



Management Strategies Used by Thai Postpartum Women with Maternity Blues

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Article info

Article history:

Received 02 November 2017

Revised 15 May 2018

Accepted 16 May 2018

Keywords:

Maternity Blues, Management Strategies, Postpartum, Thai Women

Abstract

Maternity blues is a group of symptoms of mood change in early puerperium. Woman who experience maternity blues may be at an increased risk for postpartum depression. The purpose of this study was to explore the management strategies used by Thai postpartum women with maternity blues. A qualitative method, which examines subjects that are experiencing postpartum blues. A sample of 20 maternity blues women during the first 7 day after delivery were recruited and in-depth interviews were conducted to conclude the thematic and details of management strategies used by Thai postpartum women with maternity blues by content analysis. The postpartum women used the strategies to decrease maternity blues symptoms appropriately. The strategies began when the women perceived the maternity blues symptoms, and tried to manage their symptoms. The management strategies used by the participants in this study indicated five themes, which are (1) Vent feelings, (2) Relaxing activities, (3) Self-encouragement, (4) Finding helps and (5) Information seeking. The postpartum women with maternity blues needed help by the wise person. The importance to helping a maternity blues woman through this period is consistent support from social, especially family members. Furthermore, maternity blue women tried to manage their symptoms by using a varied of strategies. After participants used a strategy what follows is a contribution to overcome maternity blues experience and to enjoy and build support for the role of the mother as well.

Introduction

Maternity blues is a group of symptoms of mood change in early puerperium. The onset of maternity blues initiate on the first day after childbirth (Grussu & Quatraro, 2013; Kennerley & Gath, 1989; O'Hara et al., 1991; Pitt, 1973; Yalom et al., 1968). The prevalence of symptoms varied from 15% to 76% (Faisal-Cury et al., 2008; Gonidakis et al., 2007; Reck et al., 2009). The maternity blues scores are different significantly between

post-operative and postpartum women in the ten days after childbirth. The post-operative women had higher scores throughout the ten days, while those of post-natal women peaked on or about the fourth or fifth day (Kennerley & Gath, 1989). The maternity blues experience is believed to be a phenomenon laden with cultural and social support. Management begins with assessment of the symptom experienced from the individual's perspective (Dodd et al., 2001). Thus, Thai women may conceal or may not pay attention to this

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condition, thus not seeking knowledge to care for themselves. Thailand is caught between traditional Asian culture and Western culture. Traditionally, Thai postpartum women are required to practice rooming-in right after delivery. They will usually be supported and taken care of by their families for one whole month. Currently, there are not many published studies about maternity blues in Thailand. Maternity blues affect both mothers and their babies. Maternity blues symptoms include loneliness, lack of emotions, and lack of interest in things one used to enjoy (Beck, 1992). Previous studies found that women with low self-esteem are hit harder when experiencing maternity blues or mood change. They were especially sensitive to any possible indications of their incompetence as mothers (Yalom et al., 1968), which affects both mother and their baby in many ways, such as poor health, low mother-infant attachment leading to lack of caring for the infant, family relationship problems and failure in breastfeeding (Gonidakis et al., 2007). It is very important to study management strategies that prior Thai women have used to deal with maternity blues in order to understand best methods as well as benefit other postpartum women experiencing maternity blues. Therefore, the aim of this study was to explore strategies to manage maternity blues in Thai postpartum women.

Materials and methods

This study is based on a qualitative approach and in-depth interviews of 20 Thai women with maternity blues. The trustworthiness of the results of this study is enhanced by the detailed and accurate descriptions of the postpartum women. The participants were given the opportunity to interview. Prevalence of maternity blues has been determined by using either several self-rated questionnaires. Self-rated questionnaire was used to determine the clinically significant “maternity blues symptoms”. Each woman completed a self-rating scale (Kennerley & Gath Blues questionnaire) on daily for the first 7 day postpartum. The interview was conducted seven days after evaluated blues score. Ethics approval was obtained from the Faculty of Nursing of Burapha University and Sumutpragran Hospital Ethics Committee to commence this study. The participants were approached individually to query their willingness to participate in the study. All participants signed consent forms after the aims and objectives of the study had been explained. The inclusion criteria are: Thai postpartum

women who had healthy babies via vaginal delivery or caesarean section without complications during pregnancy, delivery, postpartum period, and had blues score ≥ 9 . The information from in-depth interviews was used as a guideline to explore Thai postpartum women’s strategies to manage their maternity blues. Women who experienced maternity blues during the first 7 days postpartum are the theoretical sampling in this study. Interviews were conducted with individual postpartum women at their convenience. The research respects all participants’ privacy and integrity. Any information that is obtained in the study will remain confidential and will be disclosed only with participants’ permission. Fictitious names are created for participants and obviously identifying details will be altered to protect interviewees privacy. Interviews were recorded on a digital recorder and audio files. Data collection continued until the data had reached saturation. For data analysis, the in-depth data about the management strategies used by Thai postpartum women with maternity blues were analyzed using content analysis method.

Results and discussion

1. Women’s characteristics

Participants ages ranged from 21-30 years old. Occupation varied consisting of: employees (50%), housewives (30%), agriculturists (5%), traders (5%), government officers (5%), and students (5%). A high percentage had graduated from primary school (80%); while 55% had sufficient income with no savings. All participants lived with their husbands or family members. More than half of participants had vaginal delivery (55%) and 45 of participants had caesarean section.

2. Management strategies

It is important that postpartum women are aware of the symptoms of maternity blues and respond correctly to their symptoms. If they understand their symptoms well, they will be able to manage them effectively. The findings indicated symptoms which maternity blues women had experienced and their strategies to manage them. The following are 5 themes of how the women in this study handle their maternity blues.

2.1 Theme 1: Vent feelings

Participants perceived that their experiences of negative feelings, thoughts, and loneliness came from maternity blues. Some participants dealt with those

symptoms by venting their feelings to someone close to them whom they trusted and felt comfortable with. Some chose to vent their feelings through writings. Participants expressed their strategies as follows;

“...I know that I had maternity blues, I talked to my husband but I was afraid that he might not understand and wondered why I fretted or sometimes just sat and cried. So, I designed a way to talk to my husband and explain everything”.

“...In addition to explaining to my husband what was happening to me, I vented by writing things down on paper to reduce stress as much as possible”.

2.2 Theme 2: Relaxing activities

Each participant had different idea of activities which could soothe them and the following activities were mentioned in this study: housework, light exercise, drawing or listening to music. However, the participants would choose activities that helped them relax and went well with their lifestyles. They expressed how they used this strategy as shown in the statement below;

“I did a bit of housework and turned on soft music when my child was sleeping as it helped release stress and made me feel more comfortable”.

“I was not an artist, but I love drawing. While my child was sleeping, I would draw which made me feel comfortable and relax, so my worries and blues disappeared”.

2.3 Theme 3: Self-encouragement

Some participants created their own encouragement by recognizing the maternal role of protecting and bringing up their children by themselves. They imagined being a mother with love and built up a commitment towards their children. This strategy would allow participants to assess their own ability as a mother and helped them face and adjust to the situation. Self-encouragement was important for ridding of the blues and allowed participants potentially to become a good mother. Their children were a driving factor that helped them fight against fatigue and blues. Participants expressed that;

“...I think, my child is lovely, easy to take care of, I told myself to be strong for the child”.

“Despite the fact, my mother-in-law does not like me much but I try not to think too much, I told myself that I have to meet my goal. If she thinks I cannot raise my child - I have to do it well. I think that even people, who are younger than me, have good child rearing. I just need to do the same.”

2.4 Theme 4: Finding helps

Some maternity blues women asked for support and help in child rearing from someone they trusted such as their husbands, their own parents, parents of husbands, or relatives. This group of participants expected her helpers to assist with the child rearing and also encouraged her to fight against fatigue and blues she was confronting, physically and mentally. A maternity blues woman indicated her strategy as follows;

“When I returned home, my mother taught me how to bath a newborn baby and helped me with child rearing. (smile). I was lucky to have my mom. She helped with the child during the day, so I could have some rest because at night I had to care for my child alone.”

Some participants requested help from a nurse to take care of their children during the first days after birth due to stress, fatigue, anxiety and lack of confidence in the child rearing.

“On the first day after delivery, my child was taken to nursery because I was too tired. The helping hands from nurses and their team on that day made my recovery sooner.”

2.5 Theme 5: Information seeking

This part of in depth interview was for participants whom had no perception nor experienced maternity blues before. They reported that they accessed childrearing information from surfing the internet and seeking information regarding maternity blues in postpartum. Some of them read books, magazine or other forms of information. A participant said. . .

“At first, I was confused what was happening with me. So, I read from many websites on the Internet that wrote about maternal and child health, so I knew the emotions were called maternity blues”.

Some participants just asked someone close to their age or someone who experienced childbirth before. One of the participants described that;

“I felt my mood swing up and down. My mother was the first person I talked to. I asked her why I felt confused, anxious and sad despite I was happy to have a child. My mother told me that this was depression after giving birth and she said she knew and experienced it before. They were symptoms of maternity blues”.

The maternity blues women used the strategies that decrease maternity blues symptoms appropriately. Furthermore, the woman may select one strategy or more than one for herself. The standard for management strategies is based on the perception of the individual expe-

riencing the maternity blues and her self-report (Dodd et al., 2001). Management strategies begin with assessment of the symptom being experienced from the individual's perspective.

The findings reported in this study are based on qualitative research that focused on management strategies of each woman who experienced maternity blues and her self-report. Most Thai postpartum women with maternity blues perceived their experiences after delivery as uncomfortable feelings. Participants indicated that it seemed harder to deal with their blues symptoms because of unavoidable confrontations with others in the performance of their maternal role. Participants self-reported that they tended to talk less and spent less time with their children because they were afraid and worried that other people might think they could not take care of their babies. Therefore, understanding the components of maternity blues was essential if symptoms were to be effectively managed. The maternity blues women selected their strategies depending on their pre-understanding or environment. One symptom could be managed by many strategies and the same strategy could be used as a management of various symptoms.

Women's explanations discussed in this paper pointed to the management strategies used after experiences of maternity blues. The standard of management strategies based on perceptions of each woman experiencing maternity blues and her self-report (Dodd et al., 2001). The maternity blues women tried to release those symptoms by 'vent their feelings' to a trustworthy person. They needed emotional support such as caring, sympathy, and trust in their ability of being mothers. Emotional support would guide the postpartum women to be able to love and have commitment towards their children. 'Relaxing activities' was the second strategy. Stress from the blues could lead to muscle spasms or stiffness causing even more physical discomfort, so gentle exercise would help relax muscles. In addition, studies have found that people who lived in anxiety or depression would instantly feel better after exercise. Meditation and healing by talking were interesting activities to reduce stress and relax muscles.

According to Eastwood et al. (2012), the birth of a baby was one of life's most challenging events. In the postpartum period, the mother-infant acquaintance began as the infant was compared to the fantasy child who was perceived in the womb during pregnancy. It was a time when mothers began to integrate their babies

into their lives and begun to view their role as mothers. They used 'create their own encouragement' as a strategy which helped decrease maternity blues symptoms, and brought them happiness. Klaus & Kennel (1976) stated that the feelings of love for the babies after childbirth helped the mothers decrease the maternal blues experiences.

'Finding help' was a strategy to help postpartum women with depression and the symptoms of maternity blues. Postpartum women needed help with daily chores and guidance for child rearing such as skills to bathe or breastfeed the baby. This study found that many people wanted to help maternity blues women overcome their symptoms by providing advice and training for them to become good mothers. According to Bultjens & Liamputtong (2007), sufficient support for postpartum women by nurses could prevent them from developing a postpartum depression.

However, the maternity blues women may receive family support and services (Eastwood et al., 2012). As women work toward becoming a new family, they modify relationships with their partners and other family members and develop new routines to include the infant. Although, they are grateful for help from others, they are glad to be on their own and enjoy spending time alone with their newly developed family. Thai family's characteristic are composed of many generations, with children, parents, and grandparents or cousins living under one roof. According to the results of this study, many maternity blues women had their own way to manage their symptoms or conditions. Nurses should explain and suggest appropriate management strategies of maternity blues to women during early puerperium. Right method of blues management and useful information could help women with maternity blues properly. If healthcare providers developed a good relationship with postpartum women, they would express their personal needs when they experienced maternity blues. In addition, the findings found that nurses should be provided with an opportunity to learn directly from maternity blues women. However, nurses should be aware that personal needs are different for each women. The maternal health education should include knowledge processed by the maternity blues women.

Conclusion

The postpartum women with maternity blues needed help by the wise person. The supporting included

emotional support, caring the baby, and coaching. After they use such a strategy what follows is a contribution to overcome maternity blues experience and to enjoy and build support for the role of the mother as well. Meanwhile, they also feel that they are extremely valuable to the family members because participants feel that they are not alone in times of various events. In this study, most participants had some degree of social support. All of the women in this study had partners and some person who were helpful with manage their mood change towards the way they were feeling. They are interpreted their symptoms; they would want people to know about their maternity blue experiences. They tried to manage their symptoms towards the way they feeling for those well into their recovery from their blues. One symptom could be managed with many strategies and the same strategy could be used as a management of various symptoms.

Acknowledgements

The author would like to express a special recognition to Huachiew Chalermprakiet University for providing scholarship for doctoral study and also Burapha University for research funding.

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