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Psychological Wellbeing of Postnatal Mothers – A Survey

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Abstract

Background: Women are more at risk of experiencing emotional difficulties following the birth of a baby than at any other time in their lives. It is a true disservice to women and their families that the "myths of motherhood" stop women from acknowledging the range of feelings they actually have, and discourage them from seeking needed information and support. Pregnancy, childbirth and the postpartum period provide women with one of the most stressful and anxiety-producing life transitions that they will ever experience. **Objectives:** To assess the psychological wellbeing of postnatal mothers. **Methodology**: The survey was conducted in post-natal wards of a selected private hospital in Delhi. 34 mothers admitted in the post-natal wards were selected through purposive sampling technique The mothers were interviewed by administering a semi-structured questionnaire at their bedside. **Results:** Findings showed that 74% of the postnatal mothers were having good psychological wellbeing where as 26.47% of the postnatal mothers were having average psychological wellbeing. **Conclusion**: Lots of women feel depressed after having a baby, but very few acknowledge and express their feelings. A nurse needs to be an active listener and demonstrate a caring attitude to assess the psychological distress in postnatal mothers and promote psychological wellbeing.

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Introductionz

In our culture, we are taught to expect that having a baby is the happiest time in a woman's life. And for most women, childbirth and early parenting do provide great joy and fulfillment [1]. Yet, the truth is that women are more at risk of experiencing emotional difficulties following the birth of a baby than at any other time in their lives. It is a true disservice to women and their families that the "myths of motherhood" stop women from acknowledging the range of feelings they actually have, and discourage them from seeking needed information and support. Pregnancy, childbirth and the postpartum period provide women with one of the most stressful and anxiety-producing life transitions that they will ever experience. Up to 80% of women experience some emotional stress after the birth (or adoption) of a new child - known as "the baby blues." For many, these responses are brief and resolve on their own. Other women experience stronger reactions, and require a supportive plan to address and alleviate their concerns. Broadly three types of postpartum psychological disorders have been described:

- Postpartum blues is characterized by mild mood disturbances, marked by emotional instability (crying spells apparently without cause, insomnia, exaggerated cheerfulness, anxious tension, headache, irritability, etc.). Usually the

complaints develop within the first week postpartum, continue for several hours to a maximum of ten days and then disappear spontaneously [3].

- Postpartum depression, often also called postnatal depression is a more protracted depressive mood with complaints of affective nature: the woman is gloomy, depressed, irritable, sad. She may have complaints of cognitive and vital nature: insomnia, lack of appetite, disturbance of concentration, loss of libido.
- Puerperal psychosis is a much more serious disturbance that should be distinguished from both other depressive mood disorders. It occurs in 0.1-0.2% of all postpartum women; symptoms usually start at the end of the first week, sometimes in the second week, seldom later. The woman is anxious, restless, some times manic with paranoid thoughts or delusions.

There are many causes including biological, psychological, cultural and highly individualistic factors. Factors that are believed to contribute to postpartum depression include dramatic hormonal changes taking place before and after birth; a history of depression (either personally or in a blood-relative); a colicky, hard-to-care-for baby; chronic sleep deprivation and fatigue; previous postpartum stress response; a predisposition to perfectionism and self-criticism; lack of social supports; and / or isolation [4].

Many women do not experience postpartum reactions right away, but may be surprised to feel the onset a number of months after delivery. Postpartum depression can occur any time during the baby's first year of life. Although the days after birth are generally considered a period of intense happiness, this period has its dark sides too. During some of these days or even during several weeks many mothers do not feel happy at all; the postpartum period should be considered as a vulnerable time for the development of emotional and psychological disorders. The last part of pregnancy and childbirth can be troublesome; the body goes through rapid changes, especially hormonal. In the first days post partum the body often feels painful and uncomfortable. The regular care of the baby involves new tasks and uncertainties, and disturbs the night's rest; the relationship with the partner changes, especially after the birth of a first child.

In many countries women have occupations outside their homes; with the birth of her child the woman assumes her two or even threefold duty: motherhood, external occupation and household activities. In the nuclear families of modern societies in developed countries like India, these problems may be different from those in developing countries, where support from family and neighbours is more commonly available. However, the rapidly growing phenomenon of urbanization is changing the potential for postpartum support in many places. Keeping this information in the background, a survey was undertaken to assess the psychological well being of women admitted in the post-natal wards of a selected hospital of Delhi, after the delivery of a child.

Methodology

The survey was conducted in post-natal wards of a selected private hospital in Delhi. 34 mothers admitted in the post-natal wards were selected through purposive sampling technique. Primipara and multipara women who delivered viable babies were only included in the sample, while mothers with still birth or abortions were not included. The mothers were interviewed by administering a semi-structured questionnaire. The questionnaire consisted of two parts: Part-A and Part-B. Part-A had 5 items related to the personal information and postnatal history. It also included 7 items on antenatal history. Part-B was a 3- point Likert Scale having 37 questions. The questionnaire was administered at the mothers' bedside.

Results

I. Findings related to sample characteristics

41.17% respondents were in the age group 22-26 years. Regarding the delivery, 61.76% of the mothers had had full term normal vaginal delvery (FTNVD), while 38.24% had undergone LSCS. 79.41% of the mothers had planned pregnancy. 79% of the mothers had registered their pregnancy at a clinic. 94.11% had undergone the routine investigations to be done during pregnancy. 82.35% mothers had undergone ultrasound 94.11% had no thyroid dysfunction.

Pie diagram 1 shows distribution of mothers according to type of delivery they had had. 61.76% of the mothers had FTNVD, 38.24% had undergone LSCS while none had forceps delivery.

II. Findings related to psychological wellbeing of postnatal mothers

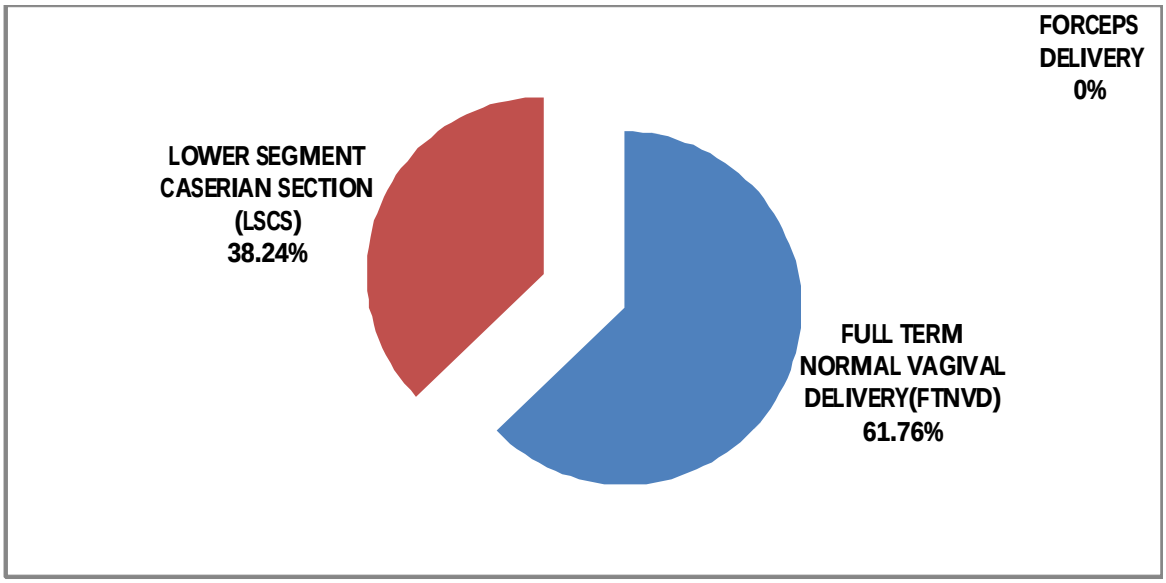

Fig. 1: Distribution of mothers according to type of delivery.

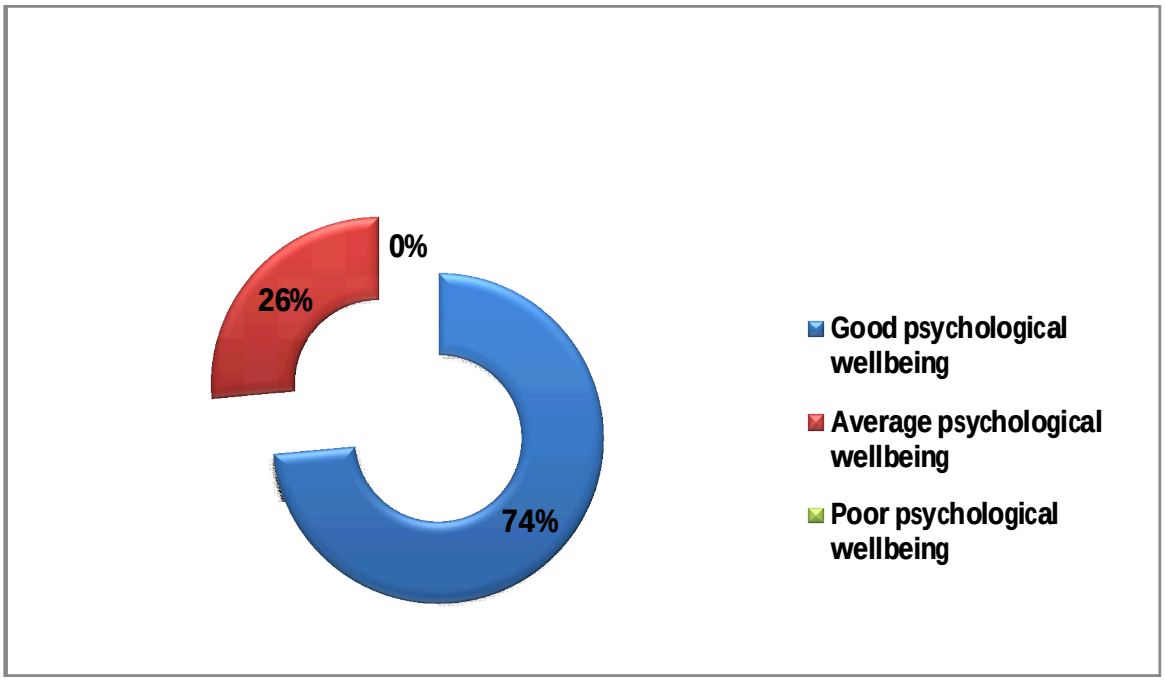

Fig. 2: Distribution of mothers according to their state of psychological wellbeing.

74% of the postnatal mothers were having good psychological wellbeing where as 26.47% of the postnatal mothers were having average psychological wellbeing. None of the postnatal mothers were experiencing reportable poor psychological wellbeing.

Out of 34 mothers 1 mother said that she never had the ability to care for the baby. 31 mothers reported that they had always received support and care from husband before the delivery. 3 mothers reported that the sex of the child has always been a matter of concern for them whereas 5 mothers said that the sex of the child was a matter of concern for them sometimes only. 2 mothers expressed that the sex of the child had always been a matter of concern for

Table 1: Item-wise analysis of psychological wellbeing of the postnatal mothers.

n=34

S.NO	STATEMENT	NEVER		SOMETIMES		ALWAYS	
		FREQUENCY	%	FREQUENCY	%	FREQUENCY	%
1	Able to care for baby?	1	2.94	4	11.76	29	85.29
2	Support and care from husband before the delivery of the baby?	0	0	3	8.82	31	91.17
3	The sex of child being a matter of concern for you?	26	76.47	5	14.70	3	8.32
4	The sex of child being a matter of concern for your family (in-laws)?	27	79.41	5	14.70	2	5.88
5	The thought of harming your newborn child?	32	94.11	2	5.88	0	0
6	Worry about baby's health?	15	55.88	9	26.47	6	17.64
7	Getting irritated and angry when the child cries?	30	88.23	4	11.76	0	0
8	Having anticipatory fears regarding the survival and health of the premature/newborn/infant?	21	61.76	12	35.29	1	2.94
9	You being a good, competent and loving mother?	7	20.58	6	17.64	21	61.76
10	Expression of anger and frustration (directly or indirectly) on the baby?	32	94.11	3	5.88	4	11.76
11	Ability to cope with the stress due to child birth?	6	17.64	3	8.82	27	79.41

their family (in-laws), while 5 mothers stated that the sex of the child was a matter of concern for their family (in-laws) sometimes only. 2 mothers expressed that the thought of harming themselves had always occurred to them, whereas 8 mothers reported that sometimes only they thought of harming themselves, 2 mothers expressed about having thought of harming their newborn child sometimes. 7 mothers said that they thought that they had not been good, competent and loving mothers.1 mother reported that she was not happy with the birth of the child. 12 mothers said that sometimes they experienced anticipatory fears regarding the survival and health of the premature / newborn infant. 15 mothers reported that they did not worry about baby's health.4 mothers expressed that they always thought that the baby had brought negative changes in life. 3 mothers reported to have expressed expression of anger and frustration (directly and indirectly) on the baby sometimes. 6 mothers reported that they did not have the ability to cope with the stress due to child birth.

Discussion

The findings of the present study revealed that 73.52% postnatal mothers were having good psychological wellbeing whereas 26.47% postnatal mothers were having average psychological wellbeing. None of the postnatal mother had poor psychological well being. The findings of the present study are in contrast to a study done in Africa to assess the prenatal and postnatal psychological wellbeing of mothers. It was found that mothers suffered from depression, pre and postnatal anxiety and depression[5] .

The present study included all women irrespective of the mode of delivery, that is, normal vaginal delivery, LSCS or instrumental delivery and majority of the mothers were found to be having good psychological wellbeing. However, another study highlighted that the mode of birth had a strong association with women's psychological and physical outcomes in the first few months after birth. Women who had a forceps-assisted vaginal birth were more likely to report ongoing psychological difficulties, but were not being offered the appropriate level of healthcare support. Because these women were mostly likely to report poorer psychological and physical health following childbirth, and adjusting to life with a new baby, it may be important for health professionals to initiate conversations with women about their birth to give women the opportunity to discuss distressing symptoms [6].

The results of the present study indicated that although women do experience some psychological problems after child birth but they tend to not disclose their true feelings related to child birth and child care. Many women during the study might have been experiencing psychological distress but were reluctant to acknowledge it in the presence of the family members or due to stereotyped notions that the child birth means that the mother has to only rejoice and not feel down and low. Open communication and catharsis facilitated by the midwife or the mental health nurse will be helpful in acknowledgement of such feelings by the postnatal mothers.

Conclusion

During the survey we found that almost three fourth of the postnatal mothers were reportedly having good psychological wellbeing whereas one fourth (26.47%) postnatal mothers were having average psychological wellbeing. None of the postnatal mother reportedly had poor psychological well being. Child birth is considered to be a happy event and the mother is not expected to be feeling depressed, low and sad at such a time. Nevertheless, a woman experiencing such feelings that may find it difficult to verbalize or share her feelings with her family and friends due to fear of being labelled a bad, uncaring and incompetent mother.

A Nurse cannot depend on women volunteering unsolicited information about their depression or asking for help. The nurse needs to observe for signs of depression and ask appropriate questions to determine moods, appetite, sleep, energy / fatigue levels, and ability to concentrate. Examples of ways to initiate conversation include: "How is your life going now that you have a baby (or another child)? ... Have you changed much since having the baby?" "How much of the time do you spend crying?" Lots of women feel depressed after having a baby, and some feels so badly that they think about hurting themselves or the baby. A nurse needs to be an active listener and demonstrate a caring attitude to assess the psychological distress and promote psychological wellbeing. Open communication and catharsis facilitated by the midwife or the mental health nurse will be helpful in acknowledgement of feelings.

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