

Investigating Postnatal Depression and “Baby Blues” in New Mothers at a Selected Maternity Hospital

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Abstract

Background: The postpartum period is marked by significant physical and emotional transitions that can lead to feelings of anxiety and mood swings. Postpartum mood disturbances can be categorized into three levels of severity. Symptoms commonly associated with these disorders include feelings of hopelessness, sadness, nausea, alterations in sleep and appetite, reduced sexual interest, frequent crying, anxiety, irritability, a sense of isolation, emotional volatility, thoughts of self-harm or harming the infant, and even suicidal ideation. Postpartum depression may begin at any point within the first year after childbirth and can persist for a number of years. It's reported that between 50% and 80% of new mothers experience postpartum blues, which typically arise within the initial days following birth.

Materials and Methods: A descriptive study was conducted at Seva Nursing College, Shrirampur, involving 100 postnatal mothers selected through purposive sampling to evaluate postpartum depression and blues following childbirth. Data collection was carried out via a semi-structured interview lasting approximately 40 minutes by a nurse researcher. Both descriptive and inferential statistical methods were used to analyze the collected data. **Result:** A total of 100 mothers were included in the study. The study revealed that 51% of the mothers under the study were 22–25 years old; 58% of the mothers belong to nuclear families; 42% of mothers are from rural areas; however, 35% belong to semi-urban areas. The mean score for postpartum depression (+27.23) indicates severe depression; the mean score for postpartum blue (+5.36) indicates moderate postpartum blue. It indicates that the student under study had a severe level of postpartum blues and a moderate level of depression.

Conclusion: The majority of the mothers had most of the symptoms of postpartum blue and a moderate level of postpartum depression.

Keywords: Assess, baby blue symptoms, postpartum depression, postnatal women

INTRODUCTION

“Take your time healing, as long as you want. Nobody else knows what you’ve been through. How could they know how long it will take to heal you?”

—Abertoli

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The postpartum period is characterized by significant physical and emotional changes, leading to anxiety and mood disturbances. There are three levels of postpartum mood disorders: “baby blues,” postpartum depression (PPD), and postpartum psychosis. “Baby blues,” or postpartum blues (PPB), is a relatively mild form and is the most common. Typically starting 1 to 3 days after childbirth, it is marked by sudden mood swings, unexplained crying, irritability, impatience, sleep disturbances, anxiety, loneliness, and a sense of vulnerability. Approximately 60–80% of new

mothers experience PPB, which generally requires little to no medication and typically resolves with support and education [1–3].

The “baby blues” is the most prevalent mood disturbance among new mothers, affecting 50–80% shortly after childbirth, peaking around the fifth day, and typically resolving within 10–14 days. Characterized by emotional volatility, frequent tears, anxiety, exhaustion, sleeplessness, anger, sadness, and irritability, it is often deemed a normal part of postpartum adjustment. However, if these symptoms persist beyond two weeks, there is a risk they may develop into more severe postpartum depression (PPD), with about 25% of affected women experiencing a longer-term depressive state. The critical distinction between the baby blues and PPD lies in the duration and impact on a mother's ability to function in her role; the baby blues are temporary and do not significantly affect a mother's capacity to care for her child, rendering it a self-resolving condition that typically requires no medical intervention. Notably, while the baby blues typically subside within a week after delivery without the need for treatment, 20–30% of those affected may progress to depression later in the postpartum period, highlighting the importance of monitoring for depression if symptoms of the blues last more than two weeks [4].

NEED FOR THE STUDY

Postpartum depression affects approximately 17.22% of the global population, with prevalence rates ranging from 10 to 15% in Western countries during the first year after childbirth. A systematic review of 47 studies across 18 low-and lower-middle-income countries found a prevalence of 18.6%. Postpartum blues, occurring within the first 10 days postpartum with a peak at the fifth day, have been reported in 15–85% of women. In India, around 22% of mothers experience postpartum depression (PPD), indicating a need for increased resources and capacity building in maternal healthcare, as highlighted in a recent report from the World Health Organization (WHO).

OBJECTIVES

1. To assess postpartum depression among postnatal women
2. To assess baby blue symptoms among postnatal women
3. To compare selected sociodemographic variables with postpartum depression and baby blue symptoms among postnatal women
4. To correlate postpartum depression and baby blue symptoms among postnatal women

MATERIALS AND METHODS

Research Approach and Research Design

A descriptive research approach with a non-experimental descriptive research design is used in the research. This study was conducted at a selected hospital. The populations included were postnatal mothers. The total population size is 100. The random judge mental sampling technique was used for the sample for the study. This study was conducted in a selected maternity hospital in Shrirampur. In this study, the population consists of postnatal mothers admitted to a selected maternity hospital. Postnatal mothers consist of selected maternity hospitals that fulfil the inclusion criteria. In this study, the sample comprises 100 postnatal mothers from selected maternity hospitals in Shrirampur. In this investigation, a purposive judgmental sampling technique was employed to select participants, focusing specifically on postnatal mothers. This focus was due to the high incidence of postpartum depression (PPD) among this group, a condition that often requires medical intervention but can also benefit significantly from support and education. Conducting follow-ups is crucial, as research indicates that nearly half (48%) of these mothers may develop PPD, potentially impacting their children's cognitive development adversely. In India, it's estimated that 37% of mothers experience PPD, underscoring the urgent need for enhanced resources and support in maternal healthcare. Before commencing the study, a detailed explanation of its purpose was provided to potential participants, from whom written informed consent was then obtained. Participants were selected based on specific inclusion criteria established from baseline data. Baseline Performa includes the demographic variables of postnatal

mothers, which consist of age, type of family, educational qualification, occupation, monthly income, religion, residential status, gravida status, and type of diet. History of chronic illness, past psychiatric history, gestational age, etc.

Knowledge Questionnaire

Before developing the knowledge questionnaire, a detailed plan was created to outline the allocation of questions according to various content areas and the proportional distribution of questions within each area. The questionnaire itself was then formulated by the researcher. It consists of 30 items covering various aspects of postpartum depression to assess postpartum depression in postnatal mothers. The grading of the scores is as follows: Suicidal thoughts: 0–10; possible depression: 11–20; severe depression: 21–30.

STATISTICAL ANALYSIS

Section A: This section depicts the frequency and percentage distribution of the demographic variables, like age, type of family, residual status, monthly income, educational status, gravida status, type of diet, history of chronic illness, past psychiatric history, and gestational week.

Table 1. Frequency and percentage distribution of the demographic variables (N = 100).

S.N.	Demographic variables	Frequency (F)	Percentage (%)	
1.	Age (in years)	18 to 21	25	25%
		22 to 25	51	51%
		26 to 29	24	24%
2.	Type of family	Joint family	42	42%
		Nuclear family	58	58%
3.	Residential status	Slum	5	5%
		Rural	42	42%
		Semi-urban	35	35%
		Urban	18	18%
4.	Monthly income (in ₹)	< 10000	14	14%
		10,001 to 20,000	31	31%
		20,001 to 30,000	27	27%
		30,001 to 40,000	19	19%
		40,001 and above	9	9%
5.	Educational status	Illiterate	6	6%
		Diploma	61	61%
		Graduate	29	29%
		Postgraduate	4	4%
6.	Gravida status	Primigravida	59	59%
		Secondary gravida	39	39%
		Tertiary gravida	2	2%
7.	Type of diet	Veg diet	35	35%
		Non-veg diet	3	3%
		Mixed diet	62	62%
8.	History of chronic illness	Hypertension	7	7%
		Anemia	29	29%
		Asthma	5	5%
		None	59	59%
9.	Past psychiatric history	Depression	3	3%
		Anxiety	6	6%
		None	81	81%
10.	Gestational week	Completed	93	93%
		Not completed	7	7%

Section B: This section depicts the distribution of frequency and percentage of postpartum depression among postnatal mothers.

Section C: This section depicts the distribution of frequency and percentage of postpartum blue among postnatal mothers.

Table 2. Distribution of frequency and percentage of postpartum depression among postnatal mothers (N = 100).

S.N.	Postpartum depression	Yes, most of the time		Yes, sometimes		Not very often		Not at all	
		F	%	F	%	F	%	F	%
1.	I have been able to laugh and see the funny side of things.	53	53%	25	25%	14	14%	8	8%
2.	I have looked forward with enjoyment to things.	18	18%	32	32%	28	28%	22	22%
3.	I have blamed myself unnecessarily when things went wrong.	10	10%	14	14%	56	56%	20	20%
4.	I have been anxious or worried for no good reason.	53	53%	33	33%	9	9%	5	5%
5.	I have felt scared or panicky for no very good reason.	21	21%	16	16%	43	43%	20	20%
6.	Things have been getting on top of me.	9	9%	29	29%	34	34%	28	28%
7.	I have been so unhappy that I have had difficulty sleeping.	14	14%	34	34%	23	23%	29	29%
8.	I have felt sad or miserable.	7	7%	10	10%	40	40%	43	43%
9.	I have been so unhappy that I have been crying.	0	0%	0	0%	39	39%	61	61%
10.	The thought of harming myself has occurred to me.	5	5%	5	5%	25	25%	65	65%

Table 3. Distribution of frequency and percentage of postpartum blue among postnatal mother (N = 100).

S.N.	Postpartum blue	Yes		No	
		F	%	F	%
1.	Can you feel anxious after delivery?	64	64%	36	36%
2.	Can you experience being impatient or grumpy?	54	54%	46	46%
3.	Do you have difficulty concentrating?	52	52%	48	48%
4.	Can you experience mood changes in a few days?	53	53%	47	47%
5.	I feel irritable after delivery.	50	50%	50	50%
6.	Do you feel restless?	36	36%	64	64%
7.	Are you suffering from fatigue?	69	69%	31	31%
8.	Are you having difficulty making decisions?	47	47%	53	53%
9.	Do you feel that you are not interested in your daily work?	47	47%	53	53%
10.	Did you feel hopelessness after delivery?	44	44%	56	56%

DISCUSSION

This article focuses on the examination and explanation of the study’s results. Information was organised into a master sheet, and a combination of descriptive and inferential statistical methods was applied for the analysis (Tables 1–3). Systemic problems due to postpartum depression among postnatal women’s show that the majority (53%) of mothers feel that they have been able to laugh and see the funny side of things and have been anxious or worried for no good reason. And 21 percent of mothers feel that they have felt scared or panicky for no very good reason; 18 percent of mothers feel that they have looked forward with enjoyment to things; and 14 percent feel that they have been so unhappy that they have had difficulty sleeping. It was found that stress had the possibility of a correlation with postpartum depression. The *r* value is (-0.08135), and it was also found that depression had the possibility of a correlation with the baby blue symptoms. The *r* value is (-0.08135), and it was also found that the baby blue had the possibility of a correlation with postpartum depression. The *r* value is (-0.08135), indicating that the study variables such as postpartum depression and baby blue symptoms had both a negative correlation among them [5–10].

CONCLUSION

The study revealed that due to postpartum depression and baby blue symptoms, mothers face an abundance of problems, such as psychological ones. The study reveals that they had psychological problems related to anxiety, depression, and being unhappy and sad. Moderate degree of physical problems such as weakness, dizziness, and malaise.

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