189. POST PARTUM DEPRESSION - RISK FACTORS ANALYSIS

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Introduction. Post partum depression (PPD) has been defined by the World Health Organization (WHO) as "a special state of mental health disorder and a variant of depression", the American Psychological Association (APA) defines PPD as "a serious mental health problem characterized by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities in the care of the newborn". Depression affects 5-22% of women after childbirth. Some women with postnatal depression will experience a prolonged or relapsing illness that may last until their children enter school. It has adverse effects upon the coping abilities of women, their relationships with their infants, partners and social networks and may adversely affect the educational attainment and behaviour of their children.
Aim of the study. The purpose of this review was to examine articles related to recent epidemiological evidence of the prevalence and risk factors of maternal postnatal depression (PND) across different countries and cultures and to identify specific epidemiological studies.
Materials and methods. This was a review study, in which literature in English language was evaluated using electronic search in databases of PubMed. Searching in the databases was made using key words of "postpartum, postnatal, maternal or puerperal depression" and "risk factors" or "postnatal depression". The search was not limited by date of publication, sample size, or whether the full text was available online. Findings in this report are based on studies of variable size and quality which sometimes reach differing conclusions. Only one Exclusion Criteria was chosen - Maternal depression with an onset greater than 1 year postpartum. The initial search results generated over 921 potential studies. Excluding duplicates and applying the inclusion criteria, a total of 104 studies were identified and retrieved. We do not found studies about postpartum depression in the Republic of Moldova.
Results. Articles' assessment showed that the factors associated with postpartum depression can be classified in five domains of risk factors for psychiatric, obstetric risk factors, biological and hormonal risk factors, social risk factors, and lifestyle risk factors. There were wide variations in the screening instruments and diagnostic tools used, although the Edinburgh Postnatal Depression Scale (EPDS) was the most common instrument applied to identify maternal PND. Biological Factor: Studies show that the possible connection between low serum vitamin D and depression, researchers studied the relationship between low vitamin D and perinatal depression. The rapid decline in the levels of reproductive hormones that occur after delivery has been proposed as a possible etiology of postpartum affective disorders (Wisner et al., 2002).Another study show that glucose metabolism disorders during pregnancy are also as predisposing factors for postpartum depression so that it has been observed that women with higher blood glucose levels (mean of 120 vs. 114 mg/dl) after an hour after performing the glucose challenge test with 50 g of glucose were more at risk of postpartum depression than others. Psychological factors Assessment the relationship between the number of delivery and postpartum depression has been associated with conflicting results. Mayberry et al. have reported Previous history of depression and anxiety is among the factors that are associated with a higher risk of postpartum depression. Risky pregnancy is also associated with an increased risk of postpartum depression. These risks include conditions that lead to performing emergency cesarean section or hospitalization during pregnancy. Important observation in the present study was that significantly higher rate of depression was observed

among women who delivered the female child. Obstetric Factors can include pregnancy related complications such as preeclampsia, hyperemesis, premature contractions as well as delivery related complications, such as emergency / elective caesarean, instrumental delivery, premature delivery and excessive bleeding intrapartum Life Events The relationship between life events and the onset of depression is well established (Brown & Harris, 1978). Experiences such as the death of a loved one, relationship breakdowns or divorce, losing a job or moving home are known to cause stress and can trigger depressive episodes in individuals with no previous history of affective disturbance. Hopkins, Campbell and Marcus (1987) found no association between life events and postpartum depression. At least two other large studies have not found an association between life events and postpartum depression (Holmes et al., 1967; Kumar et al. Hopkins, Campbell and Marcus (1987). Social Factors refers to emotional support, financial support, intelligence support, and empathy relations.

Conclusions. In summary many biological factors are involved in the incidence or prevention of postpartum depression through direct and indirect impact on the level of serotonin in the brain and its function. The evidence suggests that obstetric factors make a small but significant contribution to the development of postpartum depression. Despite the fact that most of the studies were prospective, self reported, multi site sampling with large sample sizes, the timing of the evaluation of postpartum depression differed between studies, there is evidence that low socioeconomic status has a small effect on the development of postpartum depression. However, one of the methodological limitations in the literature is the different criteria used to determine indicators of 'low income'. Social support, as it is manifest during pregnancy, is a relatively potent risk factor for postpartum depression, particularly in the form of high levels of depressive symptomatology. Although the role of vitamin D in postpartum depression is appreciated by some authors as a strong one, however, there are few studies that would demonstrate the role of vitamin D in postpartum depression, that's why we decided to determined the incidence of postpartum depression in Republic of Moldova and the role of vitamin D in postpartum depression.

Key words: postpartum depression, risk factors

190. INTRAHEPATIC CHOLESTASIS OF PREGNANCY: REVIEW OF THE LITERATURE

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Introduction. Intrahepatic cholestasis of pregnancy (ICP) is a liver disease, which complicates 0.5-1% of all pregnancies, associated with raised serum levels of bile acids and increased rates of adverse fetal outcomes. ICP is described as pruritus in pregnancy as a main symptom.

Aim of the study. To highlight the importance of epidemiological aspects of intrahepatic cholestasis of pregnancy.

Material and method. All relevant information was obtained from literature review from the open access databases.

Results. Recent studies suggest that the prevalence of ICP ranges from 0.5 to 1.0% in global population, although its incidence varies with ethnic subgroups and geographical distribution. Rates of obstetric cholestasis are high in South America, especially in Chile, with a reported prevalence rate of 12.6-22.1% depending on the ethnic population. Also, these rates have fallen