

The effect of social support to postpartum depression in postpartum mother in 2018

Dessy Hertati¹, Evi Nurhidayati²

^{1,2}Faculty of Health Sciences, 'Aisyiyah Yogyakarta University Indonesia
dessyhertati01@gmail.com

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Abstract

The Effect Of Social Support To Postpartum Depression in Postpartum Mother. Post-partum mother have the potential of depression. Their new role as mother gives a higher burden on their mental health. According to the American of Pediatrics, a retrospective study conducted by nursing found that one of seven women was hospitalized for depression during pregnancies up to one year after childbirth. The prevalence of maternal depression in 2 weeks after delivery was 80-85% and more than 8-15% will develop into postpartum depression. Pregnant mother who did not receive social support were associated with the incidence of postpartum depression with an OR of 2.12 to 3.38 as well as postpartum mothers who received less social support associated with postpartum depression with OR values of 2.06 to 9.64. The study was conducted by literature studies on 10 previous studies about social support variables and the occurrence of postpartum depression. It was found that social support is essential for post-partum mothers in order to keep their confidence to take care their babies and adapt to new things. The social supports were expected from husbands, families, health professionals and environment. Several factors such as culture, education level, demography, and birth experience have the effects on the potential of post-partum depression. Low level of social support increased maternal depression and reduce maternal mental health within four weeks after delivery. High levels of depression can lead to self-harming, acute depression symptoms such as sadness, crying, irritability, anxiety, concentration difficulty, lability of feelings and sleep and appetite disorders, even at an advanced level, it can lead to suicide. In order to minimize and overcome postpartum depression, midwives are expected to provide promotive preventive care on mental health both in prenatal and antenatal periods.

Keywords: *post-partum, depression, mental health, mother, childbirth.*

INTRODUCTION

Postpartum depression is a feeling of sadness that is usually followed by the slow body movements and functions ranging from a small depression feeling to a state of helplessness (Hadi, 2004). There are many factors needed to be considered in the occurrence of postpartum depression, such as the expectation of birth that is not in accordance with the reality, the feelings of disappointment with the self and baby, the exhaustion due to a new labor process, a busy baby care, inadequate or worried feelings of mothers about their new responsibilities as a mother, lack of support from her



husband and those around them, and distracted by her still-looking appearance and is worried about the socio-economic condition that make them have to return to work after the childbirth (Kasdu, 2005).

Postpartum depression can occur at any time within a year after delivery. Postpartum depression requires doctors' treatment through consultation, group support and medication (Sujiyatini, 2010). Postpartum depression has a significant negative impact on children's cognitive, social and development. Babies of depressed mothers will experience cognitive, psychological, neurological and motor developmental delays (Borraet al., APA & ACOG, 2012).

According to WHO, depression is a major factor causing the inability and loss of a woman's productivity and it needs costly treatment. Postpartum depression also has an effect on the social and personal life of partum mothers, such as the effect of mother-to-child relationships and their marital relationships (Burgut, et al, 2011). Also, their interest and attraction to the baby are reduced and they are unable to care the baby optimally including breastfeeding (Wahyuni, Murwati, & Supiati, 2014).

The prevalence of postpartum depression in Asian countries is quite high and varies between 26-85% of postpartum women (Munawaroh, 2008). According to the American of Pediatrics (AAP) in 2012, a retrospective study conducted by nursing found that one among seven women was hospitalized for depression during pregnancies up to one year after childbirth. The incidence of postpartum depression in Indonesia according to USAID (United States Agency for International Development) in 2013 was 31 births per 1000 populations.

In the health sector of Sustainable Development Goals (SDGs), there are 4 goals, 19 targets, and 31 indicators. The 4 goals are community nutrition, national health system, access to reproductive health of family planning, and sanitation as well as clean water. The third goal ensures a healthy life and promotes prosperity for all people that is to reduce the maternal mortality rate in 2030 by 70 per live birth and supports mental and prosperous health.

There are various researches on social support in general case and in postpartum depression. The researches have been conducted to women before, during, and after pregnancy to identify the risks factors of postpartum depression. Statistically, the researches showed significant negative relationship that mothers with social support have fewer risks on postpartum depression (Corrigan *et al*, 2015).

There are several diagnostic measurement tools on mental disorder. To measure postpartum depression, we can use Edinburgh Postnatal Depression Scale (EPDS). It is a questionnaire with tested validity in some developed and developing countries. It contains 10 questions items to measure depression situation for seven days. To measure social support, we can use Sosial Support Questionnaire (SSQ). The criteria of social supports instruments must a) have strong relationship in positive and negative changes of life; b) have more relationship to the measurement on psychological discomfort of women than on men. SSQ describes the aspects of affective reflect on relationship or feeling degree, supports, and trust received by a person. Research formulation "Is there any effect of social support to postpartum depression on postpartum mothers?" Research purpose postpartum depression is always related to social support of husband, family, and close friends. The supports can be in form of instrumental, informational,

moral, emotional, expectation support. It is not easy for postpartum mothers to tackle depression symptoms. It makes them need support from those who have emotional relationship on them so that the depression can be reduced or cured. The review is aimed at summarizing and synthesizing (1) the characteristics of the respondents with postpartum depression, and (2) the effects of social support on postpartum depression.

RESEARCH METHODS

The comprehensive literature study was conducted by using database of SCIENCE DIRECT, PUBMED, MEDLINE, and PLOS ONE. The following keywords were used: postpartum depression, social support, mental health, postpartum, prevalence. The literature study was limited to the literature published in 2009 to 2017. The study focusing on postpartum mother led to depression based on questionnaires result of EFDS. The result found on social support, measurement tools, cut-off score, prevalence of postpartum depression, and postpartum depression score were documented.

RESULTS AND DISCUSSION

Based on the literature on social support about the incidence of postpartum depression, there were 10 studies published in English from 2009 to 2017. Studies conducted over the past 10 years were to describe the current state of respondents and knowledge of postpartum depression.

Maternal and infant health is an important factor in national health development. Governments have made many efforts to achieve optimum maternal and infant health by prioritizing preventive and promote activities that support curative and rehabilitative efforts (Mustaffa et al, 2014). Mustaffa et al (2014) in his study explains that there are indirect causes affecting maternal and infant health such as age, parity, birth-spacing, social demographics, and other psychological risk factors such as stress and depression experienced by women throughout pregnancy / labor until after birth. This psychological risk is often life-threatening because it can worsen the state of the mother's health (Shorey, Chan, & Chong, 2015). Mustaffa et al (2014) states that socioeconomic status and educational background affect postpartum maternal depression. Further, the finding in Mustaffa's study et al (2014) is that Malay mothers overcome pregnancy and childbirth well because they have strong cultural roots compared with immigrant mothers from China and India in Malaysia.

Mustaffa et al (2014) conducted a study to investigate the effect of social support during the pre-natal and postnatal stages of maternal depression. The study was conducted with a survey of 112 respondents in Malaysia. Mustaffa et al (2014) found that there was a significant correlation between social support, maternal depression, and mental health simultaneously, whereas there was a negative correlation between social support and maternal depression, a positive correlation between social support and mental health and a negative correlation between depression and mental health. Furthermore, the findings of Mustaffa et al (2014) showed that in post-natal women proved to have a higher potential for depression, but no significant difference was found for mental health and social support variables. Mustaffa et al (2014) explained that low levels of social support increase maternal depression and reduce mental health of

mothers and high-level depression causes mothers to develop suicidal thoughts. Secondary findings from the research of Mustaffa et al (2014) are an indirect development of self-harming behavior and suicidal thoughts among pre-natal and post-natal mothers, other variables such as socioeconomic status, educational background and culture affect post-partum mother depression. It is important for partners and family members to recognize the importance of social support for post-partum mothers. Counseling and psychotherapy sessions can be done early and it is very important to improve their mental health and reduce their suicidal thoughts.

A study done by Chien, Tai &Yeh (2012) examined the strength of domestic policy makers against social support on post-partum depression symptoms of immigrant women and indigenous people in Taiwan. The background of the study was a lack of government support for policies on social support of post-partum depression symptoms in Taiwan, especially on immigrants. The cross-sectional survey was conducted on 190 immigrants and 190 indigenous women who had given birth healthy babies during last year in Taipei City, measured by the Edinburgh Postnatal Depression Scale. Chien, Tai, &Yeh (2012) found out that immigrant mothers had a much higher prevalence of postpartum depression than the indigenous people. The social support for immigrant mothers was minimal so they struggled alone. Another finding from Chien, Tai &Yeh (2012) study is the lack of support from policy makers for immigrant mothers, as seen from the negative correlation between government policy support and social support for post-partum mothers. Chien, Tai, &Yeh (2012) recommended the government to increase support for post-partum mothers primarily concerned with the prevention of depression.

A study by Abdollahpour & Keramat (2016) investigated the impact of family social support on mental health of post-partum mothers in Iran. A survey of 358 mothers was conducted in 24-48 hours after delivery. Abdollahpour & Keramat (2016) found out that the social support felt by the post-partum mother was significant in the mental health of the mother. Social support is mainly from close family and friends who can reduce stress and increase mother's confidence to take care of her baby. Abdollahpour & Keramat (2016) recommend families to provide early support to pregnant women prematurely and to give attention to mothers after childbirth because they often focus on the baby only and forget the mother with high depression potential.

Wahyuntari, Hakimi, & Ismarwati (2017) conducted a study to find out the correlation between social support and post-partum depression at Sadewa hospital, Yogyakarta. The main problem in this study is that there is post-partum mother potential to depression i.e. 13-15%. This depressive event has a significant negative impact on cognitive, social, and child development. Observational research with cross sectional approach on post-partum mothers was done 14-21 days by using Spearman, MannWitney, and linear regression data analysis. It was found that the prevalence of postpartum depression was 35.2% meaning that there was a significant correlation between postpartum depression and social support, while age and education variables were not associated with postpartum depression. Wahyuntari, Hakimi, & Ismarwati (2017) explained that with emotional support and instrumental information, it will facilitate coping mechanism and body adaptation to stress. The study by Wahyuntari, Hakimi, & Ismarwati (2017) suggest emotional support that can make the mother feel comfortable and happy in facing her problems. The postpartum mother requires all

forms of social support to make it through a transitional period and can play a role as a mother.

Another study related to the prevalence of depression in postpartum mothers noted that depressive symptoms are a continuation of maternal depression before delivery (Dennis, Heaman, & Vigod, 2012). A study by Dennis, Heaman, & Vigod (2012) investigated mothers during the initial 12-week post-partum period to identify predictors of postpartum depression symptoms over the next period of time. A survey using the Maternity Experiences Survey data from the Canadian Perinatal Surveillance System refers to the Edinburgh Postnatal Depression Scale, proportion and odds ratio with 95% confidence interval calculated using the bootstrap method. Dennis, Heaman, & Vigod (2012) found that about 8% of Canadian women show symptoms of depression for 12 weeks during the postpartum period and the prevalence rates vary across regions. In multivariable analysis, the history of previous depression, low household income, low postpartum social support, stressful life, interpersonal violence and low maternal health independently have an effect on postpartum depression symptoms. Dennis, Heaman, & Vigod (2012) explain that in the postpartum period, women experience hormonal changes that affect mood / emotional changes such as fear of caring for their children; easy to cry for no apparent reason, and breast milk which does not come out can cause emotional stress. Therefore, the mother needs emotional, instrumental, information, husband, family, friends, and health personnel support.

Dallal & Grant (2012) conducted a study on the prevalence of postnatal depression in Bahrain and risk factors that arose. The study was conducted because the prevalence data on postpartum depression in Bahrain is not known nor can prevent the risk factors that will occur. Dallal & Grant (2012) surveyed 237 post-partum mothers using the Edinburgh Postnatal Depression Scale (EPDS) on a cut-off score of ≥ 12 for depression. Dallal & Grant (2012) found that there is no significant correlation between

depressive symptoms and demographic variables or pregnancy / birth characteristics. However, there are several psychosocial risk factors that significantly influence postpartum depression. The secondary findings from Dallal & Grant (2012) suggest that the history of depressive symptoms and lack of support from husbands are significant factors that increase postpartum depression. Their findings suggest that postpartum depression is very easy to occur and commonly occurs in mothers at a young age.

Leahy-Warren, McCarthy & Corcoran (2011) conducted a study to determine the prevalence of postnatal depression and to examine the correlation between structural and functional social support in mothers with first children in 6 and 12 weeks postpartum. According to Leahy-Warren, McCarthy & Corcoran (2011), being a mother is a significant developmental transition and the adaptation of a woman involving the biopsychosocial, family, and community where she lives. Being a mother can cause anxiety over changing roles and responsibilities for herself and the baby care. Leahy-Warren, McCarthy & Corcoran (2011) found that the prevalence of depression in first postpartum mothers ranged from 13.2% at 6 weeks to 9.8% at 12 weeks. Social support significantly affects the symptoms of depression. Formal structural support and emotional functional support at birth have important implications for clinical practice. Leahy-Warren, McCarthy & Corcoran (2011) recommended health workers to facilitate

and mobilize emotional functional social support from formal and informal sources in reducing maternal morbidity for the first time.

Shorey, Chan, & Chong (2015) conducted an examination of the effectiveness of postnatal psychoeducation programs in improving maternal self-efficacy and social support and in efforts to reduce postpartum depression. The background of this study is low self-efficacy in first-time mothers, as well as the high level of depression and lack of social support. The support in the form of a post-natal education program is required to improve the psychology of first-time mothers. Shorey, Chan, & Chong (2015) surveyed 122 respondents by dividing it into two groups, 61 respondents in the intervention group and the remainders in the control group. Pre-test and post-test research designs are performed to see the efficiency of the program. The Maternal Parental Self-Efficacy Scale, Perinatal Infant Care Social Support Scale and Edinburgh Postnatal Depression Scale are used as the research indicators. Shorey, Chan, & Chong (2015) found that the intervention group had significantly higher self-efficacy and social support scores and lower postnatal depression scores at 6 and 12 post-partum weeks when compared to the control group. Shorey, Chan, & Chong (2015) explained that the postpartum psychoeducation program was effective in reducing maternal depression, therefore it could be introduced as routine care with ongoing evaluation in the postpartum period.

Xie et al (2010) found that inadequate social support was a major factor in increasing the depression in postpartum mothers. Social support for pregnant women consists of multiple sources of support and can be measured at different gestation periods. According to Xie et al (2010), a family culture that takes care of the postpartum mothers enables the main social support for them. Xie et al (2010) used a prospective cohort study to measure family support at 30-32 weeks' gestation (prenatal care) and at 2 weeks postpartum visit (postnatal support). A total of 534 pregnant women were investigated, found that social support from family plays an important role and is a major factor in the variable of postpartum depression. In Hunan-China, there is a culture to honor and pay more attention to postpartum mothers and this culture provides support for the alleviation of depression in postpartum mothers. Postpartum depression is a condition that occurs when moods become unstable in postpartum women lasting four weeks after delivery. The symptoms such as sadness, crying, irritability, anxiety, difficulty in concentration, lability of feelings, sleep disturbances and lost appetite, often appear in postpartum women. These symptoms will appear after delivery and may progress to more severe conditions.

Yurdagu & Ulukoca (2010) suggested that the symptoms of postpartum depression are: thoughts of suicide, having paranoid ideology, and threatening violence against their babies. Yurdagu&Ulukoca (2010) conducted a study in Turkey to see the extent of psychological and physical changes on postpartum mothers. The postpartum period is a transitional phase. During the postpartum period, there are physiological changes to the reproductive organs and other organs. Yurdagu&Ulukoca (2010) explain that there are many factors that influence postpartum maternal depression levels including energy levels, comfort levels, newborn health, nursing care and also encouragement to help shape the mother's response to her baby over the years. The mother's ability to adapt is strongly influenced by age, social, ethnic culture and

demographic factors, therefore nurse efforts are required to improve the ability of the mother, and all family members to adapt (Yurdagu&Ulukoca, 2010).

Research	Social Supports Influences Toward Post-Partum Depression		Respondent Amount		Another Influential Variables	
	Yes	No	< 100	> 100	Yes	Not Analyzed
Abdollahpour, S., & Keramat, A. (2016).	v		v			v
Chien, L.-Y., Tai, J., & Yeh, M.-C. (2012).	v		v		v	
Dallal, A., & Grant, I. (2012).	v		v		v	
Dennis, C.-L., Heaman, M., & Vigod, S. (2012).	v		v		v	
Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2011).	v		v		v	
Mustaffa, M., Marappan, D., Abu, M., Khan, A., & Ahmad, R. (2014).	v		v		v	
Shorey, S., Chan, S., & Chong, Y. (2015).	v		v		v	
Wahyuntari, E., Hakimi, M., & Ismawarti. (2017).	v			v		
Xie, R.-H., Juanzhou, Shunping, L., Xie, H., & Walker, M. (2010).	v		v		v	
Yurdagu, Y., & Ulukoca, N. (2010).	v			v	v	

Postpartum depression is a various depression from one day to another day by showing symptoms such as: fatigue, anger, appetite disorder, and losing of libido. The worst level of postpartum depression is various from the lightest condition when mother suffers from temporary sadness that occurs fast in early postpartum or it is usually called maternity blues (Chien, Tai, & Yeh, 2012). Social support is very important for postpartum mother so she still has confident to take care of her baby and adapt with new things. The social support comes from family, husband and also policy from government that supports psychology education for mother and family.

The main aim of this review is to give the latest description about how far is the social support influence toward the case of postpartum depression and other related factors. Based on bibliography review the gauge of of social support is various. EPDS is a tool to detect postpartum depression symptoms. Mostly score cut-off is used for measuring and the sensitivity or the specificity is various and these are determined by each researcher. The measurement can be different based on culture and research place.

EPDS is used widely in every country to be a screening depression postpartum tool. The validity and reliability has been tested widely in many countries. Another benefits of the EPDS are simple, fast to finish the questionnaire (only needs 5-10 minutes), easy to be calculated (by nurse, midwife, and other health workers), early

detection toward the depression after giving birth. It also does not need cost and it can be accepted by the patient.

The promotive care by giving psycho education can be given to mother from the prenatal period and antenatal period. This is to prevent the postpartum depression, improve function and life quality and also to improve mental health and decrease the suicide possibility. If it is reviewed from Health Technology Assessment (HTA), the psycho education intervention or non pharmacology can minimize the pharmacology therapy that needs a bigger cost and it must be regarded the advantage or the disadvantage because the antidepressant medicine is secreted through the breast milk and it can give effect to baby. In psycho education process, it is really needed the family existence as a success key from the intervention that is given.

Mustaffa et al (2014) in his research explained that there was an indirect cause that influenced mother and baby such as: age, parity, distance between birth, social demography, and other psychology risk factors which were stress and depression that was experienced by mother during pregnancy until birth. The psychology risk often threatened mother because it could worsen mother's health (Shorey, Chan, & Chong, 2015). In multi variable analysis, a previous depression history, low income, low support after giving birth process, life pressure, interpersonal violence, low quality of mother's health influenced the symptoms of depression after giving birth process Dennis, Heaman, & Vigod (2012).

Abdollahpour & Keramat (2016) found that social support that was felt by postpartum mother was significant toward mother mental health. Social support was from family and close friends that could reduce and improve mother's confidence to take care of the baby. Based on Xie et al (2010), the family culture that concerned mother's condition after giving birth was possible to become a main social support for mother after giving birth.

. Leahy-Warren, McCarthy, & Corcoran (2011) recommended that health workers should facilitate and mobilize emotional functional social support that sourced from informal and formal aspect in increasing the morbidity of mother in giving birth process. This finding gives important information about the role of social support that related with postpartum depression that might be experienced by mother. The role of midwife is an important step to improve mother's mental health care.

CONCLUSION

Several factors such as: culture, education level, demography, giving birth experience influence the potential for mother to experience post-partum depression. Another variable such as: economy social status, education background and culture also influence mother who experiences post-partum depression. The low social support improves the depression and increases mother mental health for four weeks after the giving birth process. In higher level, it can cause self harming which are sadness, crying, easily offended, anxiety, hard to communicate, the liability feeling, sleep and appetite disorder even having thought to commit suicide. Pregnant mother who does not get social support that related with post-partum depression case is with OR value 2,12 until 3,38. For pregnant mother who gets less social support is with OR value for 2,06 until 9,64. In post-partum period woman experiences hormonal changes that influence mood or emotion such as feeling afraid of taking care child, crying easily without clear

reason, and low breast milk production. This condition can cause stress. Because of that, mother needs emotional support, instrumental, information, husband, family, friend, and health worker. For health worker, it is expected to facilitate and mobilize the social emotional functional social support and informal or formal source in increasing the morbidity of post-partum mother.

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