Assessment of predisposing factors for postpartum blues among primigravida women

Thesis

Submitted for Partial Fulfillment of the
Requirements of the Master Degree
in Nursing Science
(Maternity –Neonatal Nursing)

By

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ABSTRACT

Postpartum blues is a common major psychological problem that the women face during postpartum period. The study **aim** was to assess the predisposing factors for postpartum blues among primigravida women. **A prospective cohort** study was done and **a purposive sample** of 188 primigravida women from Ain Shams University maternity Hospital were included in the study, **The total sample reached 158** as 30 cases were dropped out throughout the study. **Two tools** were used for data collection; Structured-interviewing questionnaire sheet, and modified Edinburgh postnatal depression assessment scale. **The present study revealed** a number of risk factors are believed to contribute and correlate to the developing of postpartum blues among primigravida, These risk factors included women work ,women age, pregnancy physical and psychological problems, pregnancy stressors, certain life style actions, in addition to lack of social support during pregnancy. **The study recommended** that early identification of postpartum blues leading factors by nurses and medical team, put effective management strategies for preventing and dealing with these predisposing factors by administrative department, increase awareness of both mothers and nurses about risk factors of postpartum blues and management through posters, educational programs and mass media and do **more researches** on effectiveness of psychological problems during perinatal period on maternal and child health.

Key words: postpartum blues, primigravida, psychological stressors, early detection, perinatal period.

Introduction

The postpartum period involves extraordinary physiological, psychological, and sociocultural changes in the life of a woman and her family, it's an exhilarating time for most women, but for others it may not be what they had expected, women have varied reactions to their childbearing experiences, exhibiting a wide range of emotions typically, the delivery of a newborn is associated with positive feelings such as happiness, joy and gratitude for the birth of healthy infant, however the woman may feel weepy, overwhelmed or unsecure of what is happening to them ***(Robert, 2007)***.

Many primipara clients anticipate that life following birth will be a modified version of their usual circumstances adequately preparing for the physical, psychological, social, and emotional changes they will undergo, particularly during the early postpartum period, is challenging even they are some` what prepared for what to expect ***(Kyle et al., 2005).***

Numerous changes occur during the first week of parenthood, care management should be directed toward helping parents cope with infant care, role changes, altered life style and change in family structure resulting from the addition of a new baby, parents may have inadequate or incorrect understanding of what to expect in early postpartum weeks, developing skills and confidence in caring for an infant can be especially anxiety provoking (***Driscoll, 2006***).

Post partum blues is one of the most psychological problems that face the women during postpartum period, it's a term used for a self limited, transitory mood disorder that usually resolves by the end of the second or third postpartum weeks. Postpartum blues can occur any time between the 3rd and 10th after birth ***(Salganicoff, 2005).***

Postpartum blues symptoms include tearfulness, moodiness, irritability, anxiety, loss of concentration, loss of control and insomnia. They worsen progressively over the first 3 to 4 days postpartum and improve by approximately the 12^{th} day postpartum. The symptoms are usually explained as the "let down" that follows the emotionally charged experience of childbirth ***(Edhborg, 2007)***.

Biochemical psychological, social, and cultural factors have been explored as possible cause of the postpartum depressive state, however the etiology remains unknown, whatever the cause, the early postpartum period appears to be one of the emotional and physical vulnerability, for new mothers who may be psychologically overwhelmed, by the reality of parental responsibilities. The mother may feel deprived of the supportive care she received from family members and friends during pregnancy ***(Seyfried & Marcus, 2007***).

The probability to develop "baby blues" is unrelated to previous psychiatric history, environmental stressors, cultural context, breastfeeding, or number of pregnancies alone. However, those factors may influence whether the "blues" lead to major depression. If symptoms last longer than 2 weeks, it is important to seek professional attention, since one in five women (20%) with postpartum "blues" go on to develop postpartum major depression ***(Gobbe & Stewart, 2006).***

The postpartum blues requires no formal treatment other than support and reassurance because it doesn't usually interfere with the woman's ability to function and care for her infant, further evaluation is necessary, however if symptoms persist more than 2 weeks, nurse can ease a mother's distress by encouraging her to vent her feelings and by demonstrating patience and understanding with her and her family ***(Wilhelm, 2006)***.

Nursing intervention to enhance the condition of postpartum blues should enhance the quality of maternal adjustment and promoting effective coping strategies for promoting feelings of wellbeing, comfort and satisfaction. Information, emotional support, and assistance in providing or obtaining care are needed, It is also important to ensure that mothers make time for adequate sleep and rest, eat a well-balanced diet, and allow others to care for the baby at night if possible ***(Laura & Abrams, 2007)***.

Nurses, especially those making postpartum visits to parents home, are in a prime position to help new family, the nurse role becomes primarily one of teacher, supporter, focusing on enabling new parents to become capable of self care and infant care and of meeting the needs of family units ***(Klein, 2008).***

Significance of the Study:

During the postpartum period, up to 85% of women experience some type of mood disturbance. Although effective disorders treatments are available, both patients and their caregivers frequently overlook postpartum depression. Untreated postpartum affective illness places both the mother and infant at risk and is associated with significant long-term effects on child development and behavior; therefore, appropriate screening assessing factors, prompt recognition, and treatment of postpartum blues are essential for both maternal and infant well-being and can improve outcomes ***(Dennis 20011).***

Aim of the Study

Assessing the predisposing factors for post partum blues among primigravida women.

Research Question:

This study is based on answering the following questions:

- What are the factors which put the Primigravida women at susceptibility of developing postpartum blues?
- Is there relation between life style pattern and developing post partum blues in primigravida women?
- Is there relation between pregnancy complains and developing postpartum blues in primigravida women?

Review of Literature

Chapter I

Psychological Status and Woman Health

Women play a critical role in maintaining the health and well being of their communities, as well as development of their society socially and economically. Otherwise women are the backbone and foundation of society and if she is empowered, a family and entire community is empowered. Minute a lot of women died from complications related to pregnancy or childbirth or left ill or disabled ***(Kaveri, 2006).***

In Egypt Every year, about 10 million women endure life-threatening complications during childbearing period, sometimes leading to long term disability. More than 99 percent of the estimated 536,000 maternal deaths each year occur in the developing world. Prenatal psychological problem affect an estimated 11 percent of women during pregnancy and 13 percent of mothers in the first postpartum year. Women are three times more likely than men to engage psychological problems ***(Robert, 2007).***

For the woman to be healthy, she should fulfill all aspects of health, she should experience a healthy psychological state all over her life span and adapt correctly to her various roles in her life cycle, because psychological state is one of the most

important element of health which has a great effect on woman health either a positive or negative effect depending on various factors and adjustment for role attainment which may lead to a successful and a healthy life ***(Kyle & Scott, 2007)***.

Almost every woman worries about her ability to be a "good" mother during pregnancy, and this concern does not evaporate as soon as the baby is born. some women seem able to recognize a newborn 's needs immediately and to give care with confident understanding right from the start, however a woman enters into a relationship with her newborn tentatively and with qualms and conflicts that must be addressed before the relationship can be meaningful, this because parent love is only partly instinctive ***(Shaddock, 2005).***

A major portion develops gradually in stages such as planning the pregnancy, hearing the pregnancy confirmed, feeling the child into utero, birthing, seeing the baby, touching the baby, and finally giving total care to the baby leading to having the ability to bond warmly ***(Danis & Lebow, 2008).***

The postnatal period is a time of readjustment and adaptation for the entire childbearing family, but especially the new mother who experience a variety of responses as she adjust to a new family member, postpartum discomforts, changes in her body image and the reality that she is no longer pregnant

(Catherine & Susan, 2005).

Postpartum period is a happy time, although it considered a stressful time because the birth of an infant is accompanied by enormous physical, social and emotional changes. The postpartum woman may report feelings of emotional lability which may affect her adaptation to this period and go through a successful transition from certain concept and expectation to another ***(Kravitz, 2006).***

The new mother has to move quickly from self – concern to other concern which considered a huge challenging during the postpartum period, it's important that her physical and psychological needs be met so that she will be better able to focus on her newborn care ***(Susan & Cohen, 2008).***

The mother may become intensely focused on cognitive learning needs related to newborn care, so the new mother may verbalized anxiety and concern, if so, she needs to be heard, and her concern must be validated. If the woman has difficulty with these beginning skills, it may alter her self esteem and maternal development ***(Carole & Kenner, 2007).***

A transition is a movement or passage from one position

or concept to another or a pause between what was and what is to be. It represents an internal process experiencing by people when change occurs, change is something that happens to people and transition is how they respond to change the woman through her life span goes through various times of transition specially through postpartum period during which a couple tries out of new role and attempts to fit their expectations for that role ***(Littlton & Engebereston, 2005).***

Many primipara clients anticipate that life following birth will be a modified version of their usual circumstances adequately preparing for the physical, psychological, social, and emotional changes they will undergo, particularly during the early postpartum period, is challenging even they are some` what prepared for what to expect ***(Kyle et al., 2005).***

Several challenges for primipara clients, both physiological and psychological, influence reactions, while they relish their new roles and responsibilities, various factors can cause the postpartum period to unfold differently than initially expected regardless of how much the clients and her family may have prepared for postpartum period so prim parity is considered a risk factor for developing postpartum psychological problems ***(Johannes et al., 2003).***

Postpartum Psychological Disorders:

Postpartum psychological disorders is a serious condition experienced by women soon after giving birth many types of affective disorders occur in the postpartum period, although their description and classification may be controversial, the disorders are commonly classified on the basis of their severity as: ***baby blues,"*** postpartum depression and postpartum psychosis ***(Douglas, 2008)***.

"***Baby blues,"*** is the mildest form the new mothers experience, which may result from the rapid hormonal shifts that occur during the postpartum period. These postpartum blues typically begin a few days after the baby's birth and generally resolve within two weeks and affects up to 75% of new mothers. Tearfulness and depressed mood are common features and are usually self-limiting. Women with "baby blues" often report feeling overwhelmed, anxious, irritable, and sensitive ***(Kneeth et al., 2005).***

A more serious form of the disorder is referred to as ***postpartum depression***. Postpartum depression is a significantly more severe depressed mood than "baby blues" and often lasts much longer. It affects approximately 10% of postpartum women and is characterized by sadness, frequent crying, insomnia, appetite change, difficulty concentrating or

making decisions, feelings of inadequacy, and lack of interest in normal activities. Postpartum depression most often occurs around the fourth week after giving birth ***(Green, 2008).***

The third and most severe form of postpartum depression is called ***postpartum psychosis***. Insomnia, agitation, mood changes, confusion, poor judgment, and difficulty in concentrating characterize postpartum psychosis. The incidence rate is 1–2 per 1,000. In especially severe forms, the woman may develop delusion and hallucinations. About 10% of women with postpartum psychosis will ultimately commit suicide or infanticide related to their delusions. For example, the woman may throw the baby carrier into the lake because she thought it contained snakes ***(Kaveri, 2006).***

Maternal Role Attainment:

Is a process by which the mother achieves confidence in her ability to care for her baby and becomes comfortable with her identity as a mother. After birth, the woman experiences psychological changes as well as physiological reversal of the physical changes of pregnancy. For the woman, adoption of a maternal role begins during pregnancy as she develops an attachment to the fetus. This role evolution continues postpartum with the birth separation of the mother – infant pair, or polarization ***(Kathleen et al., 2008).***