss |
										GPLA	Book	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC					
1	Ramayee	29	R	22.2	5	2	3000	N	Y	G3P2L1	Y	3	3	Y	-	RL	N	T	-	-	-	f	-	12	N	N	Y	Y
2	Shanti	25	u	19.5	5	2	2500	Y	Y	g3p2l2	Y	3	3	Y	APH	L	N	PRE	-	RD	Y	f	PPH	15	N	N	N	Y
3	Sathya	26	R	32	4	2	3500	Y	Y	g2p1l1	Y	6	2	Y	PIH	F	Y	T	-	-	-	m	-	7	N	N	Y	Y
4	Devi	28	U	31.11	2	4	6500	N	N	g2p0l0	Y	5	3	Y	PIH	L	N	T	-	-	-	f	-	7	N	N	Y	Y
5	Durga	30	R	31.11	3	3	4000	N	Y	g2p1l1	Y	3	2	Y	-	RL	Y	T	-	-	-	m	-	13	N	N	Y	N
6	Kalivani	30	R	30.9	4	2	2000	Y	Y	g2p1l2	Y	3	3	Y	-	RL	N	T	-	-	-	f	-	12	N	N	Y	Y
7	Fathima	21	U	35.74	4	2	2500	N	N	g2p1l1	Y	4	3	Y	CPD	RL	N	T	-	-	-	m	-	6	N	N	Y	Y
8	palaniamma	27	R	31.63	4	2	2000	Y	Y	G1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
9	meena	23	U	37.75	4	2	2400	N	N	G2P1L1	Y	3	3	Y	CPD	RL	N	T	-	BB	Y	f	-	11	N	N	Y	Y
10	selvi	23	U	33.16	2	4	5200	N	N	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	4	N	N	Y	Y
11	samseera	25	U	31.55	2	3	3500	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	6	N	N	Y	Y
12	sridevi	24	R	34.18	2	2	2000	N	N	g2p1l1	Y	3	3	Y	ANE	L	Y	T	-	-	-	f	-	7	N	N	Y	Y
13	jarina	30	R	33.3	4	1	-	N	Y	g3p1l1	Y	3	2	Y	-	L	N	T	-	-	-	m	-	8	N	N	Y	Y
14	sudha	26	R	36.73	3	2	2750	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	3	N	N	Y	Y
15	murugeswari	28	U	31.11	1	4	7000	N	Y	g1	Y	3	3	Y	LTI	N	N	T	-	-	-	m	-	4	N	N	Y	Y
16	rajalakshmi	28	R	34.3	3	2	2500	N	N	g2p0l0	Y	3	3	Y	-	N	N	T	-	-	-	f	-	3	N	N	Y	N
17	aruna	27	U	29.79	3	2	3100	Y	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	RP	14	N	N	Y	Y
18	abhirami	20	U	33.7	3	2	2400	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
19	parameshwari	27	U	23.33	2	3	4600	N	N	g2p1l1	Y	3	3	Y	HD	RL	N	T	-	-	-	m	-	9	N	N	Y	Y
20	vanitha	28	R	23.13	5	2	1500	N	Y	g3p2l2	Y	3	3	Y	-	RL	Y	T	-	-	-	m	-	13	N	N	Y	Y
21	sathya	21	R	26.73	4	2	1800	Y	Y	g2p1l1	Y	3	3	Y	-	RL	N	T	-	-	-	f	-	10	N	N	Y	Y
22	pushpa	28	R	20.66	3	2	2500	N	Y	g2p1l1	Y	4	2	Y	CPD	L	N	T	-	-	-	m	-	7	N	N	Y	Y
23	indra	28	U	28.77	3	2	2500	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	7	N	N	Y	Y
24	lakshmi	33	R	27.24	5	1	-	Y	Y	g3p2l1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	Y	Y
25	bhavani	22	R	31.55	3	3	2000	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
26	Shanti	28	U	23	3	3	3000	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
27	ganga	28	U	26.9	4	2	1500	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	Y	Y
28	maheshwari	25	U	31.11	2	4	5600	Y	Y	g1	Y	2	4	Y	-	L	N	POST	-	-	-	f	-	9	N	N	Y	Y
29	kasiamma	36	R	22.2	5	3	1000	Y	Y	g4p3l2	Y	5	3	Y	GDM	N	Y	T	-	BB	Y	m	-	14	N	N	Y	Y
30	mary	26	U	28.26	2	3	3500	N	Y	g2p1l1	Y	3	3	Y	CPD	L	N	T	-	-	-	f	-	12	N	N	Y	Y

| | | | past history | | | | family history | | | | | | | | | | EPDS | | | | |
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
1	Ramayee	IUD-9m/LSCS-OLIGO	ALIVE	13	25	N	N	N	2	1	N	N	N	N	N	N	18	-	-	DEP	Referral
2	Shanti	2 - N	ALIVE	12	16	N	N	N	2	2	N	N	N	N	N	N	23	-	-	DEP	Referral
3	Sathya	1 -N	ALIVE	11	17	N	N	N	2	2	DM	N	N	N	N	N	7	4	2	N	-
4	Devi	spont abort 12wk	NA	11	24	N	N	N	2	1	N	N	N	N	N	N	4	1	2	N	-
5	Durga	LSCS - fetal distress	ALIVE	12	21	N	N	N	-	2	TB-F	N	N	N	N	N	9	6	6	N	-
6	Kalivani	LSCS - twins	ALIVE	10	18	N	N	N	1	1	N	N	N	N	N	N	4	2	0	N	-
7	Fathima	1 -N	ALIVE	11	17	N	N	N	2	2	N	N	N	N	N	N	7	4	5	N	-
8	palaniamma	NA	NA	14	17	N	N	N	2	-	N	N	N	N	N	N	9	8	1	N	-
9	meena	1-LSCS	ALIVE	12	18	N	DM	N	2	2	N	N	N	N	N	N	4	0	0	N	-
10	selvi	NA	NA	13	22	N	N	N	2	2	N	N	N	N	N	N	6	2	0	N	-
11	samseera	NA	NA	12	21	N	N	N	1	1	N	N	N	N	N	N	7	2	3	N	-
12	sridevi	1 -N	ALIVE	11	17	N	N	N	2	3	N	N	N	N	N	N	4	6	2	N	-
13	jarina	1-N/1-MTP	ALIVE	13	18	N	N	N	2	4	N	N	N	N	N	N	8	3	5	N	-
14	sudha	1 -N	ALIVE	12	17	N	N	N	2	2	N	N	N	N	N	N	4	1	1	N	-
15	murugeswari	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	9	6	6	N	-
16	rajalakshmi	1-MTP	NA	11	17	N	N	N	1	2	N	N	N	N	N	N	13	-	-	DEP	Referral
17	aruna	1 -N	ALIVE	11	20	N	N	N	2	2	HT2	N	N	N	N	N	5	0	0	N	-
18	abhirami	NA	NA	12	18	N	N	N	2	3	DM	N	N	N	N	N	6	2	2	N	-
19	parameshwari	1 -LSCS	ALIVE	13	22	N	N	N	2	3	N	N	N	N	N	N	7	2	4	N	-
20	vanitha	1-N/1-LSCS	ALIVE	11	19	N	N	N	2	2	DM	N	N	N	N	N	6	5	7	N	-
21	sathya	1-LSCS	ALIVE	12	17	N	N	N	2	2	N	N	N	N	N	N	5	5	2	N	-
22	pushpa	1-N	ALIVE	11	19	N	N	N	2	2	N	N	N	N	N	N	5	5	2	N	-
23	indra	1-N	ALIVE	12	17	N	N	N	2	2	N	N	N	N	N	N	5	5	2	N	-
24	lakshmi	1-N/1-SB	ALIVE	13	18	N	N	N	2	4	N	N	N	N	N	N	8	3	5	N	-
25	bhavani	NA	NA	11	21	N	N	N	2	2	N	N	N	N	N	N	5	2	1	N	-
26	Shanti	1-N	ALIVE	12	22	N	N	N	2	2	N	N	N	N	N	N	5	2	1	N	-
27	ganga	1-N	ALIVE	13	21	N	N	N	2	2	N	N	N	N	N	N	5	2	2	N	-
28	maheshwari	NA	NA	10	23	N	N	N	2	2	N	N	N	N	N	N	8	7	9	N	-
29	kasiamma	2-N/1-IUD	ALIVE	11	21	N	N	N	2	4	DM	N	N	N	N	N	7	4	6	N	-
30	mary	1-N	ALIVE	12	22	N	N	N	2	1	N	N	N	N	N	N	4	1	0	N	-

S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	current conception GPLA	booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
31	benazir	20	R	23.33	3	3	2000	N	Y	g1	Y	3	3	Y	ANE	L	N	T	-	-	-	f	-	12	N	N	Y	Y
32	sumathy	26	U	21.2	2	4	5000	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
33	shobana	22	R	25.71	3	3	1400	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	9	N	N	Y	Y
34	megalai	24	R	20.66	5	1	-	Y	Y	g2p1l1	Y	3	3	Y	CPD	RL	N	T	-	-	-	f	-	11	N	N	Y	Y
35	alagama	20	U	25.55	3	2	2400	Y	Y	g1	Y	3	3	Y	-	L	N	T	PL	-	-	m	-	8	N	N	Y	Y
36	jaya	28	U	33.33	4	2	2000	Y	Y	g3p1l1	Y	3	3	Y	-	L	Y/F	T	-	-	-	f	-	9	N	N	Y	Y
37	shenbagam	30	U	25.2	4	2	2000	N	Y	g2p1l1	Y	7	2	Y	GDM	L/TWIN	N	T	-	-	-	m	-	11	N	N	Y	Y
38	nirmala	27	R	23.16	4	2	2000	N	Y	g2p1l1	Y	3	3	Y	-	RL	N	T	-	-	-	f	-	9	N	N	Y	Y
39	shanti	22	U	23	3	2	2500	Y	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	8	N	N	Y	Y
40	uma	29	R	22.66	4	2	2000	N	Y	g2p1l1	Y	5	2	Y	ANE	RL	N	T	-	-	-	m	-	11	N	N	Y	Y
41	palaniamma	25	R	31.66	4	2	2000	N	Y	g2p0l0	Y	3	3	Y	-	L	N	T	-	-	-	m	-	21	Y	N	Y	N
42	kalaiamma	32	R	23.66	4	2	2000	N	Y	g2p1l1	Y	3	2	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
43	revathy	28	U	29.51	3	3	3000	N	Y	g2p1l1	Y	3	3	Y	CPD	RL	N	T	-	BB	Y	m	-	8	N	N	Y	Y
44	pushpa	30	U	24.69	2	4	6000	N	Y	g3p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	9	N	N	Y	Y
45	sathya	21	R	21.25	3	3	1400	N	Y	g1	Y	3	3	Y	HBS	L	N	T	-	-	-	m	-	12	N	N	N	Y
46	vadivu	30	U	24.66	4	2	2000	N	Y	g2p1l1	Y	3	2	Y	-	L	N	T	-	-	-	f	-	6	N	N	Y	Y
47	malar	30	R	21.1	4	2	2300	Y	Y	g3p2l2	Y	3	3	Y	-	L	Y/F	T	-	-	-	f	-	9	N	N	Y	Y
48	vanitha	29	U	28.96	4	2	1700	N	Y	g2p1l1	Y	5	2	Y	ANE	L	N	T	-	-	-	m	-	7	N	N	Y	Y
49	kani	32	U	36.44	4	2	1700	Y	Y	g3p1l1	Y	4	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
50	lathiba	31	U	28.22	4	1	-	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
51	aishwarya	20	R	32	3	3	2000	N	Y	g1	Y	12	3	Y	CI	N	N	T	-	-	-	f	-	5	Y	N	Y	Y
52	meenakshi	30	R	38.46	5	1	-	Y	Y	g3p1l1	Y	6	2	Y	CPD	RL	Y/F	T	-	-	-	m	-	11	N	N	Y	Y
53	muthu	24	R	29.77	3	2	2500	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	8	N	N	Y	Y
54	rohini	26	R	28.1	4	2	2000	N	Y	g2p1l1	Y	6	2	Y	PIH	N	N	T	-	-	-	f	-	19	N	N	Y	Y
55	athi	21	U	30.6	3	2	2400	N	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	m	-	6	N	N	Y	Y
56	amuda	26	U	27.55	3	3	2400	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
57	tamil vani	22	R	27.55	5	1	-	N	Y	g1	Y	3	3	Y	RET	N	N	T	-	-	-	m	-	8	N	Y	N	Y
58	kaleswari	23	U	31.1	3	2	2000	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	9	N	N	Y	Y
59	selvameena	29	U	31.6	3	2	2500	N	Y	g3p1l1	Y	3	3	Y	-	N	Y/F	T	-	-	-	m	-	12	N	N	Y	Y
60	ilamathi	20	U	30.22	3	2	1600	N	Y	g1	Y	9	2	Y	GDM	N	N	T	-	BB	Y	f	PPH	7	N	N	Y	Y

S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	EPDS 1	2	6	DIAGNOSIS	outcome
																	EPDS				
31	benazir	NA	NA	12	18	N	N	N	2	1	N	N	N	N	N	N	7	4	3	N	-
32	sumathy	NA	NA	11	24	N	N	N	2	2	N	N	N	N	N	N	8	2	5	N	-
33	shobana	NA	NA	11	21	N	N	N	2	3	N	N	N	N	N	N	6	3	5	N	-
34	megalai	1-LSCS	ALIVE	12	22	N	N	N	2	2	HD	N	N	N	N	N	3	5	1	N	-
35	alagama	NA	NA	11	18	N	N	N	2	2	N	N	N	N	N	N	3	5	1	N	-
36	jaya	1-N/1-MTP 10 WKS	ALIVE	11	20	N	N	N	2	2	N	N	N	N	N	N	7	4	9	N	-
37	shenbagam	1-N	ALIVE	11	21	N	N	N	2	1	N	N	N	N	N	N	6	5	5	N	-
38	nirmala	1-LSCS	ALIVE	11	20	N	N	N	2	3	DM	N	N	N	N	N	7	2	5	N	-
39	shanti	NA	NA	11	20	N	N	N	1	2	N	N	N	1	N	N	12	-	-	DEP	REFERRAL
40	uma	1-LSCS	ALIVE	11	21	N	N	N	2	1	N	N	N	N	N	N	6	5	5	N	-
41	palaniamma	1-SPON ABOR-12WK	NA	11	16	N	N	Y	-	2	N	N	N	N	N	N	14	-	-	DEP	REFERRAL
42	kalaiamma	1-N	ALIVE	12	21	N	N	N	2	2	N	N	N	N	N	N	4	2	0	N	-
43	revathy	1-LSCS	ALIVE	12	22	N	N	N	2	2	HT	N	N	N	N	N	6	6	7	N	-
44	pushpa	1-MISS 6 WKS/1-N	ALIVE	12	21	N	N	N	2	2	N	N	N	N	N	N	8	7	8	N	-
45	sathya	NA	NA	11	19	HBS	MUL TR	N	2	1	N	N	N	N	N	N	7	3	5	N	-
46	vadivu	1-N	ALIVE	11	21	N	N	N	2	2	N	N	N	N	N	N	8	5	4	N	-
47	malar	2-N	ALIVE	12	21	N	N	N	2	2	N	N	N	N	N	N	8	7	8	N	-
48	vanitha	1-N	ALIVE	12	20	N	N	N	2	2	N	N	N	N	N	N	5	1	2	N	-
49	kani	1-N/1-MTP8WKS	ALIVE	11	18	N	N	N	2	2	N	N	N	N	N	N	8	5	2	N	-
50	lathiba	1-N	ALIVE	11	18	N	N	N	2	4	N	N	N	N	N	N	4	1	1	N	-
51	aishwarya	NA	NA	11	18	N	N	N	2	4	N	N	N	N	N	N	13	-	-	DEP	REFERRAL
52	meenakshi	1-LSCS/1-MTP8WKS	ALIVE	10	20	N	N	N	2	4	N	N	N	N	N	N	4	1	1	N	-
53	muthu	NA	NA	11	18	N	N	N	2	2	N	N	N	N	N	N	8	5	1	N	-
54	rohini	1-N	ALIVE	10	19	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
55	athi	NA	NA	12	18	N	N	N	2	1	N	N	N	N	N	N	7	4	3	N	-
56	amuda	1-N	ALIVE	12	18	N	N	N	2	2	N	N	N	N	N	N	7	5	6	N	-
57	tamil vani	NA	NA	11	17	HIV	N	N	2	1	N	N	N	N	N	Y	15	-	-	DEP	REFERRAL
58	kaleswari	NA	NA	12	20	N	N	N	2	1	N	N	N	N	N	N	7	5	6	N	-
59	selvameena	1-N/MTP - 7 WEEKS	ALIVE	12	18	N	N	N	2	2	N	N	N	N	N	N	4	1	1	N	-
60	ilamathi	NA	NA	12	18	N	N	N	2	3	N	N	N	N	N	N	8	9	3	N	-

| S.No | Name | Age | Res | BMI | Edu.Q | cupati | income | cons | arranged | current conception | | | | | | | | | | | | | | | | | | | |
										GPLA	booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
61	nallama	29	R	29.77	4	2	1800	N	Y	g3p2l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
62	sabarabanu	31	U	28.88	3	3	3000	N	Y	g2p1l1	Y	5	3	Y	ANE	N	N	T	-	-	-	f	RP	5	N	N	Y	Y
63	vimala	27	U	28.88	3	3	2400	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	7	N	N	Y	Y
64	karuthama	18	U	30.22	3	2	2600	N	Y	g1	Y	3	3	Y	POL	N	N	T	-	RD	Y	f	-	7	N	N	Y	Y
65	kavitha	27	R	28.88	4	2	2500	Y	Y	g2p0l0	Y	3	3	Y	-	F	N	T	-	-	-	m	-	7	N	N	Y	Y
66	panjavarnam	32	R	34.31	4	2	1800	N	Y	g3p2l2	Y	4	2	Y	CPD	RL	Y/F	T	-	-	-	f	-	11	N	N	Y	Y
67	sumathy	22	R	33.3	3	3	2500	N	Y	g1	Y	4	3	Y	CPD	L	N	T	-	BB	Y	m	-	11	N	N	Y	Y
68	visadevi	28	R	30	3	3	2400	N	Y	g2p1l1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
69	revathy	25	U	25.8	3	2	2600	N	Y	g1	Y	7	3	Y	PIH	N	N	T	-	-	-	f	-	22	N	N	Y	Y
70	rajathy	26	U	28.8	3	3	3000	N	Y	g2p1l1	Y	5	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
71	kasthuti	31	U	30.2	4	2	2300	N	Y	g3p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
72	kavitha	26	R	26.8	3	3	2500	N	Y	g3p2l2	Y	6	3	Y	PIH	RL	Y/F	Pre	-	-	-	f	-	13	N	N	Y	Y
73	mani	26	U	25.5	2	4	2400	N	Y	g2p1l1	Y	3	3	Y	ANE	N	N	T	-	-	-	m	-	7	N	N	Y	Y
74	rekha	25	R	27.5	4	2	2300	N	Y	g2p1l1	Y	3	3	Y	CPD	RL	N	T	-	-	-	f	-	7	N	N	Y	Y
75	surya	23	R	33.3	3	2	2300	N	Y	g1	Y	3	3	Y	CPD	L	N	T	-	RD	Y	m	-	12	N	N	N	Y
76	madhavi	29	R	22.6	4	2	2500	N	N	g3p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
77	muthumeena	27	U	34.6	3	3	2400	N	Y	g2p1l0	Y	6	3	Y	-	L	N	T	-	-	-	f	-	12	N	N	Y	Y
78	malar	31	U	32	3	3	3000	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	12	N	N	Y	Y
79	devagi	22	U	23.3	3	2	2300	N	Y	g1	Y	3	3	Y	RH	N	N	T	-	-	-	m	-	4	N	N	Y	Y
80	raaku	27	R	21.1	4	2	2600	N	Y	g2p1l1	Y	5	3	Y	CPD	RL	N	T	-	-	-	m	-	12	N	N	Y	Y
81	saraswathu	30	U	26.6	3	2	3000	Y	Y	g4p3l1	Y	4	3	Y	-	N	N	T	-	-	-	f		4	N	N	Y	Y
82	maheswari	24	R	28.4	3	2	1400	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
83	nagamma	32	R	28.8	3	3	2500	N	Y	g3p2l2	Y	6	3	Y	APH	IUD	N	T	-	-	-	NA	-	12	N	N	NA	Y
84	muthuselvi	26	R	25.5	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	CPD	L	N	T	-	-	-	f	-	7	N	N	Y	Y
85	lakshmi	23	U	23.3	3	3	3000	N	Y	g1	Y	3	3	Y	-	F	N	T	-	-	-	m	-	6	N	N	Y	Y
86	latha	24	U	25.1	2	3	4000	N	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	7	N	N	Y	Y
87	kavitha	24	U	25.7	3	2	2300	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
88	birdoz	28	R	23	3	3	3000	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	Y	Y
89	bakya	21	U	27.6	3	2	2300	N	Y	g1	Y	6	3	Y	GDM	N	N	T	-	BB	Y	m	RP	8	N	N	N	Y
90	hamitha	27	R	23	4	1	-	N	Y	g2p1l1	Y	3	3	Y	CPD	RL	N	T	-	-	-	f	-	7	N	N	Y	Y

			past history				family history										EPDS				
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parents	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
61	nallama	2-N	ALIVE	13	18	N	N	N	2	1	N	N	N	N	N	N	7	4	3	N	-
62	sabarabanu	1-N	ALIVE	12	21	N	N	N	2	2	DM	N	N	N	N	N	6	3	1	N	-
63	vimala	1-N	ALIVE	13	18	N	N	N	2	1	N	N	N	N	N	N	7	4	3	N	-
64	karuthama	NA	NA	11	16	N	N	N	2	1	N	N	N	N	N	N	8	5	5	N	-
65	kavitha	1-SPON ABO 8 WKS	NA	11	18	N	GDM	N	2	4	N	N	N	N	N	N	8	5	7	N	-
66	panjavarnam	1-N/1-LSCS	ALIVE	12	21	N	N	N	1	3	N	N	Y	N	N	N	11	-	-	DEP	REFERRAL
67	sumathy	NA	NA	11	18	N	N	N	2	4	N	N	N	Y	N	N	5	1	0	N	-
68	visadevi	1-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	6	3	2	N	-
69	revathy	NA	NA	11	22	N	HT	N	2	1	HT2	N	N	N	N	N	7	4	3	N	-
70	rajathy	1-N	ALIVE	12	21	N	N	N	2	3	N	N	N	N	N	N	4	1	1	N	-
71	kasthuti	1-N/1 SPON ABO 11	ALIVE	11	18	N	N	N	2	4	N	N	N	N	N	N	12	-	-	DEP	REFERRAL
72	kavitha	1-N/1-LSCS	ALIVE	11	19	N	N	N	2	3	N	N	N	N	N	N	8	3	6	N	-
73	mani	1-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	6	3	2	N	-
74	rekha	1-LSCS	ALIVE	12	20	N	N	N	2	3	N	N	N	N	N	N	5	5	3	N	-
75	surya	NA	NA	11	18	N	N	N	2	2	HT2	N	N	N	N	N	6	3	2	N	-
76	madhavi	1-SPON ABO 8 WKS/1-N	ALIVE	11	18	N	N	N	2	1	N	1	N	N	N	N	6	3	2	N	-
77	muthumeena	SB-1	NA	13	23	N	N	N	2	1	N	N	N	N	N	N	7	4	3	N	-
78	malar	1-N	ALIVE	12	21	N	N	N	2	1	N	N	N	N	N	N	5	1	0	N	-
79	devagi	NA	NA	12	20	N	N	N	2	2	DM	N	N	N	N	N	4	2	3	N	-
80	raaku	1-LSCS	ALIVE	11	20	N	N	N	2	3	N	N	N	N	N	N	7	4	3	N	-
81	saraswathu	1 IUD-29/1-N/1-SB	ALIVE	12	18	N	N	N	2	2	N	N	N	N	N	N	12	-	-	DEP	REFERRAL
82	maheswari	NA	NA	12	20	N	N	N	2	2	N	N	N	N	N	N	4	2	3	N	-
83	nagamma	2-N	ALIVE	9	23	N	HT	N	2	3	N	N	N	N	N	N	15	-	-	DEP	REFERRAL
84	muthuselvi	1-N	ALIVE	12	22	N	N	N	2	1	N	N	N	N	N	N	5	1	2	N	-
85	lakshmi	NA	NA	12	20	N	N	N	2	2	N	N	N	N	N	N	6	3	5	N	-
86	latha	NA	NA	11	20	N	HT	N	2	1	N	N	N	N	N	N	9	8	3	N	-
87	kavitha	NA	NA	10	20	N	N	N	2	3	N	N	N	N	N	N	4	1	0	N	-
88	birdoz	1-N	ALIVE	12	20	N	N	N	2	2	N	N	N	N	N	N	4	2	3	N	-
89	bakya	NA	NA	11	19	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
90	hamitha	1-LSCS	ALIVE	9	20	N	N	N	2	4	N	N	N	N	N	N	2	0	0	N	-

S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	GPLA	Booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
																current conception												
91	kani	35	U	31.1	3	3	2500	N	Y	g3p2l1	Y	5	3	Y	ANE	L	N	T	PL	RD	Y	f	-	13	N	N	Y	Y
92	rekha	25	U	29.7	2	4	4500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
93	lakshmi	33	U	27.25	3	3	2500	N	Y	g3p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	Y	Y
94	rajeswari	25	U	21.1	3	3	4000	N	N	g1	Y	5	3	Y	ANE	L	N	T	-	-	-	f	PPH	11	N	N	Y	Y
95	deepa	30	R	23.4	5	1	-	Y	Y	g3p1l1	Y	3	3	Y	CPD	RL	N	T	-	-	-	m	-	11	N	N	Y	Y
96	jayanthi	23	R	27.1	3	2	1400	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
97	amudha	22	U	30.6	3	2	2300	N	Y	g1	Y	3	3	Y	RH	N	N	T	-	-	-	m	-	4	N	N	Y	Y
98	muthu	27	R	29.3	2	4	4500	N	Y	g2p1l1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	RP	7	N	N	Y	Y
99	anjugam	32	U	24.75	3	2	2000	N	Y	g3p1l1	Y	4	3	Y	CPD	L	N	T	-	-	-	f	-	11	N	N	Y	Y
100	abinaya	21	R	26.45	3	2	2300	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	3	N	N	Y	Y
101	geetha	23	U	31.1	2	4	5500	N	N	g1	Y	15	2	Y	ECL	IUD	N	PRE	-	-	-	NA	-	31	N	N	N	Y
102	seetha	29	U	25.91	2	3	3500	Y	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	3	N	N	Y	Y
103	surya	22	R	30.2	4	2	2000	Y	Y	g2p1l1	Y	15	2	Y	HD	RL	N	T	-	-	-	m	WI	20	N	N	Y	Y
104	sundaramma	31	R	28.8	3	2	2000	N	Y	g3p2l2	Y	6	3	Y	-	F	N	T	-	-	-	f	-	6	N	N	Y	Y
105	vijaya	26	R	26.2	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
106	nagaselvi	23	U	28.8	2	3	4500	N	Y	g1	Y	6	2	Y	ANE	F	N	T	-	-	-	f	PPH	11	N	N	Y	Y
107	sudha	24	U	29.7	2	3	5000	N	N	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	Y	Y
108	pandeeswari	22	U	31.5	2	4	1800	N	Y	g1	Y	3	3	Y	CPD	L	N	T	-	-	-	m	-	9	N	N	Y	Y
109	vijaya	32	R	30	4	1	-	N	Y	g3p1l1	Y	3	3	Y	ANE	N	N	T	-	-	-	m	-	12	N	N	Y	Y
110	bakyalakshmi	21	U	29.08	3	3	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
111	benazir	21	R	32	4	1	-	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
112	sudha	22	R	24.3	3	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	3	N	N	Y	Y
113	kanimozhi	29	U	26	2	3	4500	N	N	g2p1l1	Y	6	3	Y	ANE	L	N	T	-	RD	Y	m	-	12	N	N	Y	Y
114	mani	24	U	32	2	4	5000	N	Y	g1	Y	16	3	Y	HD	L	N	T	-	-	-	f	-	21	N	N	Y	Y
115	rashika	32	R	27	3	3	2500	N	Y	g3p2l2	Y	4	3	Y	-	N	N	T	-	-	-	m	-	12	N	N	Y	Y
116	janani	20	U	22.5	4	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
117	nagamma	20	R	27.5	3	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
118	sundaramma	25	U	28.1	2	4	2000	N	Y	g2p1l1	Y	6	3	Y	GDM	F	N	T	-	BB	Y	f	-	7	N	N	Y	Y
119	vanitha	24	R	28	3	2	2100	N	Y	g2p1l1	Y	3	2	Y	-	L	N	T	-	-	-	m	-	4	N	N	Y	Y
120	sheeba	34	U	25.6	3	3	2400	N	Y	g3p2l2	Y	3	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y

S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	EPDS 1	2	6	DIAGNOSIS	outcome
																					past history ... family history ... EPDS
91	kani	1-SB/1-N	ALIVE	12	20	N	N	N	2	2	N	N	N	N	N	4	2	3	N	-
92	rekha	NA	NA	11	19	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
93	lakshmi	1-N/1-SPON 8 WKS	ALIVE	12	20	N	N	N	2	2	HT	N	N	N	N	N	7	5	2	N	-
94	rajeswari	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
95	deepa	1-LSCS/1-MTP 10 WKS	ALIVE	13	19	N	N	N	1	3	DM	N	N	Y	1	N	12	-	-	DEP	REFERRAL
96	jayanthi	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
97	amudha	NA	NA	11	21	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
98	muthu	1-N	ALIVE	12	20	N	N	N	2	3	HT2	N	N	N	N	N	4	1	2	N	-
99	anjugam	1-N/1-MTP 14 WKS	ALIVE	11	21	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
100	abinaya	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	6	6	3	N	-
101	geetha	NA	NA	11	21	N	N	N	2	4	HT2	N	N	N	N	N	21	-	-	DEP	REFERRAL
102	seetha	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	6	6	3	N	-
103	surya	1-LSCS	ALIVE	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
104	sundaramma	2-N	ALIVE	11	19	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
105	vijaya	1-N	ALIVE	9	20	N	N	N	2	2	HT2	N	N	N	N	N	8	5	1	N	-
106	nagaselvi	NA	NA	13	21	N	N	N	2	2	N	N	N	N	N	N	4	3	0	N	-
107	sudha	NA	NA	10	20	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
108	pandeeswari	NA	NA	13	19	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
109	vijaya	1-SPON 5 WEEKS/1-N	ALIVE	10	20	N	N	N	2	1	N	N	N	N	N	N	13	-	-	DEP	REFERRAL
110	bakyalakshmi	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
111	benazir	NA	NA	12	18	N	N	N	2	5	N	N	N	N	N	N	7	5	4	N	-
112	sudha	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
113	kanimozhi	1-N	ALIVE	12	24	N	N	N	2	1	HD	N	N	N	N	N	8	8	2	N	
114	mani	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	8	5	3	N	-
115	rashika	2-N	1-ALIVE/1-ACC	14	17	N	N	N	2	4	N	N	N	N	N	N	9	1	0	N	-
116	janani	NA	NA	10	18	N	N	N	2	3	N	N	N	N	N	N	9	7	6	N	-
117	nagamma	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	7	3	N	-
118	sundaramma	1-N	ALIVE	9	23	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
119	vanitha	1-N	ALIVE	10	18	N	N	N	2	3	N	N	N	N	N	N	5	5	2	N	-
120	sheeba	2-N	ALIVE	11	18	N	N	N	2	3	HD	N	N	N	N	N	7	2	1	N	-

| S.No | Name | Age | Res | BMI | Edu.Q | cupati | income | cons | arranged | current conception | | | | | | | | | | | | | | | | | | |
										GPLA	Booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
121	jarina	32	U	27.5	3	3	2500	N	Y	g2p1l1	Y	5	3	Y	ANE	L	N	T	-	-	-	f	-	13	N	N	Y	Y
122	kali	23	R	31.5	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	CPD	RL	N	T	-	-	-	f	-	12	N	N	Y	Y
123	ganga	25	U	27	3	3	2500	N	Y	g1	Y	5	3	Y	OLI	L	N	T	-	RD	Y	m	-	7	N	N	Y	Y
124	muthayi	26	R	32	4	2	2000	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	PPH	11	N	N	Y	Y
125	kalai	23	R	26.5	4	1	-	Y	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	11	N	N	Y	Y
126	mahadevi	27	U	28.1	3	2	1400	N	Y	g2p1l1	Y	5	3	Y	ANE	RL	N	T	-	-	-	f	-	7	N	N	Y	Y
127	lakshmi	20	R	25.6	3	2	2100	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
128	pandeeswari	22	U	22.6	2	4	4500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	WI	8	N	N	Y	Y
129	bakyam	25	U	31.5	3	2	2000	N	Y	g1	Y	4	3	Y	-	L	N	T	-	-	-	f	-	4	N	N	Y	Y
130	kathyayini	25	R	30.22	4	2	2300	N	Y	g2p1l1	Y	5	3	Y	CPD	RL	N	T	-	-	-	m	-	12	N	N	Y	Y
131	chandrakala	23	U	28.9	2	4	5500	N	N	g2p1l1	Y	5	2	Y	CPD	RL	N	T	-	-	-	m	-	12	N	N	N	Y
132	deepa	25	R	30.1	2	3	3500	Y	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	8	N	N	Y	Y
133	kanimozhi	30	R	23.1	4	2	2000	Y	Y	g2p1l1	Y	5	2	Y	ANE	L	N	T	-	-	-	m	RP	7	N	N	Y	Y
134	aprin	21	R	21	3	2	2000	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
135	muthayi	20	R	21.76	4	2	2500	N	Y	g1	Y	3	3	Y	CPD	L	N	T	-	-	-	m	-	11	N	N	Y	Y
136	thangam	26	R	29.6	2	3	2400	N	Y	g3p1l1	Y	11	2	Y	APH	RL	N	T	-	-	-	f	-	17	N	N	Y	Y
137	palaniamma	26	R	28.8	4	2	2000	N	N	g2p1l1	Y	6	3	Y	GDM	L	N	T	-	BB	Y	f	WI	11	N	N	Y	Y
138	julie	23	U	22.2	3	3	3500	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	9	N	N	Y	Y
139	malar	20	U	21.6	4	2	2500	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	Y	Y
140	kaliamma	29	U	28.1	3	3	2500	N	Y	g2p1l2	Y	3	3	Y	CPD	RL	N	T	-	-	-	m	-	11	N	N	Y	Y
141	ramalakshmi	20	U	29.2	4	1	-	N	Y	g1	Y	3	3	Y	RH	N	N	T	-	-	-	f	-	4	N	N	Y	Y
142	vanitha	29	U	23.3	3	2	2500	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	3	N	N	Y	Y
143	selvameena	25	U	23.14	2	3	4500	N	N	g1	Y	6	3	Y	ANE	N	N	T	-	RD	Y	m	-	12	N	N	Y	Y
144	geetha	22	U	24.1	2	4	5000	N	Y	g1	Y	5	3	Y	-	L	N	post	-	-	-	f	-	6	N	N	Y	Y
145	vinodhini	21	R	30.6	3	3	2500	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	Y	Y
146	murugeswari	21	U	27.5	3	3	3500	N	Y	g1	Y	6	3	Y	CPD	L	N	T	-	BB	Y	f	-	11	N	N	Y	Y
147	vijaya	28	R	23.1	3	2	2500	N	Y	g2p1l1	Y	3	3	Y	ANE	L	N	T	-	-	-	m	-	11	N	N	Y	Y
148	ambigai	28	U	25.2	2	4	2000	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
149	rama devi	34	R	30.2	3	2	2100	N	Y	g3p1l1	Y	3	2	Y	-	L	N	T	-	-	-	m	-	6	N	N	Y	Y
150	dhanalakshmi	22	U	25.3	3	3	2400	N	Y	g1	Y	3	3	Y	ANE	L	N	T	-	-	-	f	-	7	N	N	Y	Y

			past history					family history										EPDS				
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
121	jarina	1-N	ALIVE	11	18	N	N	N	2	2	HD	N	N	N	N	N	5	4	1	N	-
122	kali	1-LSCS	ALIVE	10	18	N	N	N	2	1	N	N	N	N	N	N	9	5	1	N	-
123	ganga	NA	NA	11	21	N	N	N	2	1	N	N	N	N	N	N	5	1	2	N	-
124	muthayi	1-N	ALIVE	12	17	N	N	N	2	2	N	N	N	N	N	N	12	-	-	DEP	REFERRAL
125	kalai	NA	NA	9	19	N	N	N	2	3	N	N	N	N	N	N	6	7	3	N	-
126	mahadevi	1-LSCS	ALIVE	10	19	N	N	N	2	3	DM	N	N	N	N	N	8	4	5	N	-
127	lakshmi	NA	NA	11	18	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
128	pandeeswari	NA	NA	12	21	N	N	N	2	3	N	N	N	N	N	N	4	1	0	N	-
129	bakyam	NA	NA	11	22	N	N	N	2	2	N	N	N	N	N	N	9	5	3	N	-
130	kathyayini	1-LSCS	ALIVE	13	17	N	N	N	2	1	N	N	N	N	N	N	4	0	0	N	-
131	chandrakala	1-LSCS	ALIVE	10	19	N	N	N	2	2	N	1	N	N	N	N	6	7	3	N	-
132	deepa	1-N	ALIVE	11	20	N	N	N	2	2	N	N	N	N	N	N	4	0	0	N	-
133	kanimozhi	1-N	ALIVE	13	19	N	N	N	2	1	N	N	N	N	N	N	4	4	4	N	-
134	aprin	NA	NA	9	19	N	N	N	2	1	HT	N	N	N	N	N	1	0	0	N	-
135	muthayi	NA	NA	11	18	N	N	N	2	2	N	N	N	N	N	Y	7	7	4	N	-
136	thangam	1-LSCS/1-MISS AB 8 WK	ALIVE	13	17	N	N	N	2	3	N	N	N	N	N	N	19	-	-	DEP	REFERRAL
137	palaniamma	1-N	ALIVE	12	20	N	N	N	2	1	N	N	N	N	N	N	5	1	1	N	-
138	julie	NA	NA	13	22	N	N	N	2	2	N	N	N	N	N	N	7	2	1	N	-
139	malar	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	4	0	0	N	-
140	kaliamma	1-LSCS=TWIN	ALIVE	10	20	N	N	N	1	2	DM	N	N	N	N	N	4	6	1	N	-
141	ramalakshmi	NA	NA	12	17	N	N	N	2	2	N	N	N	N	N	N	8	5	4	N	-
142	vanitha	1-N	ALIVE	10	19	N	N	N	2	2	N	N	N	N	N	N	3	1	1	N	-
143	selvameena	NA	NA	11	21	N	N	N	2	3	N	N	N	N	N	N	7	6	3	N	-
144	geetha	NA	NA	10	17	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
145	vinodhini	NA	NA	11	19	N	N	N	2	3	N	N	N	N	N	N	4	4	3	N	-
146	murugeswari	NA	NA	11	17	N	N	N	2	-	HD	N	N	N	N	N	1	1	1	N	-
147	vijaya	1-N	ALIVE	9	19	N	N	N	2	1	N	N	N	N	N	N	7	4	1	N	-
148	ambigai	1-N	ALIVE	11	19	N	N	N	1	2	N	N	N	N	N	N	6	2	1	N	-
149	rama devi	1-N/1-SPON 7	ALIVE	11	19	N	N	N	2	3	N	N	N	N	N	N	4	4	3	N	-
150	dhanalakshmi	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	5	5	1	N	-

S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	GPLA	booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
151	jothi	27	R	27.7	4	2	3000	N	Y	g2p0l0	Y	5	3	Y	ANE	L	N	T	-	-	-	f	-	8	N	N	Y	Y
152	niramathi	24	U	25.6	3	3	4000	Y	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	6	N	N	N	Y
153	geetha	28	R	27.7	4	2	3500	Y	Y	g2p1l1	Y	6	2	Y	PIH	L	N	T	-	RD	Y	m	-	21	N	N	Y	Y
154	ramani	27	R	31.1	4	2	2300	N	N	g2p1l1	Y	5	3	Y	ANE	L	N	T	-	-	-	f	-	11	N	N	Y	Y
155	dhanalakshmi	27	U	24.6	3	3	4000	N	Y	g2p1l1	Y	3	2	Y	-	L	N	T	-	-	-	m	-	13	N	N	Y	N
156	shanthi	29	U	21.2	4	2	2000	Y	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	PPH	7	N	N	Y	Y
157	ganga	18	U	21.7	4	2	2500	N	N	g1	Y	4	3	Y	-	L	N	T	-	-	-	m	-	6	N	N	Y	Y
158	devi	25	R	25.7	4	2	2000	Y	Y	g2p1l1	Y	6	3	Y	ANE	L	N	T	-	-	-	f	-	7	N	N	Y	Y
159	sethulakshmi	24	R	23.2	4	2	2400	Y	Y	g2p1l1	Y	3	3	Y	CPD	L	N	T	-	BB	Y	f	-	13	N	N	Y	Y
160	amudha	23	U	24.6	2	4	5200	N	N	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	5	N	N	Y	Y
161	farida banu	24	R	33.6	4	1	-	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	Y	Y
162	bala	20	U	27.8	2	2	2000	N	N	g1	Y	3	3	Y	CPD	L	N	T	-	BB	Y	f	-	7	N	N	Y	Y
163	chella	23	R	23.1	4	2	2000	N	Y	g1	Y	6	2	Y	ANE	L	N	T	-	-	-	m	-	8	N	N	Y	Y
164	vani	22	U	29	3	2	2750	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	3	N	N	Y	Y
165	thaiba	23	R	28.8	5	1	-	N	Y	g1	N	-	-	N	-	SB	N	T	-	-	-	NA	-	4	N	N	NA	Y
166	ranjini	19	U	31.1	3	2	2500	N	N	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	3	N	N	Y	N
167	ponnu	23	R	26.67	3	2	3100	Y	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	RP	14	N	N	Y	Y
168	benazir	21	U	24.6	3	2	2400	N	Y	g1	Y	3	3	Y	RH	F	N	T	-	-	-	m	-	4	N	N	Y	Y
169	savitha	23	R	27.8	2	3	4600	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	9	N	N	Y	Y
170	geetha	26	R	26.7	5	2	1500	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	13	N	N	Y	Y
171	nithya	23	U	28.5	4	2	1800	Y	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	10	N	N	Y	Y
172	sangitha	20	R	30.6	3	3	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	8	N	N	Y	Y
173	vijaya	20	U	24.8	3	2	2500	N	N	g1	Y	3	3	Y	CPD	L	N	pre	-	-	-	m	-	13	N	N	Y	Y
174	anees	26	R	23.2	5	1	-	Y	Y	g2p1l1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
175	irulayi	25	U	27.7	3	3	2000	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
176	vasugi	24	R	31.7	3	3	3000	N	Y	g2p1l1	Y	3	3	Y	PIH	V	N	T	-	-	-	f	-	4	N	N	Y	Y
177	meenakshi	20	U	32.4	4	2	1500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	7	N	N	Y	Y
178	kamakshi	22	R	32	4	2	2300	Y	Y	g1	Y	2	4	Y	ANE	N	N	T	-	-	-	f	-	9	N	N	Y	Y
179	panjavarnam	24	R	27.8	5	2	1000	Y	Y	g1	Y	5	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
180	subha	34	U	26.7	2	3	3500	N	Y	g3p2l2	Y	6	3	Y	GDM	N	N	T	-	BB	Y	f	-	12	N	N	Y	Y

			past history				family history										EPDS				
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parents	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
151	jothi	1-SPON 13	NA	11	18	N	N	N	2	2	DM	N	N	N	N	N	4	2	1	N	-
152	niramathi	NA	NA	7	22	N	DM	N	2	1	N	N	N	N	N	N	5	3	3	N	-
153	geetha	1-N	ALIVE	13	19	N	N	N	2	3	N	N	N	N	N	N	4	4	4	N	-
154	ramani	1-N	ALIVE	11	18	N	HT	N	2	2	N	N	N	N	N	N	4	2	1	N	-
155	dhanalakshmi	1-N	ALIVE	10	21	N	N	N	2	2	DM2	N	N	N	N	N	6	8	2	N	-
156	shanthi	1-N	ALIVE	12	21	N	N	N	2	2	N	N	N	N	N	N	4	0	0	N	-
157	ganga	NA	NA	11	17	N	N	N	2	3	N	N	N	N	N	N	7	5	3	N	-
158	devi	1-N	ALIVE	10	17	N	N	N	2	2	N	N	N	N	N	N	5	5	1	N	-
159	sethulakshmi	1-N	ALIVE	11	18	N	N	N	2	2	HD	N	N	N	N	N	7	4	4	N	-
160	amudha	NA	NA	11	22	N	N	N	2	-	N	N	N	N	N	N	8	7	8	N	-
161	farida banu	NA	NA	13	21	N	N	N	2	3	N	N	N	N	N	N	3	2	7	N	-
162	bala	NA	NA	11	17	N	N	N	2	2	N	N	N	N	N	N	8	8	6	N	-
163	chella	NA	NA	12	18	N	N	N	2	2	N	N	N	N	N	N	5	5	1	N	-
164	vani	NA	NA	12	20	N	N	N	2	1	N	N	N	N	N	N	5	4	5	N	-
165	thaiba	NA	NA	11	18	N	N	N	1	3	DM2	N	N	N	N	Y	9	19	-	DEP	REFERRAL
166	ranjini	NA	NA	10	17	N	N	N	2	2	N	N	N	N	N	N	7	6	2	N	-
167	ponnu	1-N	ALIVE	11	19	N	N	N	2	2	N	N	N	N	N	N	4	4	1	N	-
168	benazir	NA	NA	14	18	N	N	N	2	1	N	N	N	N	N	N	4	2	5	N	-
169	savitha	1-N	ALIVE	10	17	N	N	N	2	4	N	N	N	N	N	N	1	0	2	N	-
170	geetha	1-N	ALIVE	11	19	N	N	N	2	1	HT	N	N	N	N	N	4	3	3	N	-
171	nithya	NA	NA	9	21	N	N	N	2	3	N	N	N	N	N	N	8	8	3	N	-
172	sangitha	NA	NA	11	18	N	N	N	1	3	N	N	N	1	N	N	5	4	3	N	-
173	vijaya	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	4	7	3	N	-
174	anees	1-N	ALIVE	12	17	N	N	N	2	5	N	N	N	N	N	N	4	4	3	N	-
175	irulayi	NA	NA	11	18	N	N	N	2	2	N	N	N	N	N	N	1	1	0	N	-
176	vasugi	1-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	6	7	3	N	-
177	meenakshi	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	5	2	1	N	-
178	kamakshi	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	7	8	4	N	-
179	panjavarnam	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	2	1	1	N	-
180	subha	2-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	1	0	0	N	-

										current conception																		
S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	GPLA	booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
181	rama	20	U	26.7	4	2	3000	N	Y	g1	Y	12	3	Y	PIH	N	N	T	-	-	-	f	-	21	N	N	Y	Y
182	kali	24	U	31.7	3	3	4000	Y	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	N	Y
183	malathi	26	U	25.1	4	2	3500	Y	Y	g2p1l1	Y	3	3	Y	ANE	F	N	T	-	RD	Y	m	-	11	N	N	Y	Y
184	tamil	22	U	27.7	4	2	2300	N	N	g1	Y	5	3	Y	-	N	N	T	-	-	-	f	-	3	N	N	Y	Y
185	latha	25	R	24.1	3	3	4000	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	N
186	sasikala	19	R	24.2	4	2	2000	Y	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	PPH	12	N	N	Y	Y
187	alagu	21	R	23.7	4	2	2500	N	N	g1	Y	3	3	Y	-	F	N	T	-	-	-	m	-	6	N	N	Y	Y
188	bakyam	30	U	27.26	4	2	2000	Y	Y	g2p1l1	Y	3	3	Y	GDM	N	N	T	-	BB	Y	f	-	7	N	N	Y	Y
189	sathya	20	U	25.1	4	2	2400	Y	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
190	janaki	23	U	23.7	2	4	5200	N	N	g1	Y	3	3	Y	APH	N	N	T	-	-	-	m	-	14	N	N	Y	Y
191	indra	28	U	20.5	3	3	2300	N	Y	g2p1l1	Y	4	2	Y	-	N	N	T	-	-	-	m	-	7	N	N	Y	Y
192	amathi	20	R	24.8	2	2	2000	N	N	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	7	N	N	Y	Y
193	pandi	27	U	32	4	2	2000	N	Y	g3p1l1	Y	3	2	Y	-	N	N	post	-	-	-	m	-	8	N	N	Y	Y
194	muthama	35	R	26.7	3	2	2750	N	Y	g3p2l2	Y	6	3	Y	CPD	RL	N	T	-	-	-	f	-	11	N	N	Y	Y
195	theju	24	U	25.3	3	3	3400	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	N	Y
196	samatha	22	R	25.8	3	2	2500	N	N	g1	Y	6	2	Y	ANE	N	N	T	-	-	-	f	-	3	N	N	Y	N
197	rajathi	30	U	26.2	3	2	3100	Y	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	RP	14	N	N	Y	Y
198	muthumari	21	R	25.18	3	2	2400	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	WI	9	N	N	Y	Y
199	sundari	21	U	23.76	3	3	3600	N	N	g1	Y	3	3	Y	POL	N	N	T	-	-	-	m	-	9	N	N	Y	Y
200	poorna	27	R	25.78	5	3	1500	N	Y	g2p1l1	Y	3	3	Y	-	N	N	post	-	-	-	m	-	6	N	N	Y	Y
201	muthumari	20	U	26.78	4	2	1800	Y	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
202	nagajothi	22	U	27.8	3	3	2500	N	Y	g1	Y	5	3	Y	ANE	N	N	T	-	-	-	m	-	5	N	N	Y	Y
203	amudha	24	U	22.83	3	2	2500	N	N	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
204	vantitha	24	R	22.68	5	1	-	Y	Y	g2p1l1	Y	5	3	Y	-	N	N	T	-	RD	N	f	-	5	N	N	Y	Y
205	kallachi	21	R	26.7	3	3	2000	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
206	vinitha	25	R	24.4	3	3	3000	N	Y	g2p1l1	Y	4	3	Y	ANE	N	N	T	-	-	-	f	PPH	12	N	N	Y	Y
207	rasitha	32	U	23.6	4	2	1500	N	Y	g3p2l2	Y	3	3	Y	PIH	N	Y/F	T	-	-	-	m	-	18	N	N	Y	N
208	lakshmi	27	R	26.4	4	2	2300	Y	Y	g2p1l0	Y	3	3	Y	-	N	N	T	-	-	-	f	-	9	N	N	Y	Y
209	prema	20	U	27.8	5	2	1000	Y	Y	g1	Y	3	2	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
210	subbu	31	R	22.2	2	3	3500	N	Y	g3p2l1	Y	6	3	Y	ANE	N	N	T	-	BB	Y	f	-	12	N	N	Y	Y

			past history				family history										EPDS				
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
181	rama	NA	NA	11	18	N	N	N	2	2	HT	N	N	N	N	N	12	-	-	DEP	REFERRAL
182	kali	NA	NA	10	21	N	N	N	2	1	DM	N	N	N	N	N	6	4	2	N	-
183	malathi	1-N	ALIVE	12	19	N	N	N	2	2	N	N	N	N	N	N	5	4	3	N	-
184	tamil	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	7	8	4	N	-
185	latha	1-N	ALIVE	9	21	N	N	N	2	3	N	N	N	N	N	N	5	2	5	N	-
186	sasikala	NA	NA	11	17	N	N	N	2	1	N	N	N	N	N	N	7	4	6	N	-
187	alagu	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	5	3	4	N	-
188	bakyam	1-N	ALIVE	12	20	N	N	N	2	2	N	N	N	N	N	N	7	8	0	N	-
189	sathya	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	3	7	2	N	-
190	janaki	NA	NA	14	22	N	N	N	2	1	N	N	N	N	N	N	1	0	0	N	-
191	indra	1-N	ALIVE	9	23	N	N	N	2	2	HD	N	N	N	N	N	5	6	3	N	-
192	amathi	NA	NA	10	17	N	N	N	2	3	N	N	N	N	N	N	8	8	7	N	-
193	pandi	1-N/1-SPO 9WKS	ALIVE	14	18	N	N	N	2	1	N	N	N	N	N	N	11	-	-	DEP	REFERRAL
194	muthama	1-N/1-LSCS	ALIVE	11	21	N	N	N	2	3	N	N	N	N	N	N	6	5	4	N	-
195	theju	NA	NA	11	18	N	N	N	2	1	DM2	N	N	N	N	N	3	4	1	N	-
196	samatha	NA	NA	9	19	N	N	N	1	-	N	N	N	1	N	Y	17	-	-	DEP	REFERRAL
197	rajathi	1-N	ALIVE	12	22	N	N	N	2	2	N	N	N	N	N	N	5	2	0	N	-
198	muthumari	NA	NA	10	19	N	N	N	2	2	N	N	N	N	N	N	7	5	4	N	-
199	sundari	NA	NA	10	19	N	N	N	2	2	N	N	N	N	N	N	7	6	7	N	-
200	poorna	1-N	ALIVE	13	17	N	N	N	2	3	HT	N	N	N	N	N	6	6	3	N	-
201	muthumari	NA	NA	12	18	N	N	N	1	3	N	N	N	1	N	N	6	6	14	DEP	REFERRAL
202	nagajothi	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	1	2	1	N	-
203	amudha	NA	NA	11	21	N	N	N	2	2	N	N	N	N	N	N	5	7	6	N	-
204	vantitha	1-N	ALIVE	10	17	N	N	N	2	1	HD	N	N	N	N	N	5	6	6	N	-
205	kallachi	NA	NA	11	18	N	N	N	2	2	N	N	N	N	N	N	7	6	8	N	-
206	vinitha	1-N	ALIVE	10	19	N	N	N	2	-	DM2	N	N	N	N	N	5	6	2	N	-
207	rasitha	2-N	ALIVE	11	18	N	N	N	-	1	N	N	N	N	N	N	21	-	-	DEP	REFERRAL
208	lakshmi	1-SB	NA	9	22	N	N	N	2	2	N	N	N	N	N	N	9	6	5	N	-
209	prema	NA	NA	12	17	N	N	N	2	1	N	N	N	N	N	N	5	6	6	N	-
210	subbu	1-IUD/1-N	ALIVE	14	19	N	N	N	2	3	N	N	N	N	N	N	3	3	0	N	-

S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	current conception GPLA	ooke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
211	pandi	20	R	22.6	4	2	3000	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	Y	Y
212	gomathi	22	U	27.6	3	3	4000	Y	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	Y	Y
213	parvathi	23	R	23.1	4	2	3500	Y	Y	g1	Y	6	3	Y	ANE	N	N	T	-	RD	Y	m	-	13	N	N	Y	Y
214	arasi	24	U	23.2	4	2	2300	N	N	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	3	N	N	Y	Y
215	rajathi	23	R	22.2	3	3	4000	N	Y	g1	Y	3	3	Y	HE	N	N	T	-	-	-	m	-	4	N	N	Y	N
216	bhuvana	26	U	26.2	4	2	2000	Y	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	PPH	12	N	N	Y	Y
217	sundari	29	R	27.5	4	2	2500	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
218	vijaya	25	U	28.2	4	2	2000	Y	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
219	narja	21	R	29.6	4	2	2400	Y	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
220	kanbiya	20	U	22.4	3	3	3800	N	N	g1	Y	6	3	Y	OLI	N	N	T	-	-	-	m	-	13	N	N	Y	Y
221	chandra	30	R	19.3	3	3	2300	N	Y	g2p1l1	Y	4	2	Y	ANE	N	N	T	-	-	-	m	-	7	N	N	Y	Y
222	muthulakshmu	20	U	25.4	2	2	2000	N	N	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
223	ramalakshmi 21		U	28.3	4	2	2000	N	Y	g1	Y	3	2	Y	-	N	N	T	-	-	-	m	-	8	N	N	Y	Y
224	vidya	21	U	23.1	3	2	2750	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
225	sathya	22	R	29.2	3	3	3400	N	Y	g1	Y	7	3	Y	PIH	N	N	T	-	-	-	m	-	13	N	N	Y	Y
226	kaleeswari	22	R	26.5	3	3	2500	N	N	g1	Y	6	2	Y	ANE	N	N	T	-	-	-	f	-	5	N	N	Y	N
227	nitha	24	R	31.1	3	2	3100	Y	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	RP	14	N	N	Y	Y
228	chitra	24	U	29.8	3	2	2400	N	Y	g2p1l1	Y	3	3	Y	-	N/TWIN	N	pre	-	-	-	m	WI	9	N	N	Y	Y
229	santhanam	28	R	30.1	3	3	3600	N	N	g3p2l2	Y	3	3	Y	ANE	N	N	T	-	-	-	m	-	9	N	N	Y	Y
230	malathi	26	U	29.5	5	2	1500	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	5	N	N	Y	Y
231	subuu	23	R	25.6	4	2	1800	Y	Y	g1	Y	3	3	Y	RET	N	N	T	-	-	-	f	-	4	N	N	N	N
232	radha	29	U	24	3	3	2500	N	Y	g3p1l1	Y	4	3	Y	-	N	N	T	-	-	-	m	-	5	N	N	Y	Y
233	kaleeswari	28	R	22.9	3	2	2500	N	N	g3p2l2	Y	7	3	Y	GDM	N	Y/F	T	-	BB	Y	m	-	11	N	N	Y	Y
234	alagu	32	U	27.6	4	2	2300	Y	Y	g2p1l1	Y	5	3	Y	-	N	N	T	-	RD	Y	f	-	5	N	N	Y	Y
235	aiyama	22	R	25.4	3	3	2000	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
236	shanthi	30	U	24.2	3	3	3000	N	Y	g2p1l1	Y	4	3	Y	ANE	N	N	post	-	-	-	f	PPH	12	N	N	Y	Y
237	priya	20	R	20.9	4	2	1500	N	Y	g1	Y	3	3	Y	-	N	Y/F	T	-	-	-	m	-	18	N	N	Y	N
238	shanthi	29	U	21.7	4	2	2300	Y	Y	g3p1l1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	9	N	N	Y	Y
239	maheswari	34	U	24.5	5	2	1000	Y	Y	g3p2l2	Y	3	2	Y	-	N	Y/F	T	-	-	-	m	-	4	N	N	Y	Y
240	karthiga	22	R	20.6	2	3	3500	N	Y	g1	Y	6	3	Y	CPD	L	N	T	-	BB	Y	f	-	12	N	N	Y	Y

			past history				family history										EPDS				
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
211	pandi	NA	NA	10	18	N	N	N	2	3	N	N	N	N	N	N	8	6	4	N	-
212	gomathi	NA	NA	11	21	N	N	N	2	1	N	N	N	N	N	N	7	5	4	N	-
213	parvathi	NA	NA	9	17	N	MEN	N	2	1	HD	N	N	N	N	N	6	3	0	N	-
214	arasi	NA	NA	10	19	N	N	N	2	1	DM	N	N	N	N	N	9	8	4	N	-
215	rajathi	NA	NA	12	19	N	N	N	2	2	N	N	N	N	N	N	5	1	2	N	-
216	bhuvana	1-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	7	9	9	N	-
217	sundari	1-N	ALIVE	10	17	N	N	N	2	2	N	N	N	N	N	N	7	4	4	N	-
218	vijaya	NA	NA	9	22	N	N	N	2	2	HT	N	N	N	N	N	5	5	1	N	-
219	narja	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	5	4	2	N	-
220	kanbiya	NA	NA	13	18	N	N	N	2	2	N	N	N	N	N	N	12	-	-	DEP	REFERRAL
221	chandra	1-N	ALIVE	11	18	N	N	N	2	2	N	N	N	N	N	N	7	8	4	N	-
222	muthulakshmu	NA	NA	12	19	N	N	N	2	1	DM2	N	N	N	N	N	8	6	3	N	-
223	ramalakshmi 21	NA	NA	11	20	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
224	vidya	NA	NA	11	20	N	N	N	2	2	N	N	N	N	N	N	4	0	0	N	-
225	sathya	NA	NA	10	17	N	N	N	1	3	N	N	N	1	N	N	11	-	-	DEP	REFERRAL
226	kaleeswari	NA	NA	12	20	N	N	N	2	2	N	N	N	N	N	N	5	3	2	N	-
227	nitha	1-N	ALIVE	11	18	N	N	N	2	2	N	N	N	N	N	N	7	3	1	N	-
228	chitra	1-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	0	0	0	N	-
229	santhanam	2-N	ALIVE	10	19	N	N	N	2	2	DM	N	N	N	N	N	9	3	1	N	-
230	malathi	1-N	ALIVE	12	20	TB	N	N	2	3	N	N	N	N	N	N	4	1	0	N	-
231	subuu	NA	NA	11	18	N	N	N	1	1	N	N	N	N	N	Y	14	-	-	DEP	REFERRAL
232	radha	1-MIS AB 8 WKS/1-N	ALIVE	12	20	N	N	N	2	2	N	N	N	N	N	N	6	4	2	N	-
233	kaleeswari	2-N	ALIVE	17	19	N	N	N	2	3	N	N	N	N	N	N	4	14	-	DEP	REFERRAL
234	alagu	1-N	ALIVE	11	18	N	N	N	2	2	N	N	N	N	N	N	5	4	4	N	-
235	aiyama	NA	NA	12	20	N	N	N	2	2	N	N	N	N	N	N	7	5	2	N	-
236	shanthi	1-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	7	8	4	N	-
237	priya	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	7	8	4	N	-
238	shanthi	1-N/1-MTP	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	6	3	4	N	-
239	maheswari	2-N	ALIVE	11	18	N	N	N	2	1	N	N	N	N	N	N	13	-	-	DEP	REFERRAL
240	karthiga	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	9	8	2	N	-

S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	GPLA	ooke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
										current conception																		
241	lakshmi	35	R	23.5	3	3	2500	N	Y	g4p3l2	Y	5	3	Y	CPD	RL	Y/F	T	-	RD	Y	f	-	13	N	N	Y	Y
242	hazeena	23	R	26.6	2	4	4500	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
243	shanthi	29	R	29.4	3	3	2500	N	Y	g3p2l2	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	Y	Y
244	mookamma	25	U	30.1	3	3	4000	N	N	g1	Y	5	3	Y	ANE	L	N	T	-	-	-	f	PPH	11	N	N	Y	Y
245	ponnu	21	U	31.2	4	1	-	Y	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	Y	Y
246	shanthi	24	R	23.5	3	2	2400	N	Y	g2p1l1	Y	3	3	Y	CPD	RL	N	T	-	BB	Y	f	-	11	N	N	Y	Y
247	jackline	28	U	29.6	3	2	2300	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	4	N	N	Y	Y
248	ulagamma	25	R	24.8	4	2	2700	N	Y	g2p1l1	Y	6	3	Y	GDM	RL	N	T	-	-	-	f	RP	13	N	N	Y	Y
249	thotichi	28	U	23.8	3	2	2000	N	Y	g2p1l1	Y	4	3	Y	-	RL	N	T	-	-	-	f	-	11	N	N	Y	Y
250	pandi	23	U	24.8	3	2	2300	N	Y	g1	Y	3	3	Y	ANE	L	N	T	-	-	-	m	-	8	N	N	Y	Y
251	chellam	27	R	31.5	2	4	5500	N	N	g2p1l1	Y	5	2	Y	-	L	N	T	-	-	-	m	-	7	N	N	N	Y
252	latha	24	U	24.5	2	3	3500	Y	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	8	N	N	Y	Y
253	shahar	25	R	32.2	4	2	2000	Y	Y	g2p1l1	Y	5	2	Y	CPD	RL	N	T	-	-	-	m	WI	20	N	N	Y	Y
254	dhanan	20	U	25.4	3	2	2000	N	Y	g1	Y	6	3	Y	ANE	L	N	T	-	-	-	f	-	11	N	N	Y	Y
255	chinnama	22	U	22.3	4	2	2500	N	Y	g1	Y	3	3	Y	CPD	L	N	T	-	-	-	m	-	6	N	N	Y	Y
256	nagarathnam	26	U	20.7	2	3	4500	N	Y	g1	Y	6	2	Y	ECL	L	N	pre	-	-	-	f	-	11	N	N	Y	Y
257	nithya	21	R	24.8	3	2	3000	N	N	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	8	N	N	Y	Y
258	alagujothi	19	U	21.2	2	4	1800	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
259	priya	21	R	21.4	4	1	-	N	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	m	PPH	6	N	N	Y	Y
260	devi	28	U	26.7	3	3	2500	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
261	pushpa	21	R	22.6	4	1	-	N	Y	g1	Y	3	3	Y	-	F	N	T	-	-	-	f	-	4	N	N	Y	Y
262	bhuvana	26	U	25.7	3	2	2500	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	3	N	N	Y	Y
263	ponnu	24	R	27.6	3	3	2500	N	N	g2p1l1	Y	6	3	Y	ANE	N	N	T	-	-	-	m	-	5	N	N	Y	Y
264	vimala	23	U	23.5	2	4	5000	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
265	vedha	23	R	21.5	3	3	2500	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
266	chandra	27	U	27.6	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	ECL	N	N	pre	-	-	-	SB	-	21	N	N	NA	Y
267	durga	20	R	31.2	4	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
268	selvi	25	U	30.4	2	4	2000	N	Y	g1	Y	6	3	Y	RH	N	N	T	-	-	-	f	-	7	N	N	Y	Y
269	ranjini	22	R	28.5	3	2	2100	N	Y	g1	Y	3	2	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
270	parvathi	23	U	27.8	3	3	2400	N	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	7	N	N	Y	Y

			past history				family history											EPDS				
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
241	lakshmi	1-LSCS/1-IUD 34/1-LSCS	ALIVE	12	20	N	N	N	2	1	N	N	N	N	N	N	14	-	-	DEP	REFERRAL
242	hazeena	1-N	ALIVE	11	19	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
243	shanthi	2-N	ALIVE	12	20	N	N	N	2	2	HT	N	N	N	N	N	7	5	2	N	-
244	mookamma	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
245	ponnu	NA	NA	13	19	N	N	N	1	3	DM	N	N	1	1	N	7	3	2	N	-
246	shanthi	1-LSCS	ALIVE	10	20	N	N	N	2	2	N	N	N	N	N	N	8	4	2	N	-
247	jackline	1-N	ALIVE	11	21	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
248	ulagamma	1-LSCS	ALIVE	12	20	N	N	N	2	3	HT2	N	N	N	N	N	9	5	2	N	-
249	thotichi	1-LSCS	ALIVE	11	22	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
250	pandi	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	6	6	3	N	-
251	chellam	1-N	ALIVE	11	21	N	N	N	2	4	HT2	N	N	N	N	N	7	5	5	N	-
252	latha	NA	NA	12	21	N	N	N	2	2	N	N	N	N	N	N	6	6	3	N	-
253	shahar	1-LSCS	ALIVE	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
254	dhanan	NA	NA	11	18	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
255	chinnama	NA	NA	9	20	N	N	N	2	2	HT2	N	N	N	N	N	8	5	1	N	-
256	nagarathnam	NA	NA	13	21	N	N	N	2	2	N	N	N	N	N	N	14	-	-	DEP	REFERRAL
257	nithya	NA	NA	10	20	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
258	alagujothi	NA	NA	13	17	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
259	priya	NA	NA	10	19	N	N	N	2	1	N	N	N	N	N	N	7	5	3	n	-
260	devi	1-N	ALIVE	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
261	pushpa	NA	NA	12	18	N	N	N	2	5	N	N	N	N	N	N	7	5	4	N	-
262	bhuvana	1-N	ALIVE	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
263	ponnu	1-N	ALIVE	12	21	N	N	N	2	1	HD	N	N	N	N	N	8	5	2	N	-
264	vimala	NA	NA	11	22	N	N	N	2	2	N	N	N	N	N	N	8	5	3	N	-
265	vedha	NA	NA	14	20	N	N	N	2	4	N	N	N	N	N	N	6	1	0	N	-
266	chandra	1-N	ALIVE	10	18	N	N	N	2	3	N	N	N	N	N	N	17	-	-	DEP	REFERRAL
267	durga	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	7	3	N	-
268	selvi	NA	NA	9	23	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
269	ranjini	NA	NA	10	18	N	N	N	2	3	N	N	N	N	N	N	5	5	2	N	-
270	parvathi	NA	NA	11	18	N	N	N	2	3	HD	N	N	N	N	N	7	2	1	N	-

S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	GPLA	booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
																current conception												
271	kavitha	25	R	23.5	3	3	2500	N	Y	g2p1l1	Y	5	3	Y	PIH	N	N	T	PL	RD	Y	f	-	13	N	N	Y	Y
272	thiruselvi	23	U	23.5	2	4	4500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
273	jayalakshmi	20	R	27.8	3	3	2500	N	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	m	-	7	N	N	Y	Y
274	pandi	22	U	30.5	3	3	4000	N	N	g1	Y	5	3	Y	-	N	N	T	-	-	-	f	PPH	11	N	N	Y	Y
275	ramalakshmi	23	R	24.5	4	1	-	Y	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	7	N	N	Y	Y
276	bhanu	23	R	29.5	3	2	2400	N	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	4	N	N	Y	Y
277	raaku	27	U	26.5	3	2	2300	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
278	sathya	25	U	23.6	4	2	2700	N	Y	g2p1l1	Y	6	3	Y	-	N	N	T	-	-	-	f	RP	7	N	N	Y	Y
279	saranya	22	U	22.4	3	2	2000	N	Y	g1	Y	4	3	Y	-	N/TWIN	N	T	-	-	-	f	-	11	N	N	Y	Y
280	muthulakshmi	23	R	23.6	3	2	2300	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	8	N	N	Y	Y
281	nagajothi	29	R	32.1	3	3	3000	N	N	g3p1l1	Y	5	2	Y	-	N	N	T	-	-	-	m	-	7	N	N	N	Y
282	deepa	20	R	29.5	4	2	2000	Y	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	8	N	N	Y	Y
283	mariamma	22	U	28.4	4	2	2000	Y	Y	g1	Y	5	2	Y	-	N	N	T	-	-	-	m	WI	12	N	N	Y	Y
284	athi	22	R	23.7	3	2	2000	N	Y	g2p1l1	Y	3	3	Y	-	L	N	post	-	-	-	f	-	11	N	N	Y	Y
285	valarmathi	22	U	22.5	4	2	2500	N	Y	g1	Y	3	3	Y	CPD	L	N	T	-	BB	Y	m	-	6	N	N	Y	Y
286	danalakshmi	26	R	27.1	2	3	4500	N	Y	g2p1l1	Y	6	2	Y	CPD	RL	N	T	-	RD	Y	f	-	14	N	N	Y	Y
287	sathya	21	U	23.5	3	2	2500	N	N	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
288	jansi	21	R	26.78	2	4	1800	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	6	N	N	Y	Y
289	rajeswari	23	U	23.9	4	2	2000	N	Y	g1	Y	3	3	Y	CPD	L	N	T	-	BB	Y	m	-	6	N	N	Y	Y
290	karthika	23	R	28.3	3	3	2500	N	N	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	PPH	7	N	N	Y	Y
291	uma	21	U	28.75	4	1	-	N	Y	g1	Y	5	3	Y	ANE	L	N	T	-	-	-	f	-	8	N	N	Y	Y
292	rajalakshmi	24	R	23.98	3	2	2500	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	8	N	N	Y	Y
293	chandra	22	R	25.4	3	3	2500	N	N	g1	Y	6	3	Y	HD	L	N	T	-	-	-	m	-	20	N	N	Y	Y
294	sumithra	19	U	26.99	2	4	5000	N	Y	g1	Y	4	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
295	vasumathi	28	U	31.5	3	3	2500	N	Y	g2p1l1	Y	4	3	Y	-	RL	N	T	-	-	-	m	-	9	N	N	Y	Y
296	gayathri	26	U	28.3	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	ECL	IUD	N	pre	-	-	-	f	-	21	N	N	NA	Y
297	radh	23	R	26.4	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	6	N	N	Y	Y
298	pandi	25	R	26.8	4	2	2000	N	Y	g2p1l1	Y	6	3	Y	-	RL	N	T	-	-	-	f	-	7	N	N	Y	Y
299	varnam	28	R	27.9	3	2	2100	N	Y	g3p1l1	Y	3	2	Y	RH	RL	N	T	-	-	-	m	-	15	N	N	Y	Y
300	ramalakshmi	25	R	27.2	3	3	2400	N	Y	g2p1l1	Y	3	3	Y	-	RL	N	T	-	-	-	f	-	9	N	N	Y	Y

			past history				family history										EPDS				
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parents	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
271	kavitha	1-N	ALIVE	12	20	N	N	N	2	1	N	N	N	N	N	N	17	-	-	DEP	REFERRAL
272	thiruselvi	NA	NA	11	21	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
273	jayalakshmi	NA	NA	12	20	N	N	N	2	2	HT	N	N	N	N	N	7	5	2	N	-
274	pandi	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
275	ramalakshmi	NA	NA	13	19	N	N	N	1	3	DM	N	N	1	1	N	7	3	2	N	-
276	bhanu	NA	NA	10	20	N	N	N	2	2	N	N	N	N	N	N	8	4	2	N	-
277	raaku	1-N	ALIVE	11	21	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
278	sathya	1-N	ALIVE	12	20	N	N	N	2	3	HT2	N	N	N	N	N	9	5	2	N	-
279	saranya	NA	NA	11	20	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
280	muthulakshmi	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	6	6	3	N	-
281	nagajothi	1-SPONT 8 WK/1-N	ALIVE	11	21	N	N	N	2	4	HT2	N	N	N	N	N	7	5	5	N	-
282	deepa	NA	NA	12	17	N	N	N	2	2	N	N	N	N	N	N	6	6	3	N	-
283	mariamma	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	5	3	N	-
284	athi	1-N	ALIVE	11	17	N	N	N	2	2	DM	N	N	N	N	N	7	3	2	N	-
285	valarmathi	NA	NA	9	20	N	N	N	2	2	HT2	N	N	N	N	N	8	5	1	N	-
286	danalakshmi	1-LSCS	ALIVE	13	21	N	N	N	2	2	N	N	N	N	N	Y	14	-	-	DEP	REFERRAL
287	sathya	NA	NA	10	20	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
288	jansi	NA	NA	13	19	N	N	N	2	3	N	N	N	N	N	N	7	6	4	N	-
289	rajeswari	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	5	3	n	-
290	karthika	1-N	ALIVE	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
291	uma	NA	NA	12	18	N	N	N	2	2	N	N	N	N	N	N	3	1	1	N	-
292	rajalakshmi	1-N	ALIVE	11	20	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
293	chandra	NA	NA	12	21	N	N	N	2	1	HD	N	N	N	N	N	17	-	-	DEP	REFERRAL
294	sumithra	NA	NA	11	17	N	N	N	2	2	N	N	N	N	N	N	8	5	3	N	-
295	vasumathi	1-LSCS	ALIVE	14	20	N	N	N	2	4	N	N	N	N	N	N	6	1	0	N	-
296	gayathri	1-N	ALIVE	10	18	N	N	N	2	1	N	N	N	N	N	N	17	-	-	DEP	REFERRAL
297	radh	1-N	ALIVE	11	18	N	N	N	2	3	N	N	N	N	N	N	6	7	3	N	-
298	pandi	1-LSCS	ALIVE	9	23	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
299	varnam	1-LSCS/1-MTP	ALIVE	10	18	N	N	N	2	3	N	N	N	N	N	N	5	5	2	N	-
300	ramalakshmi	1-LSCS	ALIVE	11	18	N	N	N	2	1	HD	N	N	N	N	N	7	2	1	N	-

| S.No | Name | Age | Res | BMI | Edu.Q | cupati | income | cons | arranged | current conception | | | | | | | | | | | | | | | | | | | |
										GPLA	booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
301	muthu	29	R	26.7	3	3	2500	N	Y	g3p2l2	Y	5	3	Y	CPD	RL	Y/F	T	-	RD	Y	f	-	13	N	N	Y	Y
302	sudal	28	U	23.5	2	4	4500	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
303	ambiga	29	R	24.6	3	3	2500	N	Y	g3p2l1	Y	5	3	Y	ANE	L	N	T	-	-	-	m	-	7	N	N	Y	Y
304	murugeswari	23	U	28.24	3	3	4000	N	N	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	PPH	11	N	N	Y	Y
305	jaya	22	R	27.6	4	1	-	Y	Y	g1	Y	3	3	Y	PIH	L	N	T	-	-	-	m	-	17	N	N	Y	Y
306	maruthi	23	U	24.4	3	2	2400	N	Y	g1	Y	3	3	Y	-	L	N	T	-	BB	Y	f	-	11	N	N	Y	Y
307	vijayalaksmi	28	R	23.9	3	2	2300	N	Y	g2p1l1	Y	6	3	Y	ANE	L	N	T	-	-	-	m	-	7	N	N	Y	Y
308	maheswari	29	U	24.6	4	2	2700	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	RP	13	N	N	Y	Y
309	kumari	27	U	27.9	3	2	2000	N	Y	g2p1l1	Y	4	3	Y	-	L	N	T	-	-	-	f	-	11	N	N	Y	Y
310	lakshmi	24	R	22.6	3	2	2300	N	Y	g2p1l1	Y	3	3	Y	CPD	RL	N	T	-	-	-	m	-	8	N	N	Y	Y
311	malathi	24	U	26.4	2	4	5500	N	N	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	7	N	N	N	Y
312	geetha	24	U	27.1	2	3	3500	Y	Y	g1	Y	3	3	Y	CPD	L	N	T	-	-	-	f	-	8	N	N	Y	Y
313	asan	26	R	25.6	4	2	2000	Y	Y	g2p1l2	Y	5	2	Y	PIH	RL	N	T	-	-	-	m	WI	20	N	N	Y	Y
314	jothi	24	U	24.6	3	2	2000	N	Y	g1	Y	3	3	Y	-	N	N	post	-	-	-	f	-	11	N	N	Y	Y
315	uma	27	R	28.5	4	2	2500	N	Y	g3p2l1	Y	3	3	Y	GDM	N	N	T	-	BB	Y	m	-	6	N	N	Y	Y
316	vijayalaksmi	24	U	24.1	2	3	4500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	PPH	11	N	N	Y	Y
317	lakshmi	24	R	23.8	3	2	3000	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	8	N	N	Y	Y
318	maheswari	28	U	31.2	2	4	1800	N	Y	g2p1l1	Y	3	3	Y	PIH	N	N	T	-	-	-	m	-	17	N	N	Y	Y
319	mahalakshmi	28	R	27.4	4	1	-	N	Y	g2p1l1	Y	6	3	Y	GDM	N	N	T	-	RD	Y	m	-	8	N	N	Y	Y
320	eswari	23	U	24	3	3	2500	N	N	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
321	sumathi	27	R	23.5	4	1	-	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
322	nagavalli	23	U	25.6	3	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	3	N	N	Y	Y
323	muthu	27	R	23.5	3	3	2500	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	5	N	N	Y	Y
324	malar	20	U	20.8	3	3	2500	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
325	ruthmary	23	R	24.2	3	3	2500	N	Y	g2p1l1	Y	4	3	Y	ANE	N	N	T	-	-	-	m	-	4	N	N	Y	Y
326	abinaya	20	U	22.5	4	2	2500	N	Y	g1	Y	3	3	Y	-	N/TWIN	N	T	-	-	-	f	-	6	N	N	Y	Y
327	parameswari	20	R	23.5	4	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
328	nagalakshmi	35	R	22.9	4	2	2000	N	Y	g3p2l1	Y	6	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y
329	aruljothi	26	U	25.5	3	2	2100	N	Y	g2p1l1	Y	3	2	Y	-	N	N	post	-	-	-	m	-	4	N	N	Y	Y
330	lakshmi	28	U	26.7	3	3	2400	N	Y	g2p1l1	Y	6	3	Y	ANE	N	N	T	-	-	-	f	-	7	N	N	Y	Y

S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parents	siblings	chr	psy	sui att	death	homi	partner	EPDS 1	2	6	DIAGNOSIS	outcome
			past history					family history									EPDS				
301	muthu	1-N/1-LSCS	ALIVE	12	20	N	N	N	2	1	N	N	N	N	N	N	14	-	-	DEP	REFERRAL
302	sudal	1-N	ALIVE	11	19	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
303	ambiga	1-MTP 11WK/1-N	ALIVE	12	18	N	N	N	2	2	HT	N	N	N	N	N	7	5	2	N	-
304	murugeswari	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
305	jaya	NA	NA	13	19	N	N	N	1	3	HT	N	N	1	1	N	7	3	2	N	-
306	maruthi	NA	NA	10	20	N	N	N	2	2	N	N	N	N	N	N	8	4	2	N	-
307	vijayalaksmi	1-N	ALIVE	11	21	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
308	maheswari	1-N	ALIVE	12	20	N	N	N	2	3	HT2	N	N	N	N	N	9	5	2	N	-
309	kumari	1-N	ALIVE	11	19	N	N	N	2	1	N	N	N	N	N	N	4	2	2	N	-
310	lakshmi	1-LSCS	ALIVE	12	19	N	N	N	2	3	N	N	N	N	N	N	6	6	3	N	-
311	malathi	NA	NA	11	21	N	N	N	2	4	HT2	N	N	N	N	N	4	7	1	N	-
312	geetha	NA	NA	12	21	N	N	N	2	2	N	N	N	N	N	N	6	6	3	N	-
313	asan	1-LSCS	ALIVE	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
314	jothi	NA	NA	11	18	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
315	uma	1-IUD 29WKS/1-N	ALIVE	9	18	N	N	N	2	2	HT2	N	N	N	N	N	8	5	1	N	-
316	vijayalaksmi	NA	NA	13	21	N	N	N	2	2	N	N	N	N	N	N	14	-	-	DEP	REFERRAL
317	lakshmi	1-N	ALIVE	10	17	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
318	maheswari	1-N	ALIVE	13	17	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
319	mahalakshmi	1-N	ALIVE	10	19	N	N	N	2	1	N	N	N	N	N	N	7	5	3	n	-
320	eswari	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
321	sumathi	1-N	ALIVE	12	18	N	N	N	2	5	N	N	N	N	N	N	7	5	4	N	-
322	nagavalli	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
323	muthu	1-N	ALIVE	12	21	N	N	N	2	1	HD	N	N	N	N	N	8	5	2	N	-
324	malar	NA	NA	11	18	N	N	N	2	2	N	N	N	N	N	N	8	5	3	N	-
325	ruthmary	1-N	ALIVE	14	20	N	N	N	2	4	N	N	N	N	N	N	6	1	0	N	-
326	abinaya	NA	NA	10	18	N	N	N	2	3	N	N	N	N	N	N	6	7	5	N	-
327	parameswari	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	7	3	N	-
328	nagalakshmi	1-N/1-IUD-36	ALIVE	9	23	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
329	aruljothi	1-N	ALIVE	10	18	N	N	N	2	3	N	N	N	N	N	N	5	5	2	N	-
330	lakshmi	1-N	ALIVE	11	18	N	N	N	2	3	HD	N	N	N	N	N	7	2	1	N	-

| S.No | Name | Age | Res | Ht | Edu.Q | cupati | income | cons | arranged | current conception | | | | I/FA | ANC | Outcome | ntracepti | Dp | IPC | Pc | Nc | Sex | PPC | Hs | dep | sui | bf | ss |
										GPLA	ooke	DV	hv															
331	malaiselvi	28	U	24.5	3	3	2500	N	Y	g3p1l1	Y	5	3	Y	-	N	Y/F	T	-	RD	Y	f	-	13	N	N	Y	Y
332	mari	23	R	27.5	4	2	2300	N	Y	g1	Y	3	3	Y	RH	N	N	T	PL	-	-	f	-	7	N	N	Y	Y
333	samma	20	U	25.5	3	3	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	7	N	N	Y	Y
334	malliga	26	R	28.5	3	3	4000	N	N	g2p1l1	Y	5	3	Y	PIH	N	N	T	-	-	-	f	PPH	11	N	N	Y	Y
335	malliga	20	U	31.3	4	2	2100	Y	Y	g1	Y	3	3	Y	ANE	N	N	T	-	-	-	m	-	7	N	N	Y	Y
336	vijaya	24	R	30.4	3	2	2400	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
337	sumathy	20	U	28.6	3	2	2300	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
338	karthiga	23	R	25.5	4	2	2700	N	Y	g1	Y	6	3	Y	OLI	N	N	T	-	-	-	f	RP	7	N	N	Y	Y
339	prema	23	R	23.4	3	2	2000	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
340	revathy	20	R	26.6	3	2	2300	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	8	N	N	Y	Y
341	shakila	22	U	28.5	3	3	3000	N	N	g1	Y	5	2	Y	-	N	N	T	-	-	-	m	-	7	N	N	N	Y
342	vijaya	23	U	25.4	4	2	2000	Y	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	8	N	N	Y	Y
343	shainaz	20	R	25.1	4	2	2000	Y	Y	g1	Y	5	2	Y	ANE	N	N	T	-	-	-	m	WI	12	N	N	Y	Y
344	kavitha	20	U	27.6	3	2	2000	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	11	N	N	Y	Y
345	thotichi	21	R	25.3	4	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
346	suganya	19	U	26.4	4	2	2400	N	Y	g1	Y	6	2	Y	-	N	N	T	-	RD	Y	m	PPH	14	N	N	Y	Y
347	christy	25	U	26.7	3	2	2500	N	N	g1	Y	3	3	Y	HBS	N	N	T	-	-	-	f	-	7	N	N	Y	Y
348	raji	25	R	23.4	2	4	1800	N	Y	g2p1l1	Y	6	3	Y	ANE	N	N	T	-	-	-	m	-	6	N	N	Y	Y
349	fathima	28	U	31.2	4	2	2000	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	BB	Y	m	-	6	N	N	Y	Y
350	amirtham	22	R	28.2	3	3	2500	N	N	g1	Y	3	3	Y	PIH	N	N	T	-	-	-	m	-	7	N	N	Y	Y
351	pechi	24	U	23.3	4	1	-	N	Y	g1	Y	5	3	Y	-	N	N	T	-	-	-	f	-	8	N	N	Y	Y
352	nagavalli	35	R	24.5	3	2	2500	N	Y	g1	Y	3	3	Y	EP	N	N	T	-	-	-	m	-	8	N	N	Y	Y
353	thamarai	25	R	25.4	3	3	2500	N	N	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
354	suganya	22	U	26.3	2	4	5000	N	Y	g1	Y	4	3	Y	ANE	N	N	T	-	-	-	f	-	7	N	N	Y	Y
355	alagu	24	U	21.2	3	3	2500	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	m	-	7	N	N	Y	Y
356	danalakshmi	30	R	20.4	4	2	2500	N	Y	g3p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	N	Y
357	nagarani	19	R	24.4	4	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
358	suganya	22	U	26.5	4	2	2000	N	Y	g1	Y	6	3	Y	ECL	N	N	pre	-	-	-	f	-	13	N	N	Y	Y
359	booma	22	U	24.5	3	2	2100	N	Y	g1	Y	3	2	Y	-	N	N	T	-	-	-	m	-	15	N	N	Y	Y
360	abirami	25	R	22.3	3	3	2400	N	Y	g2p1l1	Y	3	3	Y	ANE	N	N	T	-	-	-	f	-	9	N	N	Y	Y

S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parents	siblings	chr	psy	sui att	death	homi	partner	EPDS 1	2	6	DIAGNOSIS	outcome
								family history									EPDS				
331	malaiselvi	1-N/1-MTP 13WKS	ALIVE	12	20	N	N	N	2	1	N	N	N	N	N	N	17	-	-	DEP	REFERRAL
332	mari	NA	NA	11	21	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
333	samma	NA	NA	12	19	N	N	N	2	2	HT	N	N	N	N	N	5	4	2	N	-
334	malliga	1-N	ALIVE	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
335	malliga	NA	NA	13	19	N	N	N	1	3	DM	N	N	1	1	N	7	3	2	N	-
336	vijaya	1-N	ALIVE/CP	10	20	N	N	N	2	2	N	N	N	N	N	N	8	4	2	N	-
337	sumathy	NA	NA	11	18	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
338	karthiga	NA	NA	12	20	N	N	N	2	3	HT2	N	N	N	N	N	9	5	2	N	-
339	prema	NA	NA	11	20	N	N	N	2	1	N	N	N	N	N	N	6	5	3	N	-
340	revathy	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	7	5	1	N	-
341	shakila	NA	NA	11	21	N	N	N	2	4	HT2	N	N	N	N	N	7	9	4	N	-
342	vijaya	NA	NA	12	19	N	N	N	2	2	N	N	N	N	N	N	6	6	3	N	-
343	shainaz	NA	NA	10	18	N	N	N	2	1	N	N	N	N	N	N	7	5	3	N	-
344	kavitha	NA	NA	11	17	N	N	N	2	2	DM	N	N	N	N	N	4	4	2	N	-
345	thotichi	NA	NA	9	20	N	N	N	2	2	HT2	N	N	N	N	N	8	5	1	N	-
346	suganya	NA	NA	13	17	N	N	N	2	2	N	N	N	N	N	Y	14	-	-	DEP	REFERRAL
347	christy	NA	NA	10	20	JAU	HBS	N	2	3	N	N	N	N	N	Y	6	3	1	N	-
348	raji	1-N	ALIVE	13	19	N	N	N	2	3	N	N	N	N	N	N	6	5	4	N	-
349	fathima	1-N	ALIVE	10	20	N	N	N	2	1	N	N	N	N	N	N	7	5	3	N	-
350	amirtham	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
351	pechi	NA	NA	12	18	N	N	N	2	2	N	N	N	N	N	N	3	1	1	N	-
352	nagavalli	NA	NA	11	20	N	N	N	2	3	N	N	N	N	N	N	14	-	-	DEP	REFERRAL
353	thamarai	1-N	ALIVE	12	21	N	N	N	2	1	HD	N	N	N	N	N	4	1	1	N	-
354	suganya	NA	NA	11	21	N	N	N	2	2	N	N	N	N	N	N	8	5	3	N	-
355	alagu	NA	NA	14	20	N	N	N	2	4	N	N	N	N	N	N	6	1	0	N	-
356	danalakshmi	1 MIS-ABORT 7WKS/1-N	ALIVE	10	18	N	N	N	2	1	N	N	N	N	N	N	7	5	3	N	-
357	nagarani	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	7	3	N	-
358	suganya	NA	NA	9	19	N	N	N	2	2	N	N	N	N	N	N	14	-	-	DEP	REFERRAL
359	booma	NA	NA	10	21	N	N	N	2	3	N	N	N	N	N	N	5	5	2	N	-
360	abirami	1-N	DIED/PN	11	18	N	N	N	2	1	HD	N	N	N	N	N	7	2	1	N	-

										current conception																		
S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	GPLA	booke	DV	hv	I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
361	manjula	21	R	23.4	3	3	2500	N	Y	g1	Y	5	3	Y	-	N	N	T	PL	RD	Y	f	-	12	N	N	Y	Y
362	sharmila	27	U	29.7	2	4	4500	N	Y	g2p1l1	Y	3	3	Y	POL	N	N	T	-	-	-	f	-	7	N	N	Y	Y
363	vanaja	20	U	31.2	3	3	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	PPH	11	N	N	Y	Y
364	sumathi	25	U	25.4	3	3	4000	N	N	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
365	chitra	22	U	24.4	4	1	-	Y	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	11	N	N	Y	Y
366	lakshmi	21	R	29.4	3	2	1400	N	Y	g1	Y	3	3	Y	RH	L	N	T	-	-	-	f	-	7	N	N	Y	Y
367	jothimani	21	R	24.5	3	2	2300	N	Y	g1	Y	6	3	Y	ANE	L	N	T	-	-	-	m	-	8	N	N	Y	Y
368	lakshmi	20	R	26.4	4	2	2500	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	RP	11	N	N	Y	Y
369	pandi	21	U	23.4	3	2	2000	N	Y	g1	Y	4	3	Y	-	L	N	T	-	-	-	f	-	7	N	N	Y	Y
370	sasikala	22	R	28.3	3	2	2300	N	Y	g1	Y	3	3	Y	POL	L	N	T	-	-	-	m	-	8	N	N	Y	Y
371	amsavalli	24	U	29.3	2	4	5500	N	N	g1	Y	4	2	Y	-	L	N	T	-	-	-	m	-	8	N	N	N	Y
372	meena	24	U	24.4	2	3	3500	Y	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	9	N	N	Y	Y
373	indra	24	R	21.2	4	2	2000	Y	Y	g1	Y	3	2	Y	CPD	L	N	T	-	-	-	m	WI	20	N	N	Y	Y
374	chinnama	30	U	26.5	3	2	2000	N	Y	g2p1l1	Y	6	3	Y	ANE	L	N	T	-	-	-	f	-	8	N	N	Y	Y
375	panjavarnam	23	R	31.2	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	6	N	N	Y	Y
376	sultana	32	U	30.3	4	1	-	N	Y	g3p2l2	Y	6	2	Y	PIH	L	Y/F	T	-	-	-	f	PPH	11	N	N	Y	Y
377	malathi	26	R	25.5	2	3	5000	N	N	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	6	N	N	Y	Y
378	kaleeswari	24	R	27.7	2	4	1800	N	Y	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	9	N	N	Y	Y
379	irulayi	21	U	29.8	4	1	-	N	Y	g1	Y	3	3	Y	GDM	L	N	T	-	-	-	m	-	12	N	N	Y	Y
380	alageswari	24	R	31.2	3	3	2500	N	N	g2p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	4	N	N	Y	Y
381	revathy	24	U	21.3	4	1	-	N	Y	g1	Y	3	3	Y	-	L	N	T	-	-	-	f	-	4	N	N	Y	Y
382	gandhi	32	U	24.5	3	2	2500	N	Y	g3p1l1	Y	3	3	Y	-	L	N	T	-	-	-	m	-	3	N	N	Y	Y
383	chandra	28	R	26.7	2	3	4500	N	N	g2p1l1	Y	6	3	Y	-	L	N	T	-	RD	Y	m	-	12	N	N	Y	Y
384	madhavi	20	R	26.5	2	4	5000	N	Y	g1	Y	16	3	Y	CPD	L	N	T	-	-	-	f	-	21	N	N	Y	Y
385	chinna	25	U	31.2	3	3	2500	N	Y	g1	Y	4	3	Y	-	N	N	T	-	-	-	m	-	12	N	N	Y	Y
386	kavitha	26	R	30.6	4	2	2500	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
387	saraswathi	25	U	25.6	3	2	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	6	N	N	Y	Y
388	jayamani	21	R	27.2	2	4	2000	N	Y	g1	Y	6	3	Y	-	N	N	T	-	BB	Y	f	-	7	N	N	Y	Y
389	manimala	19	U	26.4	3	2	2100	N	Y	g1	Y	3	2	Y	ANE	N	N	T	-	-	-	m	-	4	N	N	Y	Y
390	raaku	26	R	27.3	3	3	2400	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	7	N	N	Y	Y

S.No	Name	OH	past history curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	EPDS 1	2	6	DIAGNOSIS	outcome
361	manjula	NA	NA	12	20	N	N	N	2	2	N	N	N	N	N	N	4	2	3	N	-
362	sharmila	1-N	ALIVE	11	19	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
363	vanaja	NA	NA	12	18	N	N	N	2	2	HT	N	N	N	N	N	7	5	2	N	-
364	sumathi	1-N	ALIVE	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
365	chitra	NA	NA	13	19	N	N	N	1	3	DM	N	N	1	1	N	7	3	2	N	-
366	lakshmi	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	5	4	6	N	-
367	jothimani	NA	NA	11	20	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
368	lakshmi	NA	NA	12	17	N	N	N	2	3	HT2	N	N	N	N	N	14	-	-	DEP	REFERRAL
369	pandi	NA	NA	11	19	N	N	N	2	1	N	N	N	N	N	N	9	4	3	N	-
370	sasikala	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	6	6	3	N	-
371	amsavalli	NA	NA	11	21	N	N	N	2	4	HT2	N	N	N	N	N	5	1	0	N	-
372	meena	NA	NA	12	19	N	N	N	2	3	N	N	N	N	N	N	6	6	3	N	-
373	indra	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	7	8	7	N	-
374	chinnama	1-N	ALIVE	11	19	N	N	N	2	2	DM	N	N	N	N	N	9	5	7	N	-
375	panjavarnam	1-N	ALIVE	9	20	N	N	N	2	2	HT2	N	N	N	N	N	8	5	1	N	-
376	sultana	2-N	ALIVE	13	17	N	N	N	2	2	N	N	N	N	N	N	15	-	-	DEP	REFERRAL
377	malathi	1-N	ALIVE	10	20	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
378	kaleeswari	1-N	ALIVE	13	19	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
379	irulayi	NA	NA	10	20	N	N	N	2	1	N	N	N	N	N	N	13	-	-	DEP	REFERRAL
380	alageswari	1-N	ALIVE	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
381	revathy	NA	NA	12	18	N	N	N	2	5	N	N	N	N	N	N	7	5	4	N	-
382	gandhi	1-N/1-MTP 9WKS	ALIVE	11	18	N	N	N	2	3	N	N	N	N	N	N	6	3	1	N	-
383	chandra	1-N	ALIVE	12	24	N	N	N	2	1	HD	N	N	N	N	N	8	8	2	N	
384	madhavi	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	8	5	3	N	-
385	chinna	NA	NA	14	17	N	N	N	2	4	N	N	N	N	N	N	9	1	0	N	-
386	kavitha	1-N	ALIVE	10	18	N	N	N	2	3	N	N	N	N	N	N	9	7	6	N	-
387	saraswathi	NA	NA	11	18	N	N	N	2	3	N	N	N	N	N	N	6	7	3	N	-
388	jayamani	NA	NA	9	23	N	N	N	2	2	N	N	N	N	N	N	5	1	1	N	-
389	manimala	NA	NA	10	18	N	N	N	2	3	N	N	N	N	N	N	5	5	2	N	-
390	raaku	1-N	ALIVE	11	18	N	N	N	2	3	HD	N	N	N	N	N	7	2	1	N	-

S.No	Name	Age	Res	BMI	Edu.Q	cupati	income	cons	arranged	current conception				I/FA	ANC	Outcome	ntracepti	Dp	IPC	Pc	Nc	Sex	PPC	Hs	dep	sui	bf	ss
										GPLA	booke	DV	hv															
391	rathi	22	R	23.4	3	3	2500	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	4	N	N	Y	Y
392	mahadevi	22	U	24.5	2	3	3500	N	N	g1	Y	3	3	Y	RH	N	N	T	-	-	-	m	-	6	n	n	y	y
393	pandi	32	R	28.6	4	2	2000	Y	Y	g3p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	5	N	N	Y	Y
394	pushpa	25	U	29.7	2	4	6000	N	Y	g1	Y	3	3	Y	-	N	N	T	-	-	-	m	-	4	N	N	Y	Y
395	kaleeswari	20	R	23.2	3	2	2000	Y	Y	g1	Y	6	2	Y	ANE	N/TWIN	N	T	-	-	-	m	-	6	N	N	Y	Y
396	vidya	23	U	25.6	2	3	4500	N	N	g1	Y	3	3	Y	OLI	N	N	T	-	RD	Y	f	-	11	N	N	Y	Y
397	palaniamma	20	U	24.5	3	2	2000	Y	Y	g1	Y	3	2	Y	-	N	N	post	-	-	-	m	-	4	N	N	Y	Y
398	sakunthala	24	R	27.5	4	1	-	N	Y	g2p1l1	Y	3	3	Y	-	N	N	T	-	-	-	f	-	6	N	N	Y	Y
399	priyanka	22	R	23.4	3	2	2000	N	Y	g1	Y	5	3	Y	-	N	N	T	-	-	-	m	-	3	N	N	Y	Y
400	shakthi	23	R	21.3	3	2	2500	N	Y	g1	Y	5	3	Y	ANE	N	N	T	-	-	-	f	-	3	N	N	Y	Y

| | | | past history | | | | family history | | | | | | | | | | EPDS | | | | |
S.No	Name	OH	curr-ch	men	age-m	inf	chr	dep/sui	parent	siblings	chr	psy	sui att	death	homi	partner	1	2	6	DIAGNOSIS	outcome
391	rathi	NA	NA	12	17	N	N	N	2	1	N	N	N	N	N	N	5	3	0	N	-
392	mahadevi	NA	NA	11	19	N	N	N	2	1	N	N	N	N	N	N	5	3	0	N	-
393	pandi	1-sponabor 12/1-N	ALIVE	12	19	N	N	N	2	2	HT	N	N	N	N	N	7	3	1	N	
394	pushpa	NA	NA	10	23	N	N	N	2	2	N	N	N	N	N	N	6	2	0	N	-
395	kaleeswari	NA	NA	11	17	N	N	N	1	2	N	N	N	N	N	N	6	5	2	N	-
396	vidya	NA	NA	13	22	N	N	N	2	1	DM	N	N	N	N	N	11	-	-	DEP	REFERRAL
397	palaniamma	NA	NA	11	19	N	N	N	1	2	N	N	N	N	N	N	9	7	4	N	-
398	sakunthala	1 - N	ALIVE	13	19	N	N	N	2	3	N	N	N	N	N	N	4	1	1	N	-
399	priyanka	NA	NA	11	20	N	N	N	2	1	N	N	N	N	N	N	7	2	2	N	-
400	shakthi	NA	NA	12	21	N	N	N	2	2	N	N	N	N	N	N	6	4	3	N	-

Master Chart Legend

Residence :

R – Rural

U – Urban

Educational Qualification

1- Post Graduate

2 - Graduate

3 - + 2

4 - 6th – 10th

5 - 1st-5th

6 - No formal schooling

Occupation:

1- Home maker

2- Daily wage labourer

3 -Semi skilled worker

4 –Professional

Consanguinity:

Y – yes

N – no

Conception details:

DV – Doctor visit

HV – House visit

I/FA – Iron folic acid supplementation

Prob – Problems during pregnancy

Outcome of pregnancy

L - Live birth

AB - Spontaneous abortion

IAB - Induced abortion

DP – Duration of pregnancy

L – LSCS

RL – Repeat lscs

N – NORMAL

F – FORCEPS

V – VACUUM

ANC – Antenatal complications
IPC – Intrapartum complications

PPC – post partum complications

Pc – problems of child after delivery

Nc – Nursery care

Hs – Hospital stay

Dep – Depressive symptoms

Sui – Suicidal ideations

Bf – Breast feeding

SS – support structure

Curr-ch – Current child

OH – Obstetric History

Parents – alive

0 – nEither

1- either

2 – both

Chr – Chronic diseases in the family

Psy – Psychiatric illness in the family

Sui att – any individuals in the family attempted suicide

Death – Death due to suicide/ homicide

S – Suicide

H – Homicide

Part – self / spouse having multiple sexual partners

EPDS – Edinburgh post natal depression scale

ECL – Eclampsia

APH – Ante partum hemorrhage

PIH – Pregnancy induced hypertension

ANE – Anaemia

RET – Retrovirus positive

HD – Heart disease

OLI – Oligohydramnios

POL – Polyhydramnios

HBS – HbsAg +

LTI – Long Term Infertility

EP – Elderly Primi

CPD – Cephalo pelvic disproportion

CI – Cervical incompetence

HE – Hyperemesis

TB – Tuberculosis

BB – Big baby

RP – Retained placenta

RD- Respiratory Distress

PL - Prolonged Labour

JAU – Jaundice

PROFORMA

Name: Age: IP No.:

Address: Urban   ☐

                                                      Rural   ☐

Height :   Weight :

Case number :

Educational Qualification: Post Graduate   ☐

                            Graduate   ☐

                            + 2   ☐

                            +1 - +2(not completed)   ☐

                            10th   ☐

                            8th – 10th(not completed)   ☐

                            6-8th(not completed)   ☐

                            1st-5th   ☐

                            No formal schooling   ☐

Occupation:

                    Home maker   ☐

                    Daily wage labourer ☐

                    Semi skilled worker ☐

                    Professional   ☐

Monthly income in rupees :

Marriage and Obsetetric history

              Consanguineous   Y/N   ☐

Previous conceptions ::

Gravida :

Para :

Live :

Abortions :

Details of previous conceptions :

Conception 1 :

Booked/ unbooked ☐

No. of visits to Doctor ☐

No. of house visits ☐

Iron/ folic acid supplements

Any problems during pregnancy : _____

_____

Outcome of the pregnancy

Live birth ☐

Spontaneous abortion ☐ (Reason:

Induced abortion ☐ (Reason:

Whether any contraception was used prior to pregnancy ?

Details :

_____

Whether pregnancy was due to contraceptive failure

If live birth :

Duration of pregnancy :

Nature of delivery :

Whether induced :

Time between induction and delivery

Any problems for child after delivery

Whether nursery care required for baby

Whether mother developed any complication

Duration of hospital stay :

Any depressive symptoms

Any suicidal ideations:

Details of breastfeeding:

Whether support structure absent for mother:

Current health of the child :

Conception 2 :

Booked/ unbooked ☐

No. of visits to Doctor ☐

No. of house visits ☐

Iron/ folic acid supplements

Any problems during pregnancy : _____

_____

Outcome of the pregnancy

Live birth ☐

Spontaneous abortion ☐ (Reason:

Induced abortion ☐ (Reason:

Whether any contraception was used prior to pregnancy ?

Details :

_____

Whether pregnancy was due to contraceptive failure

If live birth :

Duration of pregnancy :

Nature of delivery :

Whether induced :

Time between induction and delivery

Any problems for child after delivery

Whether nursery care required for baby

Whether mother developed any complication

Duration of hospital stay :

Any depressive symptoms

Any suicidal ideations:

Details of breastfeeding:

Whether support structure absent for mother:

Current health of the child :

Conception 3 :

Booked/ unbooked   ☐

No. of visits to Doctor   ☐

No. of house visits   ☐

Any problems during pregnancy : _____

_____

Outcome of the pregnancy

    Live birth   ☐

    Spontaneous abortion   ☐   (Reason:

    Induced abortion   ☐   (Reason:

Whether any contraception was used prior to pregnancy ?

Details :

_____

Whether pregnancy was due to contraceptive failure

If live birth :

        Duration of pregnancy :

        Nature of delivery :

        Whether induced :

        Time between induction and delivery

        Any problems for child after delivery

        Whether nursery care required for baby

        Whether mother developed any complication

        Duration of hospital stay :

        Any depressive symptoms

        Any suicidal ideations:

        Details of breastfeeding:

        Whether support structure absent for mother:

      Current health of the child :

Conception 4 :

Booked/ unbooked   ☐

No. of visits to Doctor   ☐

No. of house visits   ☐

Any problems during pregnancy : _____

_____

Outcome of the pregnancy

        Live birth   ☐

Spontaneous abortion ☐ (Reason:

Induced abortion ☐ (Reason:

Whether any contraception was used prior to pregnancy ?

Details :

_____

Whether pregnancy was due to contraceptive failure

If live birth :

Duration of pregnancy :

Nature of delivery :

Whether induced :

Time between induction and delivery

Any problems for child after delivery

Whether nursery care required for baby

Whether mother developed any complication

Duration of hospital stay :

Any depressive symptoms

Any suicidal ideations:

Details of breastfeeding:

Whether support structure absent for mother:

Current health of the child :

Past history :

Time of menarche :

Age at marriage :

Any major infectious diseases present :

Any chronic diseases present :

Any Depressive symptoms present

Any suicidal ideations present

Any suicidal attempts present

Any other relevant history

Family history

Parents alive ?

Number of siblings

Any family history of

a) Chronic diseases
b) Depression/psychosis/other psychiatric problems
c) Suicide attempted
d) Any suicidal death
e) Homicidal death

Any e/o multiple sexual partners for self/spouse

Investigations:-

Hb:

Blood group&typing

RBS:-

PPTCT:-

RFT:-

Urine analysis:-

USG:-

Special investigations:-

Edinburgh Post natal depression scale

Day 1 :

In the past 7 days:

1. I have been able to laugh and see the funny side of things As much as I always could
☐   Not quite so much now
☐ Definitely not so much
☐ now Not at all

2. I have looked forward with
☐ enjoyment to things As much as I ever did
☐   Rather less than I used to
☐ Definitely less than I used to
☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
☐   Yes, most of the
☐ time Yes, some of the
☐ time Not very often
☐   No, never

4.   I have been anxious or worried for
☐ no good reason No, not at all
☐   Hardly ever
☐ Yes, sometimes
☐ Yes, very often

*5   I have felt scared or panicky for no very
☐ good reason Yes, quite a lot
☐   Yes,
☐ sometimes No,
☐ not much No,
    not at all

*6. Things have been getting on top of me
☐   Yes, most of the time I haven't been able to cope at all
☐   Yes, sometimes I haven't been coping as well as usual
☐   No, most of the time I have coped quite
☐   well No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty
☐   sleeping Yes, most of the time
☐   Yes, sometimes
☐   Not very often
☐   No, not at all

*8 I have felt sad or miserable
☐   Yes, most of the time
☐   Yes, quite often
☐   Not very often
☐   No, not at all

*9 I have been so unhappy that I have been crying
☐   Yes, most of the time
☐   Yes, quite often
☐   Only occasionally
☐   No, never

*10 The thought of harming myself has occurred to
☐   me Yes, quite often
☐   Sometimes
☐   Hardly ever
☐   Never

Day 14 :

In the past 7 days:

1. I have been able to laugh and see the funny side of things
As much as I always could
  - ☐   Not quite so much now
  - ☐   Definitely not so much
  - ☐   now Not at all

2. I have looked forward with enjoyment to
  - ☐   things As much as I ever did
  - ☐   Rather less than I used to
  - ☐   Definitely less than I used
  - ☐   to Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
  - ☐   Yes, most of the
  - ☐   time Yes, some of
  - ☐   the time Not very often
  - ☐   No, never

4. I have been anxious or worried for no good reason
  - ☐   No, not at all
  - ☐   Hardly ever
  - ☐   Yes,
  - ☐   sometimes
Yes, very
often

*5   I have felt scared or panicky for no very good
  - ☐   reason Yes, quite a lot
  - ☐   Yes,
  - ☐   sometimes
  - ☐   No, not much
No, not at all

*6. Things have been getting on top of me
  - ☐   Yes, most of the time I haven't been able to cope at all
  - ☐   Yes, sometimes I haven't been coping as well as usual
  - ☐   No, most of the time I have coped quite
  - ☐   well No, I have been coping as well as ever

*7   I have been so unhappy that I have had difficulty
  - ☐   sleeping Yes, most of the time
  - ☐   Yes, sometimes
  - ☐   Not very often
  - ☐   No, not at all

*8   I have felt sad or miserable
  - ☐   Yes, most of the time
  - ☐   Yes, quite often
  - ☐   Not very often
  - ☐   No, not at all

*9   I have been so unhappy that I have been crying
  - ☐   Yes, most of the time
  - ☐   Yes, quite often
  - ☐   Only occasionally
  - ☐   No, never

*10   The thought of harming myself has occurred to
  - ☐   me Yes, quite often
  - ☐   Sometimes
  - ☐   Hardly ever
  - ☐   Never

Day 42 :

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   As much as I always could
   ☐ Not quite so much now
   ☐ Definitely not so much
   ☐ now Not at all

2. I have looked forward with enjoyment to
   ☐ things As much as I ever did
   ☐ Rather less than I used to
   ☐ Definitely less than I used to
   ☐ Hardly at all

*3. I have blamed myself unnecessarily when things
    went wrong
   ☐ Yes, most of the time
   ☐ Yes, some of the time
   ☐ Not very often
   ☐ No, never

4. I have been anxious or worried for no good reason
   ☐ No, not at all
   ☐ Hardly ever
   ☐ Yes, sometimes
   ☐ Yes, very often

*5 I have felt scared or panicky for no very good
   ☐ reason Yes, quite a lot
   ☐ Yes, sometimes
   ☐ No, not much
   ☐ No, not at all

*6. Things have been getting on top of me
   ☐ Yes, most of the time I haven't been able
     to cope at all
   ☐ Yes, sometimes I haven't been coping as well
     as usual
   ☐ No, most of the time I have coped quite
   ☐ well No, I have been coping as well as
     ever

*7 I have been so unhappy that I have had difficulty
   ☐ sleeping Yes, most of the time
   ☐ Yes, sometimes
   ☐ Not very often
   ☐ No, not at all

*8 I have felt sad or miserable
   ☐ Yes, most of the time
   ☐ Yes, quite often
   ☐ Not very often
   ☐ No, not at all

*9 I have been so unhappy that I have been crying
   ☐ Yes, most of the time
   ☐ Yes, quite often
   ☐ Only occasionally
   ☐ No, never

*10 The thought of harming myself has occurred to
   ☐ me Yes, quite often
   ☐ Sometimes
   ☐ Hardly ever
   ☐ Never

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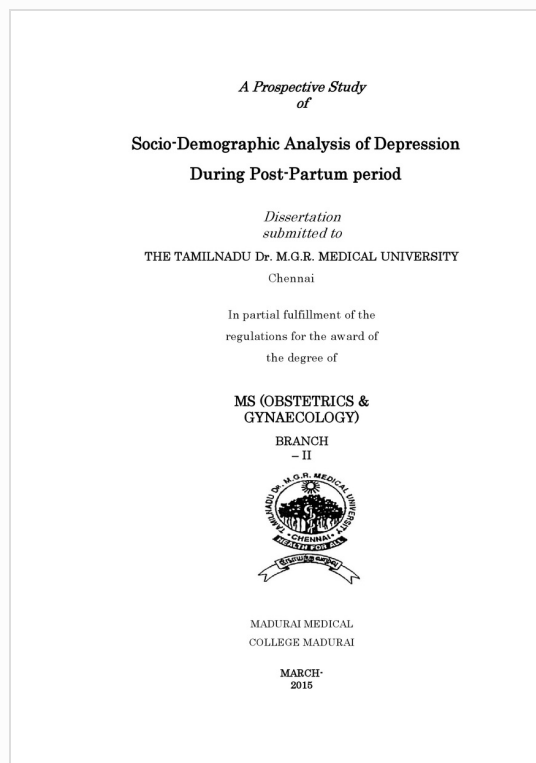
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of

Socio-Demographic Analysis of Depression

During Post-Partum period

Dissertation
submitted to

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