

Analysis of Psychological Problems of Postpartum Blues: Literature Review

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Abstract

Background: The postpartum period is a transitional period associated with many physical and emotional changes for women. The vulnerability to change can lead to problems such as postpartum blues. This condition shows mood changes, crying, sleep disturbances and fatigue, which can be caused by biological, psychological and social and cultural factors. This condition can cause harm to the mother's own health, the health of the baby, and the surrounding environment.

Objective: To analyze the psychological problems of postpartum blues.

Methodology: the method used in this writing is a literature review study. The databases used in the source search are PubMed, JAMA, Google Scholar, Scimago and Medline. The inclusion criteria for the search for literature sources used were the publication of articles from 2014 to 2023, articles indexed by Scopus or at least Sinta 4 in English, and full articles. The search keywords are postpartum psychological, baby blues, postpartum blues. Literature analysis using PICOT (Population, Intervention, Comparison, Outcome, and Time).

Results: The total number of articles used for analysis was 7 out of 20 articles that met the inclusion criteria.

Conclusion: susceptibility to change during the transitional period is at risk of causing problems such as postpartum blues. This condition shows mood changes, crying, sleep disturbances, and fatigue. Which can be caused by biological, psychological and social, and cultural factors. This condition can cause harm to the mother's own health, the health of the baby, and the surrounding environment.

Keywords: Baby blues, Postpartum blue, Postpartum psychologic

Introduction

The postpartum period is a transitional period for a woman; this is associated with physical and emotional involvement.¹ It relates to the next life as a parent as it

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brings significant changes in roles, responsibilities, and identities. During this period, parents are expected to be able to make physical, psychological and social adjustments to restore the balance of life.² This adjustment stage is difficult for some parents, especially mothers because there are many changes experienced, one of which is a change in mood—caused by biological factors (endocrine system, immune system (immune/inflammatory) and genetic factors), psychological (causes of stress and interpersonal relationships), and social and cultural.³ Apart from that, this condition is exacerbated due to problems with breastfeeding the baby, and excessive crying of the baby.⁴

Postpartum blues (PB), also known as baby blues, maternity blues, or postnatal blues, is a low-mood condition with temporary and limited symptoms of mild depression. This condition can occur in the early phase after childbirth and may develop over time into postpartum depression and psychosis. But usually, this condition will decrease by the end of the second week after delivery.¹

According to *the World Health Organization* (WHO), about 80% of women experience at least some symptoms of postpartum blues immediately after giving birth. Symptoms include mood swings, crying, sleep disturbances and fatigue (Hijazi H et al., 2021). In Indonesia, the incidence of postpartum blues has a fairly high prevalence, as much as 37% to 67%. This condition has the potential to be a predictor of postpartum depression by 15% to 20%.

The symptoms shown are the inability to carry out duties as a mother, being more sensitive, easily angry, poor self-care, and assuming the workload of a mother. This is exacerbated by changes in reactions such as not liking the baby's birth or patterns of interaction between mother and baby. These changes can be detected by midwives or experts related to the measurement of the Postnatal Maternal Attachment Scale (MPAS) test and the Edinburgh Postnatal Depression Scale (EPDS).⁵ The aim is to find out the problem of psychological changes in postpartum blues, and this is one of the preventive and curative efforts in providing midwifery care for pregnant and postpartum women with psychological disorders. Various factors causing postpartum blues psychological problems can be identified through this literature review to be used as a reference in a literature review study.

METHOD

The method used in this writing is a literature review study. The databases used in the source search are PubMed, JAMA, Google Scholar, Scimago and Medline. An article search was conducted by collecting themes regarding psychological postpartum blues. The inclusion criteria for the search for literature sources used were the publication of articles from 2014 to 2023, articles indexed by Scopus or at least Sinta 4 in English, and complete articles. The search keywords are postpartum psychological, baby blues, postpartum blues. The total number of articles used for analysis was 7 out of 20 that met the inclusion criteria—literature analysis using PICOT (Population, Intervention, Comparison, Outcome and Time).

RESULTS AND DISCUSSION

Based on the data search using keywords and criteria in the above electronic data, 7 articles were obtained. From these articles it was found that Postpartum blues is described as a condition of changes in the affective domain, such as feelings, behavior, or thoughts. Which can be influenced by the roles and duties of women, along with social, cultural and economic support.⁵

the risk factors that cause postpartum blues are: 1) gynecological factors (history of premenstrual dysphoric disorder, menstrual-related mood changes), 2) Medical factors (personal history of mood disorders, family history of mental illness) , 3) Psychosocial factors (low maternal care in childhood, low education level, lack of social support, marital status, years of marriage, low economic status), 4) Obstetric factors (history of postpartum blues or other mood disorders in previous pregnancies, parity, unplanned pregnancy, sleep disturbances, maternal touch, female infants, labor pain, ART mode of conception, breastfeeding behavior, epidural analgesia, low birth weight infants, voluntary termination of previous pregnancy, alpha-methyldopa use and Toxoplasma infection).¹ In addition, this condition is exacerbated by significant mood swings during pregnancy and the status of a single mother. This is in line with research from 2016, which showed that the incidence of stress and depressive symptoms experienced by postpartum mothers were also related to the quality of the mother's sleep, the baby's sleep patterns and breastfeeding behavior.⁶

Mothers who experience postpartum blues show mood changes such as

mothers being more sensitive and easily emotional, mothers sometimes like to cry, have difficulty sleeping, poor self-care, and consider the workload of being a mother. To assess postpartum blues affective conditions in mothers by looking at aspects of internal factors (*skin to skin contact, rooming in*, breastfeeding, physical adaptation and responsibility), characteristics of external factors (cultural support, social and economy).⁵ This condition is temporary and limited which can occur in the early phase after giving birth and allows it to develop over time into depression and postpartum psychosis if there are no changes that support the mother's condition.¹

The incidence of postpartum depression affects about 13% of new mothers and 40% experienced by mothers with premature births. This is due to the increased risk of psychological distress, high anxiety and symptoms of post-traumatic stress disorder, and many health problems in the mother's experience that can last for months.⁷

Postpartum depression can impact the mother's health, child development and the family unit. The impact on the mother is associated with poor physical and psychological health, which causes a decrease in quality of life, an increased risk of addictive behavior to suicidal ideation. Impact on the child is associated with impaired childhood growth and development, manifested by behavioral problems of excessive infant crying, temperamental difficulties, and sleep problems, in addition to long-term effects on cognitive function, behavioral and emotional inhibition. Impact on society Mothers suffering from postpartum depression needs more health resources to care for them and their children.⁸ For this reason, mothers who experience psychological problems in the postpartum period must immediately get treatment before experiencing a worsening of their condition into postpartum depression

Postnatal care (PNC) is a care service provided to mothers and newborns from birth to the postnatal period. This care aims to assist the mother in caring for herself and her baby, overcoming any deviations from recovery after birth, and getting appropriate interventions in a timely manner. Obtaining health services at this time supported by advances and developments in cellular technology. Through this technology, mothers and the general public can more easily access health services. As well as facilitating health workers in monitoring maternal health. With the help of this technology, the presented application features are more attractive, thereby increasing the interest of mothers or the public in increasing knowledge about self-care and caring for their

babies anywhere and anytime.²

In addition to the factor of care services provided, the management of postpartum blues is assisted by social support. Social support is the belief that members of one's social network will provide resources, such as emotional support, information and tangible support. This support can be found from various sources such as spouses, family, friends and health care providers. Receiving social support and care from others is strongly associated with increased life satisfaction and better emotional well-being. This helps mothers in the postnatal recovery period, draws closer parent-child relationships, helps families meet their physical, emotional, and family financial needs, and increases the long-term health consequences for both children and parents.⁴

In addition, midwives can make preventive efforts against the occurrence of postpartum blues by counseling mothers during pregnancy regarding psychological changes in postpartum. This aims to prepare mothers to deal with symptoms that are often unpleasant and worrying. In addition, midwives also provide counseling to husbands and families to provide support to mothers. Supportive management is the best strategy for postpartum blues. Efforts that can be made to minimize the possibility of postpartum blues occurring, such as: relational care, good quality counseling, talking during the postpartum period and sharing accurate experiences on emotional responses, are important elements for identifying postpartum blues and making a differential diagnosis with disorders that may be more severe.¹

CONCLUSIONS

Susceptibility to change during the transitional period is at risk of causing problems such as postpartum blues. This condition shows mood changes, crying, sleep disturbances and fatigue, which can be caused by biological, psychological and social and cultural factors. This condition can cause harm to the mother's own health, the health of the baby, and the surrounding environment. Therefore, midwives and other professionals must be aware of the problems that can occur the postpartum so as to realize the evolutionary potential to offer the most timely and effective evidence-based care. Appropriate and early diagnosis of postpartum blues in a clinical setting can provide the possibility of adequate psychological support for the mother. Sensitivity, awareness, and multidisciplinary intervention networks are key elements to ensure

women and their families receive the best possible support and maintain the mother-child relationship. Suggestions future researchers are expected to find out more about the clinical factors that cause psychological changes in postpartum blues events.

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