Section: Obstetrics and Gynaecology

Original Research Article

ASSOCIATION OF SELF-ESTEEM WITH POSTPARTUM BLUES: A CROSS SECTIONAL STUDY

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Abstract

Background: Motherhood experience is accompanied by immense emotional and behavioural stress. Out of the three types of postpartum mental disorders, postpartum blue is most common and milder type with 50 to 80 % of mother experiencing it. It occurs within 3 to 10 days of delivery and mostly subsides with support. But few mothers with postpartum blues may develop postpartum depression later on with adverse effects on mother and child bonding and children's cognitive growth. So early diagnosis of risk factors and prevention of PPB is vital. According to various studies self-esteem is crucial for mental and emotional wellbeing. Association of self-esteem and postpartum blue is not well studied in India. We hypothesized that there is association of self-esteem with postpartum blue. **Materials and Methods:** This Cross-sectional descriptive analytical study was conducted in mothers delivered at obstetrics and gynaecology department of Tertiary care center in northern part of India within 3 to 10 days of delivery meeting inclusion criteria. Two instruments used were Edinburgh Postpartum Depression Scale and Rosenberg Self Esteem Scale. Participants were interviewed within 3 to 10 days of delivery after taking consent and were asked to give honest possible answers. **Result:** Mothers with high self-esteem had lower mean PPD score (M=11.88, SD=2.14) than in comparison to mothers with low self-esteem (M=13.09, SD=2.98) showing significant association with p value less than 0.05. **Conclusion:** Self-esteem has significant association with postpartum blues so early identification and arranging counseling sessions to improve self-esteem score is essential during antenatal care.

INTRODUCTION

One of the Sustainable Development Goal (SDG) by 2030 is to reduce premature mortality from non-communicable disease by one third. It can be achieved by prevention of mental disorder and promotion of mental well-being.[1] Maternal mental health disorder will impede achievement of several SDGs. Motherhood experience is accompanied by mastodonic emotional and behavioral tensity. Under normal state of affairs, mothers may experience the sensation called" the pinks" characterized by feelings of extreme happiness even elated. On the other hand change in emotions and behavior are called "the blues "which is an unpleasant feeling of irritability, lack of sleep, crying spells, unexplained weeping, anxiety and loneliness.[2]

Postpartum mental disorder can be of three types: Postpartum blues, postpartum depression and postpartum psychosis.[3] Postpartum blue is most common and milder form of postpartum mental disorder with 50-80 % of mother experiencing it.[4] It occurs within 3 to 10 days postpartum, rarely requires medications and subsides with support and counseling.[5] However, follow up is necessary as 20% may progress to PPD.[6] Postpartum blue is matter of concern in two ways, first there is risk of developing postpartum depression and second there is deleterious effect on mother and child relationship.[7] Postpartum depression can adversely affect not only mother and child bonding but also women's relation with spouse and family and there is impaired children's cognitive growth.[6]

The exact cause of PPB is yet to be known but various factors has been speculated such as hormonal changes, age, education of mother, economical factors, social factors, relationship conflicts and self-esteem.[8] According to various studies self-esteem is crucial for mental and emotional well being. People with low self-esteem are less capable of adapting to stressful events and more vulnerable to develop psychological disorder like depression and anxiety and problem in interpersonal relationship.[9] Self-esteem is a modifiable factor and women with low

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self-esteem can be counseled and given psychological support to prepare her to enjoy her motherhood and perform her maternity and marital duties efficiently. Studies on effect of self-esteem on development of postpartum blues are scares in the country. So we conducted a study to find out association of postpartum blue with self-esteem.

Aim and Objectives

To find out association of self-esteem with postpartum blue.

MATERIALS AND METHODS

Study Design: cross-sectional descriptive analytical study.

Study Population: Women delivered vaginally or by cesarean section at department of obstetrics and gynaecology at Tertiary care centre in northern part of India within 10 days of delivery.

Study Period: From June 2019 to January 2019.

Methodology

This was a cross-sectional descriptive analytical study which was conducted at obstetrics and gynaecology department of Tertiary care center in northern part of India after obtaining ethical committee approval. All mothers who delivered within 3 to 10 days and who fulfilled the inclusion criteria were included in our study after obtaining informed consent. 156 mothers were selected randomly based on sample size calculation using using G*Power 3.1.9.2 for windows free online software.

Inclusion criteria taken into consideration were gestational age 37 to 42 weeks, age 18 to 42 years, normal vaginal or uncomplicated cesarean delivery, lack of pregnancy complications such as pregnancy induced hypertension or antepartum hemorrhage and healthy motherside baby.

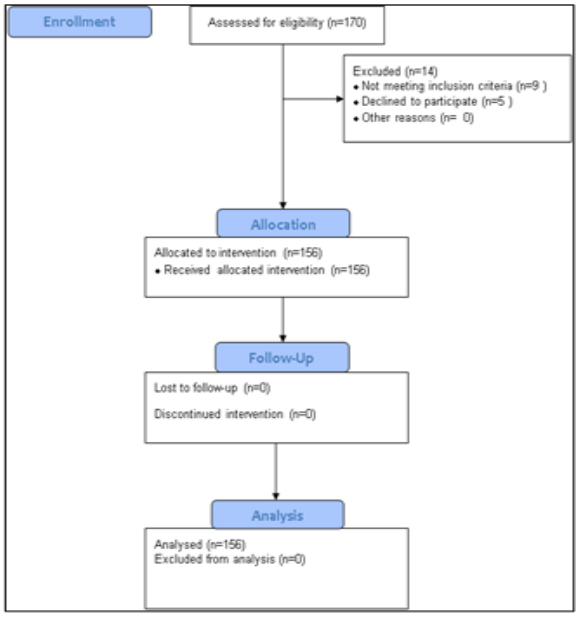
Research tools used were Rosenberg's Self Esteem Scale and Edinburgh Postpartum Depression Scale.[10] Rosenberg's Self Esteem Scale (RSES) remains one of the most frequently used instruments for the evaluation of global self-esteem.[11] It has 10 questionnaire and there are 4 possible answers for each of 10 questions from "strongly agree" to "strongly disagree". Answers are scored 0,1,2,3. Questions 3, 5, 8 and 9 are reverse scored. Score ranges from 0-30. Score 15 is taken as cut off value. Women scoring below 15 were labeled as low self-esteem and those scoring above 15 were labeled as high self-esteem.

Edinburgh Postpartum Depression Scale (EPDS) includes 10 questions and is scored on 0-3-point scale with maximum score 30. According to Uwakwe and Okonkwo.[12] EPDS had a sensitivity of 0.75 and a specificity of 0.97 at the optimal cut-off score of 9 and at the cutoff of 10 the sensitivity was 0.87 and specificity was 0.92 in study by Adewuya et al.[13]

After collecting data in excel spreadsheet it was analyzed using SPSS 21, Descriptive and Pearson tests were used and p value less than 0.05 was considered as significant.

Result: We enrolled 170 patients in our study and 156 mothers were included based on inclusion criteria. (Consort flow diagram).

Consort Flow Diagram



RESULTS

[Table 1] shows that women with high self-esteem had lower mean score (M=11.88, SD=2.14) than women with low self-esteem (M=13.09, SD=2.98). Therefore, there was statistically significant association between low self-esteem and PPB with p value 0.005.

We found no difference in PPB in term of occupation, education, and rural or urban population, and parity, sex of baby and mode of delivery [Table 2,3].

Table 1: Self-esteem and PPD.

	High Self-esteem	Low Self-esteem	P-value
Number	88	68	
PPD score(Mean± SD)	11.88±2.14	13.09±2.98	<0.005
P <0.05 –Significant P > 0.05 –Non Significant			

Table 2: Socioeconomic distribution and PPD.

Variables		Numbers	PPD Score (Mean ±SD)	P value
Occupation	Housewife	114	11.61±1.01	0.18
	Working	42	11.9±2.43	
Literacy	Educated	62	12.52±1.98	0.07

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	Illiterate	94	12.9±1.57	
Residence	Urban	73	12.02±2.12	0.07
	Rural	83	11.6±1.84	
P <0.05 –Significant P > 0.05 –Non Significant				

Table 3: Obstetric variable and PPD

Variables		Numbers	PPD Score (Mean ±SD)	P value
Parity	Primi	58	10.97±1.23	0.11
	Multi	98	11.32±2.35	
Sex of baby	Male	70	11.36±1.96	0.27
	Female	86	11.64±2.43	
Mode of delivery	Vaginal	113	12.46±1.74	0.22
	LSCS	43	12.75±2.33	
P <0.05 –Significant P > 0.05 –Non Significant				

DISCUSSION

Motherhood is one of the most crucial and vulnerable periods in a women's life. Goal of antenatal care should be both physical and mental wellbeing of mother. With occurrence of PPB so high, this study assessed role of self-esteem on postpartum blues. Our study pointed out those mothers with low self-esteem experience more PPB than mothers with high self-esteem. Geen Broome and Mirabella findings corroborated with our findings.[14] According to Beck and Indman , self-esteem is a protective barrier for PPD.[15] Women with high self-esteem perceive positive about their self-image. They are confident and optimistic and are satisfied with their life. They have feeling of self-worth. So during stressful conditions like PPB they are competent enough to cope. But mothers with low self-esteem have feeling of worthlessness, poor self-image and are not satisfied with life. Therefore, they are less adapted to stressful life situations. Studies have shown that self-esteem plays key role in refining ones potentials to cope with stressful events.[16] Pregnant women with high self-esteem subsist better with stressors and so likelihood of occurrence of PPB is less in them.[17]

Maslow described self-esteem to be one of the basic human emotional needs to express sexual desires.[18] People with high self-esteem have satisfying sexual relation with their spouse. So they have more supportive relation and are less susceptible to postpartum mental disorders.[19,20] On the other hand women with low self-esteem has negative self-image, so less sexual satisfaction and are at increased risk of psychological stress.[16,20]

Another important aspect of psychological stress during pregnancy and postpartum period is physical changes caused by pregnancy. Body changes caused by pregnancy change in sense of being valued and appreciated.

Garoosi et al studied the relationship between depression and self-esteem context to pregnant women and their perception to body image. They found there was positive and significant relationship between self-esteem and sense of satisfaction about body.[21]

Objective of antenatal care is to have healthy mother and healthy baby as an endmost result. Mental health of women is most scorned subject during antenatal care. This study highlights the significance of early detection of modifiable risk factors for PPB and institution of primary assistance in form of counselling sessions to improve social and family support and increase self-esteem score during pregnancy. This will improve her parenting abilities, make her motherhood more delightful and ultimately will protect child's cognitive health. Counselling should be integral part of antenatal care during whole pregnancy period mainly concentrating on psychological process of childbirth and establish family supportive programs and arranging training classes to improve self-esteem during pregnancy.

Limitation: Mental illness comes with social stigma so mothers might not respond honestly and correctly. There can be recall bias.

CONCLUSION

Postpartum blues being common occurrence after childbirth, which hinders motherhood, affects child's cognitive growth, and put mother on risk of developing PPD, has significant association with low self-esteem. So early diagnosis of this mutable risk factor and commencement of preventive measure is imperative.

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