

Postpartum Depression: A Literature Review

Literature Review

Lindsey Platt

Lakeview College of Nursing

## **Postpartum Depression: A Literature Review**

Bringing a child into this world also brings a significant change in a family's dynamic. This change can create chaos and stress, and many times often postpartum depression beyond typical baby blues. Postpartum depression affects 1 in 7 women in the United States (O'Brian et al., 2019). Previously postpartum depression has been only thought to be present in mothers. However, recently we have seen signs and symptoms of postpartum depression in fathers as well. It established that fathers experience signs of postpartum depression, such as "less-involved parenting, infant-bonding concerns, and child-development issues" (O'Brian et al., 2019). More research is needed to explain the phenomenon of paternal postpartum depression; therefore, fathers and mothers alike can seek needed help. Lack of education of postpartum depression translates into a lack of knowledge of postpartum depression for patients. Nurses need more training on the issue bringing special attention to fathers and especially NICU parents.

### **Developing a Hospital-Based Postpartum Depression Education Intervention for Perinatal Nurses**

This article explains an underlying issue behind postpartum depression is the lack of education that nurses receive. "Only 40% of women seek treatment for prenatal mood disorders" (Lewis, 2020, p. 7). When nurses are not able to receive the proper education, it makes the patients likely to experience postpartum depression, do not report their symptoms, and seek out help. Nurses need to be conscious of symptoms of postpartum depression, even if they are subtle. Therefore, clients receive the mental health care they need (Lile-Brown & Joslyn, 2019). It is also essential that education taught to the patients, who may experience postpartum depression, but that the patients have a provider they can reach out to when experiencing postpartum

depression. This knowledge is not only for the mother's benefit but also for the father's interest if he is experiencing symptoms when the medical professionals have the right education on paternal postpartum depression.

### **Key Points**

The article's primary purpose is to explain how postpartum depression a growing issue because of the lack of education that is provided for nurses about postpartum depression. The key question the author is addressing is if nurses are thoroughly performing a postpartum assessment and providing background knowledge to their patients about postpartum depression. Having accurate information regarding postpartum depression allows for better communication between the patient and their provider (Lewis, 2020). The most crucial information in this article is that although screenings for postpartum depression were available, they were not being used, according to the study (Lewis, 2020). It also shows that postpartum screenings used, medical professionals were using them in the wrong way not only for the mothers but also for the fathers. Many medical professionals do not think fathers experience signs and symptoms of postpartum depression, so they do not provide fathers education and knowledge on postpartum depression. The lack of awareness can make fathers at risk for postpartum depression because they do not know its signs and the intervention techniques to mitigate it. The lack of education on paternal postnatal depression prevents external providers from having the proper knowledge, so fathers can seek help when needed.

## **Assumptions**

The main inferences in this article include that nurses who have the right knowledge regarding postpartum depression cannot be able to assess accurately but cannot provide their patient awareness on the signs and symptoms of postpartum depression. The study results show that nurses with continued education allow nurses to have more confidence in communicating with patients about postpartum depression (Lewis, 2020). The key concept we need to understand in this article is that nurses with accurate knowledge of signs and symptoms and intervention techniques on postpartum depression cannot transfer that knowledge to their patients and in their care. The study uses focus groups of nurses to reveal that many nurses were not knowledgeable about warning signs and needed additional education (Lewis, 2020). The lack of knowledge, help, and support can affect not only new mothers but also fathers. Many medical professionals use an individual approach instead of a family-centered approach, which puts parents at a higher risk of having postpartum depression and not knowing they have it and that postpartum depression is common. The primary assumption underlying the author's thinking is that intervention is not taking place as much as it should because of a lack of education given to nurses on postpartum depression. Having continued education allows nurses to have more inclusion of the father as well as the mother.

## **Deficit/Conclusion**

If we take this line of reasoning seriously, the implications are that education to nurses regarding postpartum depression in both mothers and fathers, nurses will transfer their knowledge to their patients. Therefore, the patients will know intervention techniques. If we fail to take this line of reasoning seriously, the implications are that patients' mental health will

continue to suffer from the lack of knowledge and resources. Untreated postpartum depression can be a gateway to other mental illnesses that affect the mother and father, but the entire family (Lewis, 2020). In conclusion, nurses should have adequate knowledge and education to translate and teach their patients, so intervention can help prevent postpartum depression. Medical professionals having the right amount of training on postpartum depression makes them more likely to educate their patients on it (Lewis, 2020). Therefore, this allows the patients to recognize, intervene, and mitigate their signs and symptoms.

### **A Nurse-Based Model of Psychosocial Support for Emotionally Distressed Mothers of Infants in the NICU**

Postpartum depression is often screened at discharge and therefore overlooked in parents who do not receive a release right after birth. Parents are more susceptible to symptoms of postpartum depression while their babies are in the NICU. This article explains the approach for not only the mother of a NICU child but also a family-centered and empirically supported counseling-centered approach that includes other family members. Using the Family-Centered Developmental Care approach allows the nurse to detect postpartum depression symptoms (Davila & Segre, 2018) and use empirically supported intervention to treat the family's time of distress. This study recruited all English-speaking mothers over the age of 18 within a week of admission of the maternal newborn unit to examine their emotions (Davila & Segre, 2018).

#### **Key Points**

The article's primary purpose is to bring awareness of postpartum depression in parents whose babies are in the NICU. Parents are more concerned about their baby's health than their

mental health. The key question the author is addressing is how many mothers are reporting symptoms of postpartum depression while their baby is in the NICU. The most critical information in this article is the emotional needs of parents in the NICU are not being met (Davila & Segre, 2018). The report suggests nurses prioritize having listening visits separate from physical exams to focus on how the mother and father are transitioning to parenthood emotionally (Davila & Segre, 2018). Nurses overlook postpartum depression when parents are not able to be heard regarding their feelings. Medical professionals must listen to not only the mother's emotions but also the father's feelings. A child transitioned into the NICU is a new and hard experience for the mother and father of a child, which puts stress and can be a gateway to symptoms and signs of postpartum depression.

### **Assumptions**

The main inference in this article includes "the hospitalization of an infant in a NICU is often stressful and may result in clinically significant levels of emotional distress" (Davila & Segre, 2018, p. 114). The key concept we need to understand in this article is that parents' stress and mental health are unconsidered because the worry is on the infant in the NICU. When the parents' mental health goes unassessed, it can lead to signs and symptoms of postpartum depression that can go unnoticed. The central assumption underlying the author's thinking is if mothers are properly "screened every 4 to 6 weeks while their infants hospitalized in the NICU" (Davila & Segre, 2018, p. 116) mothers who are experiencing postpartum depression will increase. Parents will receive the care they need.

### **Deficit/Conclusion**

If we take this line of reasoning seriously, the implications are a more adequate, holistic care of parents after birth. If we fail to take this line of reasoning seriously, the repercussions are parents living without treatment. Davila & Segre found that 35% of mothers reported symptoms associated with Acute Distress Disorder, and among these mothers, 33% experienced suicidal thoughts (2018). Acute distress and suicidal ideation are serious mental health issues. When mothers are not able to seek the help they need, it affects the mother and affects the child and the family as well. In conclusion, nurses developing a trusting relationship, having therapeutic communication skills, and being knowledgeable and accessible will lead to better assistance for mothers of hospitalized newborns (Davila & Segre, 2018).

### **New parents' experiences of postpartum depression: a systematic review of qualitative evidence**

Postpartum depression can also be present in fathers. Although there are inadequate research on or resources for fathers after the birth of their child, men experience similar symptoms as women for a year. Symptoms can be as mild as the baby blues, moderate, and as severe as psychosis (Holopainen & Hakulinen, 2019). New research shows "that the rate of depression during the first postpartum year in fathers is double the rate of depression in men in the general population (O'Brian et al., 2019). Just like mothers, the responsibilities that a father is accountable for can frequently be overwhelming. Fathers must recognize their signs and symptoms and feel comfortable in contacting a provider when needed.

### **Key Points**

The article's primary purpose is to gather information about both mother's and father's emotions after the birth of their first child. The key question the author is addressing is if fathers experience emotionally distressed after the birth of their child (Holopainen & Hakulinen, 2019). The most crucial information in this article is that there is an imbalance from the support and the support received from partners after birth, which leads to disappointment for both significant others (Holopainen & Hakulinen, 2019). This lack of support can lead to signs of depression if couples do not attain resources they can utilize to help the relationship and stress of a newborn.

### **Assumptions**

The main inferences in this article include fathers experience postpartum depression as well. In fact, "PPD was evident in about 10% to 13% of men" (Holopainen & Hakulinen, 2019, p. 1734). In this article, the key concept is that although men do not endure the same physicality of childbirth, it is a significant change in an individual's life. The primary assumption underlying the author's thinking is depressed fathers feel imbalanced and out of control (Holopainen & Hakulinen, 2019). Fathers having their firstborn child can often cause extreme amounts of stress because of the change brought when having a child. Many fathers have good intentions with their children, but the fear of the unknown can often be overwhelming.

### **Deficit/Conclusion**

If we take this line of reasoning seriously, the implications are that we can effectively evaluate the mental health of fathers with mothers throughout the hospital stay and after. Men are less likely to seek help and have a "difficult time asking for help and support than mothers"

(Holopainen & Hakulinen, 2019, p. 1755). If we fail to take this line of reasoning seriously, the repercussions are babies potentially living in a household where the mother and father both have postpartum depression. "Mothers and fathers with depression are more likely to exhibit behaviors that have negative impacts on their children" (Holopainen & Hakulinen, 2019, p. 1734). Both parents struggling with their mental health can lead to neglect and negative behaviors later in childhood because of the mother and father's mental health. The negativity can cause the child to develop mental health issues later because of the parents' lack of awareness of their postpartum depression. In conclusion, nurses must recognize the father's emotions and the mothers' vulnerability and acknowledge their patient's needs.

### **Conclusion**

Overall, postpartum depression is not thoroughly assessed in both mothers and fathers by nurses. Nurses must be knowledgeable about signs and symptoms of postpartum depression beyond baby blues, assess both parents for these tendencies and provide resources these families can use for help (Lile-Brown & Joslyn, 2019). Nurses must normalize the experience of signs and symptoms of postpartum depression and discuss the importance of openness with the provider to intervene when needed. Bringing awareness to postpartum depression allows medical professionals to help the parents mitigate the signs and symptoms to prevent long term effects.

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