

Perceptions of health service providers on postpartum depression



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ABSTRACT

Introduction: Mental health is a problem that can occur to everyone, especially to postpartum mothers, because of the process of physical and psychological changes, namely as parents. This exploratory study aims to identify strategies for successfully implementing postpartum depression screening in health services that provide midwifery care during the postpartum period.

Method: This qualitative study included four focus group discussions and two in-depth individual interviews with participants using a semi-structured interview guide. Topics examined included acceptance of, and readiness for, screening programs for postpartum depression. Participants included perinatal women and their families, policymakers, and health service providers. Interviews were transcribed verbatim, coded, and analyzed for emerging themes.

Result: The results of the analysis show that postpartum psychological screening needs to be carried out by health workers on postpartum mothers. The process of implementing the screening can be done when the postpartum mother visits a health worker. Screening can be done at the beginning of the puerperium as early detection of postpartum blues and postpartum depression. The potential challenge that must be done to implement this postpartum screening is the preparation/introduction of detection tools to health workers, including a referral system and treatment if a postpartum mother is found with problems. In addition, there is a need for synergy between stakeholders, health workers and health service facilities to implement postpartum psychological screening.

Conclusion: Conclusions from our analysis suggest several factors to support the successful implementation of the postpartum depression screening program, guidelines for screening implementation for successful implementation, and an evidence-based approach to encourage the implementation of postpartum psychological screening.

Keywords: family, health service providers, police maker, postpartum depression.

Cite This Article: Laili, U., Isnaini, Y., Amalia, R. 2023. Perceptions of health service providers on postpartum depression. *Bali Medical Journal* 12(3): 2801-2804. DOI: 10.15562/bmj.v12i3.4379

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Received: 2023-04-18

Accepted: 2023-08-31

Published: 2023-09-21

INTRODUCTION

Postpartum depression is a mood disorder experienced by postpartum mothers due to failure to accept the psychological adaptation stage process.¹ In the long term, the inability to care for babies can impact children's cognitive, psychosocial and behavioral development, which can occur in mothers who experience postpartum depression.² In 1998–2001, in Indonesia, such as in DKI Jakarta, DI Yogyakarta and Surabaya, the incidence rate was found to be 11–30%.³ Kusuma (2019) stated that 25% of mothers who gave birth for the first time experienced severe postpartum depression, and about 20% of mothers who gave birth to their next child.⁴

It is very important to make an early diagnosis to prevent postpartum depression and to manage mothers who have been diagnosed so as not to aggravate

their condition further. Because of the large population and high incidence, this diagnosis and management must be made early, especially in developing countries.⁵

To anticipate the incidence of postpartum depression, it is necessary to have preventive efforts in the form of early detection based on signs and symptoms that appear by conducting screening. The American College of Obstetricians and Gynecologists (ACOG) recommends that healthcare professionals screen patients at least once during the perinatal period for depression and anxiety symptoms using standard, validated tools. In the postpartum period, the Edinburgh Postnatal Depression Scale (EPDS) has become the most widely used scale to identify postpartum depression.⁶

Various innovative studies have been developed to detect postpartum depression symptoms. These innovative products

are in the form of web and applications using internet media to maintain mothers' privacy, including CES-D (Center of Epidemiological Studies Depression Scale), online screening using the EPDS questionnaire and web-based applications Bluepages and MoodGYM. BluePages is a site that provides information on the latest evidence-based treatments and screening tests for postpartum depression and anxiety. While MoodGYM is an internet-based therapy program designed to prevent depression.

Although innovations in postpartum depression screening have been developed effectively to improve the accessibility of mental health care and reduce the risk of postpartum depression, there seems to be a gap in the implementation of health care practices. So that a comprehensive intervention is needed for mothers, health workers, and obstacles in the application

of screening so that good management can be formed.⁷ This study aimed to involve health care providers/health workers in exploring postpartum depression, utility, and readiness in postpartum depression screening.

METHODS

Materials

The research method used is qualitative research using structured, in-depth interviews. The interview group was divided into 3 groups, each consisting of 3-5 people. Participants were chosen deliberately, namely 4 policymakers, 4 health workers who all have at least an associate degree in midwifery who work in Independent Practicing Midwives who directly provide maternal and child health services and postpartum women's groups

Data collection procedures

Data was collected in June 2022 by trained research team members with previous involvement in qualitative research. Data and field notes were recorded, transcribed, translated and triangulated by other research team members to ensure language equivalence.

Data analysis

First, audio recording and transcription are used to ensure the correct representation of participant views and increase credibility.⁸ In-depth descriptions of existing health services practices are presented to enable the reader to assess the relevance of the results to the setting, thus improving transferability.⁹ Audit trail, including audio recordings, transcripts, interview guides, data analysis products and field notes, ensures dependability and conformity.¹⁰ Two investigators (JF, NJ) read transcription several times for an overall understanding of content and to determine the unit of meaning, do initial coding and interpret data independently.^{11,12} The two researchers manually combined the code, classified them based on their similarities and assigned subcategories and categories independently. In this case, they develop coding schemes (code names, code definitions, classification, subcategories, text examples and coding rules).¹³ In this process, researchers meet regularly to discuss agreements and the

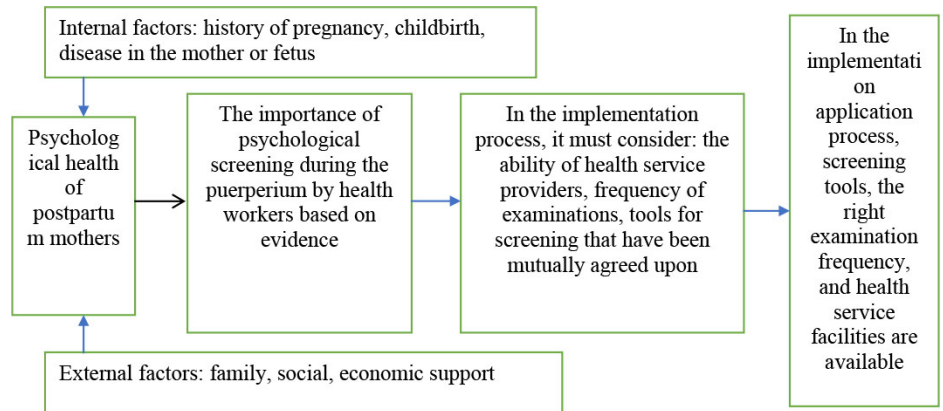


Figure 1. shows the relationship between factors in implementing a psychological examination or screening system during the puerperium.

difference in the code set, category and subcategories. Moreover, an external expert in qualitative health research provides additional instructions, which led to further modifications. A letter has been sent to the healthcare manager for ethical considerations and asking them for permission to interview health workers. In addition, informed consent was obtained from each participant before starting the study. This study was approved by the ethics committee of the Research Ethics Committee Chakra Brahmanda Lentera Institution (No.007/007/IV/EC/KEP/Lemb.Candle/2022).

RESULTS

Results

Interviews were conducted on research subjects which included health workers, policymakers and postpartum mothers. This interview aimed to discuss the implementation of psychological examinations during the puerperium/postpartum psychological screening, the time of implementation and the frequency of examinations. Based on the results of interviews, several obstacles are found in the application of postpartum psychological screening, both from the availability of health workers and health facilities, including a referral system that must be prepared.

The mother's psychological health during the postpartum period needs to be studied and examined to prevent the occurrence of postpartum blues or depression. As one of the subjects stated, "Sometimes we have done it simply, but yes, with our limited capabilities" (Health

Personnel 1). Another participant said, "We have studied patients, but we have not used screening tools yet" (Health Worker 2). "We have to prepare a referral system later so that basic health services have clear duties" (policy maker 2). "it may also take additional certificates or skills to do this" (policy maker 1).

Based on this, in simple terms, health workers have conducted inspections only to the extent of their abilities. So it is necessary to create a system that can help facilitate health service implementation. In addition, training is also needed as a provision for health workers at the basic level in conducting assessments.

"We also examine not all postpartum mothers, those that look problematic will then be detailed" (Health Worker 4). "If a simple assessment/screening tool exists, it might be applied in all health facilities" (policy maker 3). "The importance of standards that must be set in carrying out postpartum maternal examinations, both physically and psychologically" (policy maker 4). Another health worker said, "so that if there is a definite examination, treatment can also be provided easily" (Health Worker 4).

Frequency and Time of screening

Psychological assessment can be part of the physical examination when the mother visits the puerperium. Health workers need to do a psychological examination because, currently, many cases of postpartum blues or postpartum depression appear. "For the time of the examination, it can be done during the postpartum visit" (Health Personnel 3). "The right time seems to be up to 2 weeks

after giving birth because at that time postpartum mothers still feel pain after childbirth and have to adapt to their new duties as a mother” (Health Worker 2).

Several opinions emerged regarding the frequency of psychological examinations for postpartum mothers. “Psychological examination during the puerperium can be done at least 2 times” (Policy maker 1). “It may be studied at the beginning if there is a tendency then a re-examination can be carried out” (policy maker 3). The health worker said that the postpartum psychological screening was carried out when the mother made a postpartum visit but not at all visits for 4 times” (health worker1).

Meanwhile, several health workers emphasized that we must also know the condition of the family social and economic support of the patient that we face because this can affect the psychological condition of the postpartum mother. Participants also explained that the stressors they faced did not only come from themselves, but the people around them also influenced them (postpartum mother 3). Another added that “the difficult times were in the first weeks because the condition was still not recovering plus the new task of taking care of the baby” (postpartum mother 2). “In the beginning, it’s an adaptation period. The next 2 weeks or one month, it will be lighter because you get used to it” (postpartum mother 1)

Screening Use

Some people think that changes in the postpartum period are physiological, so there is no need for other specific examinations. However, some realize that the mental pressure that a person faces is not the same, and this can be one of the triggers for postpartum depression. The postpartum mother said it seemed necessary so that we understood what was happening to us and what we had to do because we were not aware” (postpartum mother 3). Some people may need it, but others may need the examination (postpartum mother 1). Another postpartum mother explained that the screening might be ignored because postpartum women usually visit the health worker if their condition is bad.

Based on the explanation of other

health workers, simple and easy screening needs to be done to anticipate the occurrence of postpartum blues or even postpartum depression (health workers 3). Meanwhile, policymakers said screening for postpartum mothers can be implemented starting from basic health service providers (policy maker 2).

DISCUSSION

Mental health is a problem that can occur to everyone, especially to postpartum mothers, because of the process of physical and psychological changes, namely as parents. Postpartum depression is a mood disorder experienced by postpartum mothers due to failure to accept the psychological adaptation stage process.¹ In the long term, the inability to care for babies can impact children’s cognitive, psychosocial and behavioral development, which can occur in mothers who experience postpartum depression.² Reviewing this, it is very important to make an early diagnosis to prevent postpartum depression and to manage mothers who have been diagnosed so as not to aggravate their condition further. Because of the large population and high incidence, this diagnosis and management must be made early, especially in developing countries.⁵ The anticipate incidence of postpartum depression, it is necessary to have preventive efforts in the form of early detection based on signs and symptoms that appear by conducting the screening.^{6,14}

This study examines the application of screening or psychological examination of postpartum mothers based on interviews conducted with policymakers, health workers and postpartum mothers. The results of a series of interviews indicate that psychological screening during the postpartum period is necessary as an effort to anticipate the occurrence of postpartum blues or postpartum depression. However, it is necessary to provide a screening tool that is easy to understand for health workers and has been standardized. A regulatory system has been prepared for its implementation, including places for treatment and referrals.

The implementation time for screening based on the interview results can be

done by health workers when the patient visits the puerperium. A psychological assessment or screening may accompany postpartum visits in the first 2 weeks. This can be done once if there are no signs and symptoms in the mother or repeated as needed.

CONCLUSION

Despite the availability of mental health services, there are many problems with providing mental health services to depressed mothers. Efforts have already been made at the community level to provide mental health services. Solving these problems requires the accurate identification of these problems, appropriate decision-making and further research. The results from this study can guide educators and experts in providing more effective mental health services to mothers.

ACKNOWLEDGMENT

The author would like to thank the help provided by LPPM Universitas Nahdlatul Ulama Surabaya, Indonesia.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

FUNDING

Nahdlatul Ulama University funded this research.

ETHICAL CLEARANCE

This study was approved by the ethics committee of the Research Ethics Committee Chakra Brahmanda Lentera Institution (No.007/007/IV/EC/KEP/Lemb.Candle/2022).

AUTHOR CONTRIBUTIONS

All authors work equally in doing this research and writing this research article. Similarly, contribute from the investigative concepts, information acquisitions, information investigation, and factual studies, changing the paper until detailing the consideration comes about through publication.

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