Effectiveness Hypnotherapy for Postpartum Primipara Depression Scale

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Abstract: Introduction: The majority of postpartum primipara signs of anxiety are often overlooked due to lack of awareness of the impact of later life on the child’s mother, husband or other family relationships which will be a psychological burden for primipara. Methods: Quasy experiment non-equivalent control group design with non-parametric data analyzed. Postpartum primipara depression scale are measured periodically pre test, first home visit, second home visit, third home visit and post test. Experiment got 40 primiparas at maternity hospital period March to May 2018. Results: Treatment and control group decrease. Significantly the anxiety level scale. Conclusion: Postpartum primipara has sensitive period during 1-8 postpartum days. After 8 postpartum days, primipara can handle everything as a new mother well.

Keywords: Hypnotherapy, Postpartum, Primipara, Anxiety

1. Introduction

Relevance of research refers to the anxiety level primipara after the process of pregnancy and childbirth. Anxiety can be a stressor which stimulate stress hormones in the body which avoid many good hormones in the body for breastfeeding process, uterus involution, and body balancing. In the last, it can be postpartum depression for postpartum primipara, nurses, midwives, and doctors get an alternative treatment and others recommendation from this research to avoid anxiety till postpartum depression. It’s should avoid in primipara, because it can be distract other normal process in postpartum period recovery.

2. Literature Survey

World Health Organization (WHO), around 10% of pregnant women and 13% of postpartum mothers experience mental disorders in the world, especially depression. In developing countries the prevalence can be even higher at around 15.6% during pregnancy and 19.8% at postpartum. Severe cases with severe psychological conditions can enable mothers to attempt suicide. Postpartum depressed mothers negatively affect the growth and development of their children.[1] According to WHO data through research by Edwards et al mentioned that Indonesia in 2006 had a prevalence of 22.4% psychiatric and psychological morbidity of the postpartum period with an EPDS score> 10.[2] Prevalence rate for postpartum period disorders divided into three categories, namely postpartum blues by 30-75% (days 3 or 4), postpartum depression (within 12 months) by 10-15% and postpartum psychosis by 0.1-0.2% (within 2 weeks ).[3]

The majority of primipara signs of anxiety are often overlooked due to a lack of awareness of the impact of later life on the child’s mother, husband or other family relationships which will be a psychological burden for primipara. In addition, the ignorance and shame possessed to express the form of anxiety that is being experienced due to environmental stigma about psychological complaints becomes the cause of postpartum period maladaptation that cannot be overcome early on. unbalanced pregnancy visits with implications during the postpartum period require holistic alternatives to optimize the adaptation process, reduce anxiety thereby preventing the release of the hormone primipara cortisol.[4]

Hypnotherapy is an appropriate alternative therapy to overcome anxiety, because this therapy touches the target of the parasympathetic nervous system to stimulate the rise in all functions of the sympathetic nervous system that react to anxiety. When all functions derived from the sympathetic nervous system are successfully restored (normal condition), this causes the loss of stressors which stimulates the limbic system and cortex to secrete gamma amino butyric acid (GABA), encephalin & beta endorphin as hormones that will increase maternal comfort and increase maternal comfort and increase coping activities.[5, 6]

Sari et al’s research results indicate that through postpartum maternal hypnotherapy therapy shows a decrease in anxiety levels, increases the hormone oxytocin and milk production.[7] Other research at McAllister et al shows that health professionals support mothers using hypnosis techniques to deal with childbirth making mothers feel confident about their ability to deal with childbirth.[8]

3. Methods/Approach

Research type used quasy experiment non-equivalent control group design. Two groups were divided into treatment and control groups with 40 respondents total. Observations were carried out for 15 days through a series of observations in pre-test (0 postpartum day), first home visit (3rd postpartum day), second home visit (day 6 postpartum), third home visit (9th day postpartum) and post test (15th day postpartum). Edinburgh Postpartum Depression Scale (EPDS) as assessment format postpartum primipara depression scale.

4. Results & Discussion

The decrease in anxiety level of both groups occurred simultaneously (the same) on the results of observation after treatment (15th day postpartum period). Many factors cause
an increase and decrease in anxiety. Hypnotherapy gives mother peace of mind, comfort and form positive perceptions so as not to give problems to the psychology of the mother. Meanwhile, according to Professor John Gruzelier, a psychologist at Caring Cross Medical School, London, to induce the brain is done by provoking the left hand to be inactive and giving the right brain the opportunity to take control of the brain as a whole.[9]

The results of anxiety levels between the two groups did not have significant differences. The majority of observations before treatment experience anxiety only limited to mood swings (mild level on the EPDS questionnaire). The two groups did not have significant differences because the results of observations after (last) treatment both decreased to become anxious. Judging from the postpartum period of the 15th day, this is consistent with what Reva Rubin described in the theory of postpartum psychology adaptation changes. Reva Rubin said that in that period the mother had received a new role of responsibility so that there was no mood disorder which meant like the initial period of primipara postpartum.[10]

The 15th day of the postpartum period the mother has fully accepted the role of the mother in the process of postpartum adaptation is very small for anxiety, panic, confusion and other uneasy feelings to occur.[11, 12] Therefore the study results obtained after 15 days of observation that the anxiety level of the two groups together decreased with the observation time interval that was too far from the observation before treatment and after treatment both groups were in a stable psychological condition in the process of achieving the role of mother. The emergence of anxiety at the stable psychological period of the postpartum can result in impaired female function associated with optimizing the development of offspring (her baby). Because the role of the role for the development of the baby is parents, especially mothers, so that making the postpartum pass through each stage of adaptation both physically and psychologically according to the stages of its development is a preventative effort to maintain the welfare of women and their families.[13]

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>Group</th>
<th>Pre test</th>
<th>Post test</th>
<th>Wilcoxon Rank Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Treatment(n=20)</td>
<td>Control(n=20)</td>
<td>Mean</td>
</tr>
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<td>1.88</td>
<td>0.00</td>
</tr>
<tr>
<td>Positive Rank</td>
<td></td>
<td>9.00</td>
<td>17.00</td>
<td>153.00</td>
</tr>
</tbody>
</table>

Figure 1: Pre post test treatment and control group

5. Other recommendations

Further research needs to be thoroughly examined and developed as a whole hypnotherapy model not only involves one primipara subject but other such as family to control factors that interfere with the effectiveness of maternal hypnotherapy.

References

Author Profile

Fauziah Winda Gurnita received Amd., Keb and STr., Keb from Midwifery Diploma and Midwifery Applied Bachelor Degree from Widyagama Husada Malang College of Health Sciences and Karya Husada Health Sciences College Semarang in 2013 and 2015. In 2018 graduated from Postgraduate Midwifery Masters Program, Health Politecnic Semarang, Indonesia. She’s now lecturer at Departement of Midwifery, Karya Husada Health Science Institue of Semarang, Indonesia.