

A descriptive study to assess the knowledge regarding postpartum blues among staff nurses at selected hospitals of District Jalandhar, Punjab.

Sanjay Kumar Kulchania¹

¹Lecturer, Department of Psychiatric Nursing, Guru Nanak college of Nursing , Dhahan Kaleran, (SBS Nagar) Punjab 144505, INDIA

Dr. Dalbir Singh²

Principal, HOD Dept. of Psychiatric Nursing, Guru Nanak college of Nursing , Dhahan Kaleran, (SBS Nagar) Punjab, INDIA .

Abstract: *Background: Health status of women represents the health status of a country. They form a vulnerable or special risk group. The risk is connected with childbearing and nurturing. Postpartum blues is occurring in 70-80% of postnatal mothers. So the present study was undertaken to assess the knowledge regarding postpartum blues among staff nurses.*

Methodology: Purposive sampling technique was used to select a sample of 100 staff nurses. Self structured questionnaire was prepared to assess the knowledge regarding postpartum blues among staff nurses. Information booklet was administered after data collection to increase their knowledge.

Result: 64(64%) had average knowledge followed by 26(26%)% of staff nurses having good knowledge followed by 8(8%) had below average knowledge level and 2% of staff nurses secured excellent scores.

Recommendation: Staff nurses are spending maximum time with client so there is need to deliver teaching programme regarding postpartum blues. In service education programmes, on the job training sessions can be planned for the staff nurses who are involved in providing care to the clients. Nurses should participate in continuing education, training and seminars to enhance their knowledge regarding various aspects of postpartum blues with specific emphasis on its diagnosis and treatment.

Keywords: knowledge, staff nurses, postpartum blues.

INTRODUCTION

Motherhood is essential for the society's survival. Without mother one would not exist. Mothers only have the unique privilege of nurturing the fetus for nine months, of nursing the child for much longer, of doing the work that consists of thousand details both practical and spiritual that children require, and the work of raising adolescents and later, often of looking after their children in turn. Women are repeatedly told from infancy that they are "made" for childbearing. The „Postpartum Maternity Blues“, which is popularly, known as „Baby Blues“ includes, the mood variations which affect newly delivered woman. This variation ranges from a relatively short lived and mild but emotionally labile condition. In new mothers it manifests through tearfulness, poor sleep, irritability and frequent mood swings. This condition is normal and transient experienced by majority of women after delivery depending on parity. The mean onset of this psychological problem is between three and four days postpartum, but may last up to a week or more, though rarely persisting longer than a few days. The hormonal changes like estrogen, progesterone and prolactin level, and psychological adjustment and fear of new life style perhaps the most important factors in any semblance of normality of the mother.³ It has been suggested that as many as 80% of women experience a period of emotional lability a few days after giving birth although other author argue a more modest 60%. Women are described as being emotional and irrational, often bursting into tears for no apparent reason.

Because the blues occur at a predictable time after parturition, there is more evidence for a biological explanation but, despite a great deal of research, there is still no known cause.² The study was conducted on Affective disorders in the first week after the delivery and risk with an aim of the study to evaluate the incidence of affective disorders in women 3 to 5 days after childbirth and the influence of socio-demographic, psychiatric and obstetric factors on the prevalence of maternal blues. The result of the study was 132 mothers (38.4%) had an EPDS score ≥ 10 . It has been revealed that low educational level, lack of family support, pregnancy complications and patient's history of depression had strong influence on postpartum mood. Parity, caesarean delivery, place of residence, occupation, marital status, socioeconomic level, preterm delivery and breast feeding showed no relationship with maternal blues. The study concluded that every third mother is at risk of developing maternal blues.⁵ However, woman may experience symptoms that might be early signs of pathological events wherein she is exposed to significant amount of biological and psychological upheavals. One among the psychological upheavals is the Postpartum Maternity Blues, which requires adjustments that is integral to the childbearing process. Feelings of anxiety, irritation, tearfulness and restlessness are common in the 1st week or 2 week after pregnancy. The postnatal care from midwives contributes significant facts in the positive adjustment to motherhood and provides much needed psychological benefits of midwifery care well beyond the end of the

traditional postnatal care. In developing countries, the mother is a central figure in child survival programmes. Maternity nurse remains with the patients for maximum time as compared to the other health workers so she is the first person to catch the symptoms and report the physician. Baby blues is condition in which only reassurance and psychological support from family as well as health workers is needed. So it becomes responsibility of health team as well as family members to give reassurance to mother in this blue period so that this blue period fades away as soon as possible.

2. NEED OF THE STUDY

Postpartum period should be considered as a vulnerable time for the development of emotional and psychological disorders. The last part of pregnancy and childbirth can be troublesome; the body goes through rapid changes, especially hormonal. In the first day's post-partum, the body often feels painful and uncomfortable. The regular care of the baby involves new tasks and uncertainties, and disturbs the night's rest, the relationship to the partner changes, especially after the birth of a first child. Postpartum emotional distress is fairly common after pregnancy and ranges from mild postpartum blues (affecting about 80% of women), to postpartum depression or psychosis. Postpartum psychosis can pose a threat to the life of the mother or baby or both. The puerperium is hailed as the fourth trimester and it is the period from birth to 6 to 8 weeks postpartum when the woman is readjusting physiologically and psychologically to motherhood. Due to the influence of labour, 50-80% of woman depending on parity undergo a normal and transient psychological changes. This is because of the emotional turmoil leading to certain changes like crying, fatigue, sensitivity to criticism, anxiety, irritability, helplessness and liability of the mood. Many mothers may also experience unnecessary distress as they did not anticipate or did not know about the normal psychological upheavals and emotional changes and adjustments that are integral to the childbearing processes. This particular condition is called Postpartum Maternity Blues. As some women suffering from the blues will go on to develop postpartum depression, requiring medication and psychological interventions, it is very important to recognize the symptoms and to educate the patient and her partner, if there is one, so they will know what to expect and when to notify the obstetrician/gynecologist in case psychiatric referral is necessary. Listening to the patient discuss her emotions and giving her pertinent education is very valuable, because the establishment of a good therapeutic alliance is crucial in the event that depression which is a serious condition that puts both mother and child at risk develops. Providing social support, enhancing maternal identity and facilitating maternal – infant attachment in the postpartum period are recommended to improve Postpartum Maternity Blues. To achieve this she should have adequate knowledge and personal attributes regarding the impact of emotional responses and psychological changes that a postnatal woman encounter.

Postpartum blues, if left unnoticed and unmanaged leads to depression or puerperal psychosis. Hence the insight of researcher felt to assess the knowledge regarding postpartum

blues among the staff nurses. To enable her to understand each women's psychological changes and to act with right type of management. It demands a wide range and adequate knowledge, regarding the natural and transient, condition the Postpartum Maternity Blues. These facts gave an insight to the investigator regarding the vital and crucial role of nurse in handling this condition skillfully to take up in-depth of investigation in this area.

3. METHODOLOGY

Research Approach - Quantitative approach was used in the present study.

Research design- Descriptive research design

Selection and description of the field for the study:

The study was conducted at selected hospitals of District Jalandhar, Punjab. Total 6 hospitals were selected for the study. Sigma hospital dealing with gynecology as well as pediatrics situated at Kapurthala road was selected for pilot study. Civil hospital Jalandhar a multispecialty hospital situated near Rainik Bazaar in the main city. Gulab Devi Hospital situated at Gulabdevi road deals with different Departments like Medical, Surgical, Gynecology. Bath Hospital near Bus Stand deals with Gynecology and Plastic Surgery Department. Central Maternity Home at Football Chowk deals with Deliveries as well as IVF. Doaba Hospital at Nakodar Chowk provide services related to Gynecology and Pediatrics. The study setting was chosen according to convenience and cooperative study participants.

Target Population :

Staff nurses working at selected hospitals of District Jalandhar, Punjab.

Sample Size:

A Sample size of 100 staff nurses was taken for the research study.

Sampling Technique:

Purposive sampling technique was used to select the subjects.

Description of the tool :

It consisted of following sections

Section A: It consisted of 7 items related to Socio-demographic data of the subjects.

Section B: It consisted of a structured questionnaire to assess the knowledge regarding postpartum blues among staff nurse.

Criterion Measures

The criterion measure used in the study was knowledge score on self structured multiple choice questionnaire. The knowledge score refers to the total score obtained on knowledge assessment items by the respondents.

Section A: It was related to socio demographic data of the subjects and was not included in the scoring system.

Section B: It included 34 items and each correct response was allotted score 1. The maximum score was 34 and minimum score was zero. Criterion measure is described as follows:

S.No.	Level of knowledge	Knowledge score
1.	Below average	0-9
2.	Average	10-18
3.	Good	19-26
4.	Excellent	27-34

Reliability of the tool

Reliability of tool was calculated by split half method. It was found to be 0.80.

Pilot study

Pilot study was conducted in the month of February to assess the feasibility of study and reliability of tool on 10 staff nurses working at Sigma hospital Jalandhar who fulfilled the inclusion criteria. The purpose of the study was explained to the staff nurses and informed written consent was taken. Level of knowledge was assessed using a self structured questionnaire after giving them the necessary instructions. A period of 30 minutes was given to complete the test

Data collection procedure

Data was collected in the month of March, 2015. Written permission was obtained from head of department of different hospitals. The investigator introduced her to the staff nurses and explains the purpose of the study. Informed written consent was taken from all the participants. Period of thirty minutes was given to attempt after giving necessary instructions to the subjects.

Ethical Consideration

Permission from ethical committee of Guru Nanak College of Nursing, Dhahan Kaleran, District Shaheed Bhagat Singh Nagar was taken to conduct this study. Formal written permission was obtained from the head of department of different hospitals to conduct the study. Informed written consent was obtained from all the subjects of the study after explaining the purpose and need for the study.

4. RESULTS :**Table-1**

Frequency and percentage distribution of subjects according to socio demographic data.

Sr.No	Variable	F	Percentage
1.	Age		
	a) 20-25yrs	31	31 %
	b) 26-30years	26	26 %
	c) 31-35years	12	12 %
	d) >35years	31	31 %
2.	Qualification		
	a) ANM	10	10 %
	b) GNM	82	82 %
	c) B.Sc(N)	08	08 %
	d) Post basic B.Sc(N)	0	0 %
3.	Habitat		
	a) Urban	32	32 %
	b) Rural	68	68 %
4.	Duration of experience in gynecology ward		
	a) Nil	67	67%
	b) Less than 1 year	12	12%
	c) 1-5 year	15	15%
	d) 6-10 year	6	6%
	e) More than 10 year	0	0
5.	Any class or in service education attended on postpartum blues?		

	Yes	12	12%
	No	88	88%
6.	Currently working in		
	Private sector	48	48%
	Government sector	52	52%
7.	Type of family		
	Nuclear	58	58%
	Joint	42	42%

Table1 shows the Socio demographic data of the participants. 31(31%) of staff nurses were in the age group of 20-25year and >35 years, 26(26%) were in the age groups of 26-30year followed by 12(12%) in 31-35year. Majority of staff nurses i.e. 82(82%) were GNM followed by 10 (10%) staff nurses who were ANM and 8(8%) of them were B.Sc(N). Majority of them i.e. 68(68%) were from rural area followed by 32(32%) who were from urban area. 67(67%) of staff nurses had nil experience in gynecology ward followed by 15(15%) who had experience between 1-5years and 12(12%)with experience less than 1year followed by 6 staff nurses who had experience between 6-10 year. Majority of health workers i.e. 88(88%) had not attended any in-service education on postpartum blues followed by 12(12%) who had attended in service education on postpartum blues.52(52%) staff nurses were working in government sector followed by 48(48%) working in private sector. Majority of health workers i.e. 58(58%) were from nuclear family followed by 42(42%) who were from joint family.

Table 2

Assessment of knowledge regarding postpartum blues among staff nurses

S.No	Knowledge score	Level of knowledge	f	Percentage
1.	Below average	0-9	8	8%
2.	Average	10-18	64	64%
3.	Good	19-26	26	26%
4.	Excellent	27-34	2	2%

Maximum score=34

Minimum score=0

Table 2 represents that majority of staff nurses 64(64%) had average knowledge followed by 26% of staff nurses with good knowledge followed by 8(8%) had below average knowledge level and 2% of staff nurses secured with excellent knowledge.

Table 3

Association of knowledge regarding postpartum blues among staff nurses with age

Age	Knowledge of staff nurses			
	Mean	SD	df	F-value
20-25 yrs	14.16	4.55	3,96	F=7.1032*
26-30 yrs	17.38	3.34		
31-35 yrs	15.41	3.7		
>35 yrs	18.67	4.13		

*=Significant at p<0.05

Table 3 shows association of knowledge score with age regarding postpartum blues among staff nurses. Mean knowledge score of the subjects in the age group of 20-25 years was 14.16, subjects with age group of 26-30 years was 17.38, of the subjects in the age group of 31-35 years was 15.41 and subjects in the age group of more than 35 years

was 18.67. On applying ANOVA "F" value was calculated to be 7.1032 which was found to be significant at 0.05 level of significance. Hence it was concluded that age of staff nurses was found to be associated with increase in their level of knowledge regarding postpartum blues.

Table 4

Association of knowledge of staff nurses regarding postpartum blues with current working area

Current working area	Knowledge of staff nurses			
	Mean	SD	df	t-value
Private	15.02	4.42	98	t=3.4786*
Government	17.92	3.92		

*Significant at $p < 0.05$

Table 4 depict the association of knowledge of staff nurses regarding postpartum blues with current working area. The knowledge score of the subjects who were working in private sector was 15.02 and rest in government sector was 17.92. Calculated „t“ value was 3.4786 which was found to be significant at 0.05 level of significance. Hence it was concluded that current working area of staff nurses was found to be associated with an increase in their level of knowledge regarding postpartum blues.

Major findings

- 31(31%) of staff nurses were in the age group of 20-25 year and >35 years, 26(26%) in the age groups of 26-30 year followed by 12(12%) in the age group of 31-35 year.
- Majority of staff nurses i.e. 82(82%) were GNM
- Majority of them i.e. 68(68%) were from rural area
- 67(67%) of staff nurses were having nil experience in gynecology ward followed by 15(15%) who were having experience between 1-5 years and 12(12%) having experience less than 1 year followed by 6(6%) with experience between 6-10 year.
- Majority of staff nurses i.e. 88(88%) had not attended any in-service education on postpartum blues followed postpartum blues.
- 52(52%) staff nurses were working in government sector followed by 48(48%) working in private sector.
- Majority of staff nurses i.e. 58(58%) were from nuclear family
- Qualification, duration of experience in gynecology ward, in service education habitat, type of family are non significant at $p < 0.05$ level of significance whereas age and current working area are significant at $p < 0.05$ level of significance.

5. CONCLUSION

In the modern era, due to advancement and technology in the field of nursing, the future of health care brings many challenges to health care professionals who provide care. So the staff nurses need proper knowledge regarding any disease condition. This study addresses the knowledge of staff nurses regarding postpartum blues. It can be concluded from the

results of the study that maximum participants were having average knowledge regarding postpartum blues.

6. IMPLICATIONS OF THE STUDY

As the staff nurses act as a resource person between the health care system and public, the staff nurses should be technically trained and feasible to create a wider knowledge base in the hospital regarding postpartum blues. The study findings have certain very important implications for the staff nurses in the nursing profession i.e. nursing practice, nursing education, nursing research and nursing administration. In all the areas staff nurses act as an organizer, leader, educator, motivator, counselor, direct care provider, manager etc.

Nursing practice

Due to the current concept of extended role of health care professionals especially nurses adequately trained staff nurses who are equipped with specific knowledge regarding postpartum blues can be of great help to manage and control the problem. Apart from the constant guidance, supervision and periodic evaluation is required to help them practice within legal and ethical boundaries of their profession. Adequate knowledge regarding any disease condition like postpartum blues enhances the quality of nursing care and it can also help to avoid number and types of malpractices and complications.

Nursing education

Staff nurses should be proficient and confident enough to provide care to the client. They spend maximum time with the client so they should be able to recognize symptom. The deficiency in knowledge of staff nurses can result in providing poor quality of care to the client. So, the in-service education programmes, workshops and nursing curriculum for all the level of nurses should give emphasis on enhancement of knowledge for providing quality nursing care.

Nursing administration

As the staff nurses are the backbone of any health care system, they perform different roles in different settings. So the nursing supervisors have to identify the various areas of deficiency in knowledge of nursing personnel as they provide care to the clients and to plan for corrective action. While considering the candidate for employment, nurses who are competent and knowledgeable should be preferred.

Nursing research

A research is the valuable step for improvement of knowledge and skills. So a research can be conducted to reform new knowledge regarding postpartum blues. The data gathered during this research may be used as a baseline data for future research in this field.

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