Nursing Intervention to Control Postpartum Blues among Multiparous Women

Thesis

Submitted for Partial Fulfillment of The Master Degree

in Nursing

(Maternity and Neonatal Health Nursing)

By

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Nursing Intervention to Control Postpartum Blues among Multiparous Women

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التدخلات التمريضية للتحكم في اكتئاب مابعد الولادة بين السيدات متكررات الولادة

رسالـــــة مقدمة
للحصول على درجة الماجستير في التمريض
(تمريض صحة الأم والرضيع)

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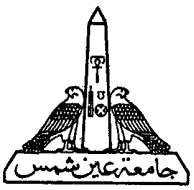

جامعة عين شمس
كلية التمريض

تعريف الباحثة

الاســـــــــــــم : تهاني مصطفى محمود محمد

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وأشكر كل من ساهم في إخراج الرسالة
على هذا النحو

List of Appendices

List of Abbreviations

DHA	:	Docosahexaenoic acid
FSH	:	Follicle stimulating hormone
GH	:	Growth hormone
GnRH	:	Gonadotropin releasing hormone
HCG	:	Human chorionic gonadotropin
HPL	:	Human placental lactogene
5-HT	:	5 Hydroxytriptamine
LH	:	Luteinizing hormone
MCH	:	Maternal and Child Health
PPD	:	Postpartum depression
P	:	Probability
T3	:	Triiodothyonin
T4	:	Thyroxin
TRH	:	Thyrotropin releasing hormone
TSH	:	Thyroid stimulating hormone
WHO	:	World Health Organization

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INTRODUCTION

According to ***George. M (2005)*** postpartum blues is defined as a period of emotional distress that often begins suddenly three or four days after birth. Also, it is temporary psychological state right after childbirth ***(Stowe, 2001)***. And it is generally recognized as the least severe form of depression following the birth of a fetus ***(Dinnis, 2002)***, according to ***Mattso (2003)*** postpartum blues may manifest itself as physical symptoms such as insomnia, fatigue, exhaustion, loss of appetite and it also expressed through psychological symptoms such as anxiety, angry, cry spells, irritable, tension, low self esteems, confusion inability to cope, and feelings of loneliness.

The main causes of post partum blues are unknown certainly but some causes consider hormonal changes play a role, which are changing in the levels of estrogen and progesterone hormones from pregnancy till after childbirth, during pregnancy these hormones increase steadily to assist in creating an environment for the growing fetus. There is an extreme fluctuation in these hormones immediately following childbirth so this change is at least partly responsible for postpartum blues ***(Stowe, 2002)***.

According to ***Sampson V (2004)*** after removal of the placenta at delivery estrogen and progesterone levels drop sharply reaching pregravid levels by the fifth postpartum day, also levels of beta endorphin, human chorionic gonadotrophin and cortisol hormones drop at delivery, these hormonal changes are a natural process

following child birth which affect emotional responses, arousal and reinforcement. According to ***William (2006)*** postpartum dysregulation of the thyroid gland considered as another possible cause to postpartum blues. The thyroid gland regulate several hormones and drops production dramatically after birth cause symptoms being severe enough to interfere with daily living. Physical changes after delivery include changes in muscle tone and difficulty losing weight, soreness and pain in perineal area makes many women uncomfortable, physical recovery after caesarean delivery may take longer time than after vaginal delivery ***(Miller et al., 2003)***.

Postpartum blues can occur due to many factors as demographic factors such as age and parity ***(Dennis and Creedy, 2004)***, there are also socioeconomic factors which include financial difficulties, low income, some factors related to pregnancy as difficult pregnancy, previous history of mood disorders during pregnancy, previous abortion or still birth, pregnancy after prolonged infertility and type of delivery ***(Lee et al., 2003 and Dinnis & Crredy, 2004)***. Also social factors as marital conflict, stressful life events, and in adequate social support ***(Cicchetti et al., 2004)***,

In addition to these factors, there are an other factors of postpartum blues related to mother which include child care stress, inability to breast feed, failure to have role as a mother and other factors related to infant as presence of congenital anomalies, sex of