

Assessment of Maternal Postpartum Depression: Implication for Social Work Practice in Nigeria

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Abstract

Globally, the care and attention needed before, during and after child delivery by women is important and must be fully given to prevent anxiety, depression and other health challenges likely to emerge. Maternal healthcare services must cover both the physical and psychological well-being of women and children. This care and attention are important as the lack of it lead to maternal morbidity, neonatal deaths and paternal depression and this affects society to a large extent. Hence, social workers must understand their roles in preventing factors and forces that lead to postpartum depression to ensure better social functioning. This study used a secondary method of data collection. Data were sourced online and relevant information related to the study was utilized. The study recommended that the health of women should be of utmost priority as the role of women in childbirth cannot be overemphasized. Also, the assessment for psychosocial stress and provision of support for fathers and mothers from the early stage of pregnancy and after childbirth is important and must be strictly adhered to. The study concludes that men and caregivers of women who have just given birth to a child/children should be counselled by social workers preferably on the need to use the right words and attention on the woman who has put to bed to enable her to enjoy the phase of motherhood.

Keywords: maternal health; maternal mortality; infant care; post-partum depression; women; social work

Introduction

Women who are just put to bed are to be cared for by health workers and social workers including their partners and the family in general. Every aspect such as carrying the pregnancy, labour, childbirth, breastfeeding as well as taking care of the baby can be physically and psychologically draining. This period most times ushers in the feeling of loss of control and emotional distress for the woman who has just been put to bed (Stapleton et al., 2012). Therefore, women's health must be prioritized to enable them to regain their strength and maintain their health as they adjust to life to enable their social functioning. World Health Organization (WHO, 2008) detailed that the postpartum and

postnatal period has received negligible attention from health workers than the prenatal period and childbirth period. Postpartum depression and postpartum psychosis are the most common health challenges most women face immediately after the birth of a child. Postpartum depression is a major depressive disorder and its major symptoms are disrupted sleep, social withdrawal, guilt, sadness, hopelessness, worthlessness, thoughts of self-harm or of harming the infant and behavioural changes such as slowed body movements (American Psychiatric Association [APA], 2013; Glavin, 2012). The cause of postpartum depression is not well known, however, it has been linked to a variety of endocrine root causes (Barca et al., 2000; Kent et al., 1999). Postpartum depression when poorly handled leads to grave consequences for the new mother and the infant (Letourneau et al., 2012). Some risk factors of postpartum depression are a history of anxiety/depression vulnerability, poor social support, adverse life events, unplanned pregnancy, low income, and immediate hormonal changes following birth (Shakeel et al., 2015).

Postpartum depression (PPD) affects up to 25.0% of all new mothers (Gaynes et al., 2005; O'Hara & McCabe, 2013). Postpartum depression in women affects the attachment and bonding between mother and child and it adversely disrupts the infant's development (Earl, 2010). Developing countries such as Nigeria grapple with poor maternal health outcomes of which postpartum depression is a type of poor maternal health outcome (Onalu et al., 2021). Adeponle et al., (2017) indicated that depression is a common phenomenon among women of reproductive age, especially from developing countries. Most times, postpartum depression leads to death and this type of depression usually goes undiagnosed and untreated because of ignorance among women and their healthcare providers (Groh, 2013). This postpartum death also contributes largely to maternal death (Omo-Aghoja, et al., 2010). Sadly, most post-natal sessions that usually occur six weeks after birth rarely dwell on the psychological and emotional well-being of the mother but rather emphasize physical well-being (Fowles et al., 2012). Most women who have tried to report feelings of depression were turned down by healthcare professionals who minimized their symptoms as self-limiting and this resulted in feelings of increased worthlessness and guilt and further led to their reluctance to pursue treatment (Logsdon et al., 2012). This means that social workers who offer forms of social support must rise to this wake-up call of offering the needed services to prevent postpartum depression. Social workers are in the best position to screen new mothers for postpartum depression (Abrams & Curran, 2007) as most women with postpartum depression are more likely to seek services from social workers than from other professionals (Zittel-Palamara et al., 2008).

Modernization has helped in giving meaning to the word postpartum depression. Initially, it would sound strange for a mother who just experienced

one of the beauties of motherhood to be depressed or exhibit any mental health issues people preferred to live in denial of the existence of postpartum depression and other mental health-related issues experienced by the woman no matter how grave the consequences may be. This is because the journey of childbirth is seen as a joyful experience that should attract no bitter experience. Literature on social work input on maternal postpartum depression is scarce even though the phenomenon of PPD has grown substantially over the past 25 years (Keefe et al., 2016). Researchers for instance Tomlinson and Lund (2012) have tried to question why mental health lacks good attention in society, Chien et al., (2012) researched domestic decision-making power, social support, and postpartum depression symptoms among immigrant and native women, Adeponle et al., (2017) studied on perinatal depression in Nigeria regardless of these efforts by these scholars the issues related to postpartum depression still lingers on. Hence, this study intends to add to existing knowledge on women's health and postpartum depression as well as the roles of social workers in effective functioning; as none of these studies were written from a social worker's view.

Methods

A secondary method of data collection was utilized in our study. This paper is a review of the literature, grey literature and media articles on postpartum depression in women. We searched for all studies published between 1 January 2004 and 17 December 2021 on maternal postpartum depression. We sourced our existing data online and results appearing in the searches were narrowed down by reading their titles and the most desirable articles were downloaded and reviewed. Themes such as women's health, postpartum depression, postnatal depression childcare, maternal health care and social work practice were searched. This search was limited to human studies published in the English language. The inclusion criteria were cohort and cross-sectional epidemiological and qualitative individual studies. Also, studies that included maternal postpartum depression and studies that included health (physical or psychological) or social outcomes of PPD in the results. Search engines such as MEDLINE via Ovid, PsycINFO, GOOGLE, GOOGLE scholar and PUBMED were assessed to garner information for this theoretical study. The information obtained was analysed by the authors and rearranged into themes to fit our study. Out of the 112 studies found from the various database, 40 studies met the criteria and was utilized for this study.

Results

State of Nigeria's healthcare system on effective provision of maternal care services

Nigeria's health sector is confronted with the most daunting crisis of maternal morbidity, during pregnancy and post-delivery (Akokuwebe & Okafor, 2015). Despite Nigeria's strategic position in Africa, the country is greatly underserved in the healthcare sphere. Health facilities (health centres, personnel, and medical equipment) are inadequate in this country (Health Reform Foundation of Nigeria [HERFON]. 2010). In Nigeria, several challenges have been reported within the health sector, especially in training, funding, employment, and deployment of the health workforce (Adeloye, et al., 2017). The system is faced with challenges such, as poor quality service delivery, poor attitudes of staff to patients, lack of expertise, lack of equipment, and shortages of essential drugs (Olonade, et al., 2019). The Nigerian healthcare system is poorly developed and has suffered several backdrops especially as it relates to maternal health (Welcome, 2011). These challenges in a long run affect the health of most women in society. These effects can lead to maternal depression which goes a long way in affecting mother-infant bonding and child development (Kingston et al., 2015). Hence, prioritizing mental health issues among women, especially pregnant women is crucial to achieving the Sustainable Development Goals (Adeoye et al., 2022).

Postpartum depression in women and its effect

One in 9 new mothers suffers from postpartum depression (Ko, et al., 2017) and this common experience women faced after childbirth leads to an increase in maternal morbidity (Keefe, et al., 2017). Postpartum depression is a staid mental illness that involves the brain and affects the behavioural pattern and physical health of a woman who has just been put to bed. Depression is a heterogeneous condition with environmental factors interplaying with genetic susceptibility in the onset of illness (Caspi & Moffitt, 2006). Women's reproductive period is very crucial and spans several stages from the pregnancy, antenatal, childbirth or delivery, postnatal period and family planning stages (Okeke, et al., 2016). Postpartum depression also known as prenatal depression is a type of clinical depression that adversely affects the entire family, especially the child or children (Biebel & Alikhan, 2016). Mothers who suffer from PPD are vulnerable to emotional and physical risks, and symptoms can hurt the infant's development (Murray et al., 2011). Depression among mothers is an important factor to consider for the infant's development. PPD causes impaired maternal-infant relationships like negative perceptions of infant behaviour (Ukaegbe et al., 2012). Change into motherhood is an intricate stage that involves significant changes in the psychological, social and physiological aspects of women and this period is considered one that increases susceptibility to the development of some mental illnesses (Chowdhary, et al., 2014). Postpartum depression (PPD) is usually used to depict depressive symptoms

that occur during the first year of the postpartum period and it is characterized by low mood, mood swings, loss of enjoyment, reduced energy and activity, marked functional impairment, reduced self-esteem and ideas or acts of self-harm or suicide (Shitu, et al., 2019; Turkcapar et al., 2015; Guo, et al., 2013). Postpartum depression impacts the infant in a great way. It is in the first six months after the conception of a child that the physical, psychological and cognitive development of the child occurs. When a mother of a child is depressed it causes the decline of the psychomotor and cognitive development of that child especially his or her intelligence and language. These deficiencies give rise to behavioural problems such as aggression, and hyperactivity and also result in maternal abuse and negligence of the child which could also have a long-term effect on the child's growth, development and attachment to the mother (Abdollahi et al., 2017). Also, the presence of postpartum depression, low intelligence and low birth weight contributes to the risk of infant malnutrition. Mothers suffering from postpartum depression can have a major impact on the nutrition of the child which is usually caused by a decreased interest in the rearing of the child (Anoop S. et al., 2004). Postpartum depression also impacts the spousal relationship.

Causes of postpartum depression

Meçe (2013) mentioned that the conception of a child brings about a biopsychosocial change in the life of the mother and her spouse and this change goes a long way in influencing the relationships between spouses and this contributes to familial stress. Shaheen et al., (2019) indicated that several risk factors such as unemployment, unplanned pregnancy, poor marital relationship, poor social support, lack of family support, previous history of depression, presence of depression during the antenatal period and maternal depression have been associated with paternal postpartum depression. Postpartum depression remains a significant health issue that brings about social and family consequences as both the mother and her partner experience psychological stress during and after the conception of a child which includes depressive disorders (Simionescu et al., 2021).

In the first 24 hours after childbirth, hormone levels quickly drop back to normal, pre-pregnancy levels. Thus, it is widely believed that the sudden change in hormone levels likely leads to depression (Schiller, Meltzer-Brody & Rubinow, 2014). Other causes of postpartum depression are changes in the woman's body, multiple births, lack of proper care and attention, stress and fatigue. This study has also identified some symptoms of PPD to be disrupted sleep, poor concentration and appetite, decreased self-esteem, feelings of failure, anxiety, social withdrawal, guilt, sexual dissatisfaction, hopelessness, fears of harming the baby, obsessive thoughts and thoughts of committing suicide (Keefe, et al., 2017; Glavin, 2012; Lucero, Beckstrand, et al., 2012).

Paternal postpartum depression

A lot has been said about depression in the mother but depression experienced by fathers after childbirth is still not widely studied. Men, as well as women, are also affected by the life-changing events of pregnancy and childbirth. Additionally, Field (2018) opined that paternal depression has numerous negative effects on the father, mother and even the child. Furthermore, PPD affects the intimacy shared between husband and wife. Also, lack of sexual desire which commonly occurs, in this case, puts a strain on the marital relationship and this can make the mother feel neglected by her partner and it in turn leads to feelings of disappointment and loneliness from her significant other. Suto (2016) posits that postpartum depression in fathers can increase suicide risk, poor parenting behaviours, parenting distress or inefficacy, and reduced parent-infant interaction. Living with a depressed spouse can be daunting thereby leading to strain in the marital relationship. However, PPD among couples gives rise to chronic psychological distress, physical health issues, social support and relationship satisfaction reduction (Roberts et al., 2006; Don, & Mickelson, 2012). Therefore, assessment for psychosocial stress and provision of support for fathers from the early stage of pregnancy is important. This study also revealed that women can get and accept help, sleep when the baby is sleeping, maintain a healthy diet, take enough fluids for breastfeeding and engage in healthy exercise. When this is done, the health of the woman is improved after childbirth.

Discussion

Women are very vital for procreation and life continuity hence, their health before, during and after childbirth should be a nation's priority. Health which is a complete state of total well-being is important in any society. However, the health of women has largely been influenced by our traditional culture. This may not be far from our existing patriarchal nature which leads to diverse inequities against women. "It is not just what is done to women, but what is not done for them" (Okeke, et al., 2016). Maternal care utilization at all phases is important; the right healthcare service prevents or manages issues such as postpartum depression in women. Findings from the literature indicate that Nigeria's health sector is suffering from a crisis that affects maternal healthcare services. Issues such as pitiable health service delivery, bad attitudes of staff, the decline in medical expertise, inadequate equipment/infrastructure, and shortages of essential drugs affect the productivity of the health sector and even women's health in society (Igudia et al., 2019; Adeniyi, et al., 2021). In an earlier study, WHO (2013) opined that Nigeria has made very slow progress toward the 2015 MDG target to improve maternal health. Welcome (2011) also revealed that Nigerian health care has suffered several downfalls.

Literature has shown that PPD is often linked to hormonal changes that tend to trigger the symptoms of postpartum depression. Invariably, when a woman is

pregnant, levels of her hormones estrogen and progesterone are at the highest they will ever be. In a similar study, Seth et al., (2016) observed that women's mental health during the perinatal period is affected by many factors including genetic predisposition, history of mental illness and anxious temperament. The finding from this study has also revealed that PPD affects women. Sufferers of postpartum depression are vulnerable to emotional and physical forces that affect them. This could be the reason why Babatunde and Moreno-Leguizamon (2012) stated that PPD has profound effects on the quality of life, social functioning, and economic productivity of women and their families. Again, they noted that PPD hurts a child's development as most mothers with postpartum depression have difficulties caring for their children. They concluded that PPD leads to behavioural problems such as aggression, and hyperactivity and also results in maternal abuse and negligence of the child which could also have a long-term effect on the child's growth, development and attachment to the mother.

Also according to Takahashi and Tamakoshi (2014), most mothers with postpartum depression have difficulties caring for their children. They noted that those changes that occur as a result of motherhood affects a woman physiologically and psychologically and this, in turn, leads to PPD. Low mood, mood swings, loss of enjoyment, reduced energy and activity, marked functional impairment, reduced self-esteem and ideas or acts of self-harm or suicide were the identified symptoms of postpartum depression in this study. They also noted that risk factors such as unemployment, unplanned pregnancy, poor marital relationship, poor social support, lack of family support, previous history of depression, presence of depression during the antenatal period and maternal depression have been associated with paternal postpartum depression. In a similar study, Ko et al., (2017) identified PPD risk factors to be stress during pregnancy, lack of social support, previous and family history, preterm delivery and other complications of pregnancy.

In another study carried out in Kaduna, Mohammed-Durosinlorun, et al., (2020) revealed that poor health-seeking behaviour of women, especially for postnatal care, poses a risk of PPD and paternal depression may also occur. They stated that postpartum depression in fathers can increase suicide risk, poor parenting behaviours, parenting distress or inefficacy, and reduced parent-infant interaction. Congruently, the findings of Scarff (2019) and Eddy et al., (2019) support that of Mohammed-Durosinlorun, et al., (2020). Scarff (2019) in his study stated that postpartum depression is less understood in men. The study further revealed that the risk factors contributing to the development of PPD in men include a history of depression, marital discord, poverty, maternal depression and unintended pregnancy. Additionally, Eddy et al., (2019) in a qualitative study revealed that even though postpartum depression is common and well-studied in mothers, many fathers also experience symptoms.

The implication of this study for social work practice

Improving maternal well-being is a key priority on the Sustainable Development Goals agenda. After childbirth, a lot completely changes in the woman's life as she no longer cares for only herself but also the newborn and for a first-time mother this can be frustrating if the required help and steps are not observed. Social workers are the best for offering to counsel and screening against postpartum depression (Abrams & Curran, 2007). There is a need for the Nigerian government to introduce social work professionals to all sectors of the healthcare delivery system particularly in the primary healthcare sectors so they can provide multi-system level interventions. In doing this, women who go for their children's immunization and six-weeks postnatal visits can be properly attended to in a bid to prevent PPD. Even though there is no universally agreed-upon treatment approach for PPD, social workers can incorporate the What Am I Worried About (WAWA) workbook developed in Melbourne, Australia by Rowe and Fisher to provide a low-cost, accessible method for treating postpartum depression in women (Rowe et al., 2014). Again, since social work in Nigeria has no accrediting/licensing body to properly cross-check the activities of the profession (Okoye, 2013), there is a need to accelerate action and put this body in place to help monitor social workers who provide screening and counselling services to these women with PPD. Doing this will help in rendering institutionalized and professional services to women with PPD.

This review has also revealed the effects of childbirth on some men leading to postpartum depression in men. Therefore, social workers must strive to ensure that while women come for their check-ups after delivery the men should be encouraged to come along too for screening and counselling just as it is encouraged during antenatal visits. The assessment for psychosocial stress and provision of support for fathers and mothers from the early stage of pregnancy and after childbirth is important. Finally, policies previously developed to improve mental health in Nigeria such as the 1991 National Mental Health Policy, and the 2013 National Policy for Mental Health Services Delivery (Federal Ministry of Health, 2013) should be revisited and issues about PPD be restructured through the guidance of social workers to ensure proper implementation.

Conclusion

Why should women continue in denial? Why should postpartum depression which can be managed easily lead to the death of infants and mothers? Why should women lack proper maternal care due to manageable factors? These why's can be answered if women's health and care are properly attended to as no mother deserves to die in the process of childbirth. Government and international bodies are already setting up welfare schemes and programmes for women and their health but it is not enough. More attention has to be given as

it relates to the psychological well-being of women. The six-week post-natal visits must be taken seriously and counselling sessions included. Again, men and caregivers of women who have just given birth to a child/children should be counselled by social workers preferably on the need to use the right words and attention on the woman who just put to bed to enable her to enjoy the phase of motherhood.

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