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Correlation between Maternal Role Adaptation and Risk for Postpartum Depression among Primipara Mothers

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Abstract: ***The present study was conducted to find the correlation between maternal role adaptation and risk for postpartum depression among primipara mothers admitted in selected hospitals at Kannur District. Objectives were assess the maternal role adaptation and risk for postpartum depression among primipara mothers, find the correlation between maternal role adaptation and risk for postpartum depression, and find the association of selected variables with maternal role adaptation and risk for PPD. The conceptual framework of the study was Mercer's Maternal Role Attainment Theory. The sample comprised of 150 primipara mothers, selected by convenience sampling. The tools used were questionnaire to assess personal variables, rating scale to assess the maternal role adaptation and Edinburgh postnatal depression scale was used to assess the risk for postpartum depression. Actual study was from 1/4/18 to 30/4/18. Checklist and Edinburgh postnatal depression scale were administered for postnatal mothers on their 3rd postnatal day. The results of this study showed that majority 129(86%) of sample were having good MRA, 19(12.66%) were having moderate MRA, 2(1.22%) had poor MRA. 132(88%) sample were not at risk for PPD, 18(12%) sample had risk for PPD. The findings revealed that women with good maternal role adaptation are at low risk for developing postpartum depression (r = -0.586(0.00) significant at 0.01. Maternal role adaptation and risk for postpartum depression had no significant association with selected variables.***

Keywords: Maternal role adaptation; Risk for postpartum depression; Primipara mothers.

1. Introduction

1.1 Background of the problem

Women of all ages use the months of pregnancy to adapt to the maternal role, a complex process of social and cognitive learning. Her self- concept changes in readiness for parenthood as she prepares for her new role. Mercer described maternal adaptation as process of 'cognitive restructuring'. The degree of acceptance is reflected in the woman's emotional responses[1].

The process of becoming a mother requires extensive psychological, social and physical work. A woman experiences heightened vulnerability and faces tremendous changes as she makes her transition. Nurses have an extraordinary opportunity to help woman learn, gain confidence, and experience growth as they assume the mother's identity.

Motherhood is a rewarding, but challenging experience. Mothers are expected to balance parenting with multiple roles including employment. How mothers adjust is influenced by their confidence in their role, their mental health, the social support from their partner, family and friends, and their perception of their infants.[2] Maternal confidence has been identified in the literature as an essential variable in the adaptation to motherhood and to the maternal role. Low maternal confidence delays the transitioning into the maternal role identity as well as limits the satisfaction in the mother's role.[3]

Postpartum depression can start soon after childbirth or as a continuation of antenatal depression and needs to be treated. The birth of a baby triggers numerous emotions in the mother, from zest and joy to fear and anxiety. Some may experience 'postpartum blues' along with physiological and hormonal changes that last up to two weeks after delivery. When these blues, along with physiological symptoms, continue beyond two weeks and manifest in more severe signs, it usually requires medical help. The mother in such a case experiences severe mood swings, excessive crying, difficulty bonding with the infant, loss of appetite or overeating, insomnia, or sleeping too much, panic attacks- or in extreme cases, thoughts of harming oneself or the newborn child. Freak cases where a depressed mother has killed her own child have been reported in the US and the UK[4].

Infact, in the country, mothers facing emotional difficulties often do not come out to their families about it due to stigma or social norms. In some cases, they may even be unaware that their distress has a name and requires medical attention. As a result, even the mildest form of PPD is a battle for the mother balancing the home with child care[5]. The global prevalence of postpartum depression has been estimated as 100–150 per 1000 births[5].

In 700 BC Hippocrates wrote about women suffering from emotional difficulties during their postpartum period, but it was not until the 1850s that medical professionals first recognized postpartum depression as a disorder. During the 19th century when women experienced depression, many did not divulge their symptoms and those who did were often diagnosed as "neurotic." Women who sought help for

their symptoms were often subjected to a variety of unusual treatments. In more recent years, several celebrities have discussed their battle with the disorder. Through books, being quoted on blogs and publicly speaking about their experience with the disorder, these celebrities have helped to establish that postpartum depression is no longer a "dirty little secret" for women to be ashamed of[6].

1.2 Need and significance

According to the Center for Disease Control (USA) 11-20% of women who give birth each year have post partum depression symptoms. On an average of 15% of 4 million live births in the US annually, 600000 women get PPD each year in US alone[4].

As per the census of 2016 October, National institute of mental health and neurosciences reported that 1 in 20 people in India suffer from post partum depression[5].

In India around 8% of the primi mothers were affected with post partum depression. Giving birth and becoming a new mother can be a rewarding experience. Poor mother- infant relationships have been linked to negative physical and social outcomes such as delayed cognitive development, poor social interaction, delayed growth, and poor weight gain in infants. Even with high expectation and responsibilities, few interventions focuses on the psychosocial and support needs of new mothers caring for their infants. Moreover, post partum hospital stays are relatively short (24- 72 hours), limiting the amount of education and support that health care providers offer in the hospital settings.[4]

A cross- sectional study conducted in 2013 to assess the prevalence of postpartum depression among women attending postnatal clinic at New Delhi, 202 samples were selected between the age group of 18-40 years. PRIME MD scale was used to identify depression at weeks of postpartum period. Results showed that the mean age of the sample was 24.62+ 37 years. 32(15.8%) were diagnosed with depression. Females with PPD were significantly more likely to be less educated (up to primary level) and belonged to low socio-economic class ($p<0.01$)[7].

During the clinical experience researcher came across several mothers who were not able to handle the new role of “mother” effectively. There is a marked rise in the incidence of postpartum depression in the current scenario. So the researcher is interested in finding whether there is any correlation between maternal role adaptation and risk of post partum depression.

1.3 Objectives

1) Assess the maternal role adaptation among primipara mothers.
2) Assess the risk for post partum depression among primipara mothers.
3) Find the correlation between maternal role adaptation and risk for post partum depression among primipara mothers.
4) Find the association between maternal role adaptation and selected variables.
5) Find the association between risk for post partum depression and selected variables.

1.4 Assumption

Women with good maternal role adaptation are at lower risk for developing post partum depression.

2. Materials and Methods

Research approach
Quantitative approach

Research design
Correlational research design

Variable
Dependent variables: Maternal role adaptation and risk for postpartum depression Demographical variables: age, socio-economic status, area of living, Family support, previous history of abortion, presence of pregnancy related health issues, Mode of delivery.

Setting of the study
The study was conducted in selected hospitals at Kannur District, India. [Co operative Hospital Thalassery, General Hospital Thalassery, Indira Gandhi Co operative Hospital Thalassery, Tely Medical Centre Thalassery, Mission Hospital Thalassery and Josgiri Hospital Thalassery].

Population
In the present study population includes primipara mothers in their 3rd postnatal day admitted in selected Hospitals, Kannur, India.

Sample and sampling technique
In the present study, sample consists of 150 primipara mothers in their 3rd postnatal day admitted in selected hospitals, Kannur and meets the inclusion criteria. In this study non-probability convenience sampling technique was used to select the sample.

Tools/Instruments
The following tools were used for present study
Tool 1 - Questionnaire to assess personal variables
Tool 2 - Rating scale to assess maternal role adaptation among primipara mothers
Tool 3 - Edinburgh postnatal depression scale (EPDS) to assess risk for postpartum depression.

Data Collection Process
After getting permission from medical superintendent of hospitals at Kannur and institutional ethical committee the data collection for main study was done from 1/4/18 to 30/4/18. Written consent was obtained from the selected samples. Then the researcher obtained the formal sanction from head of obstetrical department, nursing superintendent, and head nurses of each postnatal ward of each hospital. Checklist for assessment of maternal role adaptation and EPDS to find risk for postpartum depression were administered for primi postnatal mothers on their 3rd postnatal day who were satisfying inclusion criteria by

giving necessary instruction. 15-20 minutes were allotted for each mother. After completion, a health education on postnatal care was administered for the mothers and doubts were clarified with adequate explanation. The objectives of the study were established and confidentiality was ensured.

3. Results

Frequency and percentage distribution of personal variables, (n = 150)

Personal Variables	Frequency(f)	Percentage(%)
1. Age		
18-22	53	35.33
23-27	76	50.67
28-32	18	12
33& above	3	2
2. Socio- economic status		
Upper class	17	111.33
Upper middle class	91	60.67
Lower middle class	39	26
Upper lower class	3	2
Lower class	0	0
3. Area of living		
Slum	1	0.67
Rural	110	73.33
Urban	39	26
4. Family support		
Yes	148	98.67
No	2	1.35
5. Previous history of abortion		
Yes	17	11.33
No	133	88.67
6. Pregnancy related health issues		
No	130	86.67
HEG	5	3.33
Uterine fibroid	1	0.66
UTI	1	0.66
GDM	3	2
Chickenpox	1	0.66
Hypothyroidism	4	2.66
PIH	4	2.66
APH	1	0.66
7. Mode of delivery		
Normal vaginal delivery	91	60.67
Instrumental vaginal delivery	3	2
Elected LSCS	4	2.66
Emergency LSCS	52	34.66

Frequency and percentage distribution of sample based on maternal role adaptation among primipara mothers. (n=150)

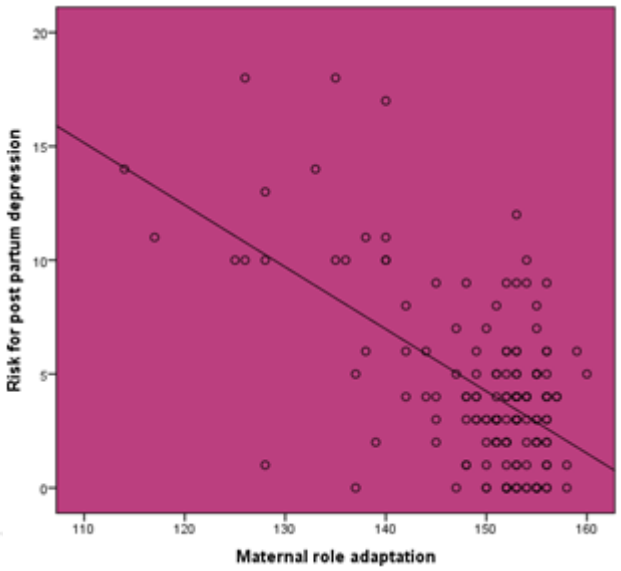
Maternal role adaptation	f	%
Good	129	86
Moderate	19	12.66
Poor	2	1.33

Frequency and percentage distribution of sample based on risk for postpartum depression among primipara mothers. (n=150)

Risk for postpartum depression	f	%
Possible depression	18	12
No depression	132	88

Correlation between maternal role adaptation and risk for postpartum depression among primipara mothers.

Scatter diagram shows negative correlation between maternal role adaptation and risk for postpartum depression. 'r' value is -0.586(0.00) significant at 0.01 level.



Association between maternal role adaptation and selected variables

There was no statistically significant association between maternal role adaptation and selected variables.

Association between risk for postpartum depression and selected variables

There was no statistically significant association between risk for postpartum depression and selected variables.

4. Discussion

The findings of the study are discussed in relation to observations made by other study findings.

The present study findings are consistent with the results of clinical trial conducted by Masoumesh Kordi et al in 2017 on effect of maternal role training programme on role attainment and maternal role satisfaction in married nulliparous women with unplanned pregnancy, shows that after maternal role training programme 21(60%) in experimental group and 10(31.3%) in control group attained maternal role[8].

The present study findings are also consistent with the findings of observational survey conducted by Ramsha Rakh et al in 2013 on prevalence of postpartum depression in primigravida and multigravida with normal physiological status showed that 17.21% had PPD and 82.78% had baby blues[9].

The present study found that women with good maternal role adaptation are at lower risk for developing post partum depression which is consistent with the findings of the prospective study conducted by Fowles ER in USA in 1998 on relationship between maternal role attainment and PPD showed that PPD demonstrated a significant negative relationship to maternal role attainment($r=-0.20$to -0.35, $p < 0.01$)[10].

The present study found that maternal role adaptation and

risk for post partum depression had no significant association with selected variables.The findings of the prospective study conducted by Daniel Saldanha in 2014 are consistent with the present study, that previous pregnancy complications and abortions, age, occupation, place of residence, age of menarche, socio-economic status, previous pregnancy complications, mode of delivery are not associated with postpartum depression[11].

5. Conclusion

The following conclusion were derived based on the findings of the study.

- Majority of sample were having good maternal role adaptation, 19(12.66%) had moderate maternal role adaptation, and 2(1.33%) had poor maternal role adaptation.
- Most of the mothers 132(88%) were not having risk for postpartum depression and 18(12%) sample were at risk for postpartum depression.
- There is a negative correlation between maternal role adaptation and risk for postpartum depression; it reveals that women with good maternal role adaptation are at lower risk for developing postpartum depression.
- Maternal role adaptation and risk for postpartum depression had no significant association with selected variables.

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