Full Length Research

Puerperium experience and adjustment identified psychological variables

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The study investigated the puerperium experience and adjustment to marriage and sex of woman in Ado-Ekiti local government area of Ekiti State, Nigeria. Descriptive research design and correlational research design was used for the study. One hundred and fifty respondents was purposely selected for the study. A self designed instrument titled” Post partum experience of woman” (PEW) was used for gathering data. Sample multistage and purposive sampling technique was used to select the sample. Experts in Guidance and Counseling and human Kinetics Department of Ekiti State University ensured the validity of the instrument. A reliability coefficient of 0.65 was obtained using Pearson product moment correlation analysis. The final copies of the instrument were administered by the researchers and trained research assistants. The analysis of the data revealed that relationship existed between postpartum experience of mothers and marital relationship. It was also revealed that relationship existed between postpartum experience and sexual adjustment. Based on the findings it is recommended that newly married couples needs to be counseled about the expectation and challenges of child bearing. Couples should be orientated about various health and psychological needs of mothers undergoing post partum and that the task of childbearing is not only of mothers and that the birth of child will pose some challenges on adjustment patterns in marriages and sexual relationship. However the study will benefit intending mothers, teenage mothers, mothers, students, health care practitioners, married couple’s religious leaders and curriculum planners and health care institutions.

Key words: Postpartum, (puerperium) adjustment, pregnancy, traumatic experience and depression.

INTRODUCTION

The postpartum period or puerperium period refers to the period beginning immediately after the birth of a child and extending for about 6 to 8 week period after delivery during which the mothers body returns to its pregnant state. Many psychological changes occur in the mother during this time. Nursing care should focus on helping the mother and her family adjusts to these changes and on easing the transition to the parenting role.

Psychological changes

During puerperium adjustment to all the new changes, new roles the family will play, this may cause many different emotions. Postpartum blues occurs in some women in different degrees as a temporary depression lasting usually 1 to 2 weeks after birth and may be afraid to talk out their feelings with someone, family friend or health care provider. Different cultures have different rituals they follow after mother has the baby. It also involves the process of attachment that is the process of interaction and bounding between mother and baby.

Psychological adaptation

During postpartum mother typically undergo psychological adjustments. Rubin (1960) examined material adaptation to childbirth in the 1960s, he identified three phases that can help the nurse understand maternal behaviour after delivery.

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Rubin's stages of maternal psychological adaptation includes: -1- Taking in phase (dependent phase), first 3 days post partum. Focused on self not infant on her own needs for sleep and rest. Passive dependent; cannot make decisions; need to discuss labour experiences and sense of wonderment when looking at the neonate.

These researchers observed that the preponderance of marital depression divorce and friction in marriages must have resulted from depression encountered about resultant effect of puerperium or postpartum. It is disheartening that the baby the mother have been longing for brings about psycholopathological symptoms of anger, sadness and sleeplessness. All these appear to pose challenges on the coping resources and personality of the new mother.

Alsen (2005) reported that the most confused person of all is the husband. If post partum depression sets in after the birth of the child, it is difficult for both parents to negotiate the hazards of married life after child birth, as there is no normal template to follow form of previous birth. Ahrons and Alsen (2005) reported that it is possible that the partner is unable to satisfy those needs no matter how understanding and supportive the partner may be, the woman becomes angry with the partner and may withdraw completely. Many women opine that there is a problem and it always result to divorce.

In a new mother, she experiences insomnia. In fact, sleep is disrupted by repeated incessant state of adjustment and sleeplessness of the neonate and infant. Lee (2007) observed that hormonal factor play an arduous role. Immediately after childbirth levels of the productive hormones, estrogen and progesterone drop significantly. It is believed that these hormones modulate and moderate neurotransmitter systems in the brain responsible for sleep quality, this dramatic hormonal shift may cause significant disruptions in sleep. Beck (2001) observed that several studies indicated that post-partum woman with depressive symptoms experience poorer sleep quality, less total sleep time, longer sleep latency (longer time to fall asleep) less time, and more sleep disturbance than woman without depressive symptoms.

The significance of postpartum on adjustment to sex appears to be very rife. Resumption to coital activity seems to be difficult. Tiredness, insomnia and stress are commonly reported during the post-partum period (Trutnousky and Haas, 2006). The traditional postponement of sex for six weeks after delivery was based on fear of introducing infection through an open cervix and fear of harming vaginal and perennial sutures. Lewis (2006) argued that this standard did not consider individual variability of interest and physical comfort and the actual experience of patients. Sexual activity may generally be resumed when the vaginal cervix and uterus have healed as indicated by the cessation of Lochia. Lewis (2006) and Von Sydow (1999) reported that the first 6 to 8 weeks post-partum and during breastfeeding, the sexual arousability of mothers is psychologically reduced, the wall of the vaginal are thinner and orgasm is less intense. Alder (1989) observed that about half the men and women questioned eight month after childbirth in one British study described their sex life as poor or not very good, another study found that 70% of British woman were satisfied with their sex life during the postnatal period. Gokyildiz and Beji (2005) reported that six months after giving birth, one quarter of American women reported that they had lower sensation, satisfaction and ability to reach orgasm and 22% said that sex was painful, more than 80% of British woman experienced sexual problem three months after giving birth and nearly two thirds at six months compared to pre-pregnancy level. Adinna (1996) reported that 38% of Ugandan women who had resumed sex within six months of giving birth, nearly two thirds experienced vaginal pain and about a third have pains or bleeding. Robinson and Stewart (2001) explained that vagina dryness may occur following giving birth for about three months due to hormonal changes. Women who breastfeed are much more likely to report painful sex.

These researchers interacted with women undergoing puerperium in Ekiti State and it appears as if they are not alien to some of the symptoms of postpartum experienced in these dissimilar cultures.

The major focus of postpartum care is ensuring that the mother is healthy and capable of taking care of her newborn, equipped with all information she needs about breastfeeding, reproductive health and contraception and the imminent life adjustment. Some medical conditions may ensue in the postpartum period such as Sheehan’s syndrome and peripartum cardiomyopathy.

In some instances, this adjustment is not made easily and women may suffer from postpartum depression, posttraumatic stress disorder or even puerperal psychosis.

Pregnancy brings along with it many feelings, emotions and experiences many of it joyful, welcome and wonderful. This is the story and testimony that many pregnant woman all around may be able to tell. If a pregnant woman is struggling emotionally to get out of bed in the morning or she is experiencing a debilitating level of anxiety about her pregnancy due to a recent pregnancy loss, this pregnancy might not reflect one of the most thrilling times in your life.

Although there is more know today than in the past about postpartum – related mental illnesses, emotional and psychological impairments are not merely restricted to the post – delivery period of the pregnancy journey. Research has suggested that experiences of anxiety and mood impairments during pregnancy can increase a woman’s risk for experiencing postpartum – related depression after delivery. In addition, there are several other emotional or psychological issues that women may experience during pregnancy including:

i. Panic attacks
One may have experienced one or more of these issues prior to becoming pregnant. On the other hand, one might have been met by such issues for the first time during ones pregnancy. Regardless of the onset of these experiences, it is important that one seek help and treatment as soon as possible if ones present or current pregnancy and are suffering in silence. It is important that one seek help now for the safety of both the mother and the baby.

Emotional changes vary from woman to woman during postpartum period. It can range from less severe “tearing up” for a couple of weeks after the baby’s delivery to quite taxing, or even frightening, emotional outbursts and mood swings. There may even be experiences of psychosis (hallucinations or delusions) for some. Feelings of happiness and love for your newborn may be accompanied by feelings of helplessness, sadness and anxiety.

Some of the most common emotional challenges and mental health issues that arise during the post – partum period are:

i. The “baby blues”
ii. Postpartum depression
iii. Delivery – related anxiety, stress reactions and trauma
iv. Post partum psychosis.

**Postpartum depression**

Up to 70% of newly delivered mothers are affected by the baby blues within the first 10 days or so, of postpartum. Although these “on and off” crying spells, emotional mood swings, sadness, anxiety and restlessness may present as uncomfortable for new mothers who experience them, the baby blues should be clearly distinguished from diagnosable postpartum mood disorders. The baby blues typically ends within the first few weeks of the postpartum period. If your depressive or anxiety-related symptoms continue beyond this point are recognized as increasing in severity and are much more pronounced, one may be suffering from postpartum depression (PPD) which is a treatable disorder.

The following are the symptoms of postpartum depression:

i. Feeling depressed the majority of the day, almost every day of the week
ii. Noticeable loss of pleasure or interest in typically enjoyable activities (although you may be physically restricted from engaging in these activities due to recent childbirth)
iii. Significant weight gain or weight loss
iv. Extreme insomnia or sleeping all the time
v. Extreme fatigue or energy loss, most of the time.
vi. Inappropriate feelings of guilt or feelings or worthlessness

**Delivery – related Anxiety stress Reactions and Trauma**

Post partum depression is but one of several emotional and psychological issues that a woman may experience during the postpartum period. In addition to postpartum depression delivery related anxiety and stress reactions may be experienced by some women due to unexpected or traumatic situations during the delivery. Any given birth experience itself might also trigger the recollection and re-experiencing of past traumas (e.g. domestic abuse and rape) for a woman.

Given this, symptoms of obsessive compulsive disorder (OCD) and post traumatic stress disorder (PTSD) may be experienced during the postpartum period for some women. These postpartum experiences become impairments when the degree of anxiety experienced is beyond what might be considered a typical response to the delivery of a new baby (e.g. excessive worry about baby’s welfare feeding, sleeping patterns; excessive concerns about the ability to care for baby properly). For instance a new mother who is “on edge” all time, catastrophizes about very common issues characteristics during this period (e.g. baby gets a diaper rash or refuses to feed for a short while) may be experiencing symptoms of an anxiety disorder specifically a new mother who is experiencing unwelcome, persistent, and uncontrollable thoughts about herself or baby may be experiencing symptoms of OCD.

A new mother symptoms of OCD may include:

i. Obsessions (persistent thoughts or images that cause anxiety levels to rise; suppression of these symptoms)
ii. Compulsions (uncontrollable, repetitive behaviours like hand washing, ordering, checking things)
iii. An understanding that the obsessions and/or compulsions are unreasonable or excessive.
iv. Obsessions and/or compulsions that consume a great portion of the day

Traumatic experiences sometimes occur for mom during the birth of a baby. For some women, a delivery may not have occurred as planned. Perhaps that a month dream of delivery naturally was abruptly interrupted by an emergency C section. Perhaps an unexpected induction led to an early delivery due to birth complications. In addition to the potential element of surprise during any given delivery, there are also the planned events that take place which might also very well results in experiences of trauma for a woman (e.g. planned C section).
Some women in the postpartum period may experience the following symptoms of PTSD:

i. Intense fear, horror or feelings of helplessness in response to witnessed or experienced trauma

ii. Re-experiencing of the traumatic event through recurrent and distressing recollections (thoughts, images, perceptions and dreams)

iii. Acting and feeling like the trauma is occurring again (flashbacks, hallucinations, reliving the event)

iv. Extreme psychological distress or physical reaction when exposed to anything resembling the traumatic experience.

v. Continued avoidance of thoughts, feelings, activities, people, places related to the trauma

vi. Increase in arousal level (can’t fall asleep, irritability anger outbursts)

Postpartum psychosis

Even though uncommon, it is experienced by a new mother, she might be scared and confused. In the psychotic state, a woman experiencing postpartum psychosis requires immediate attention especially if her symptoms include thoughts of suicide or other harm to herself or baby. A new mother with postpartum psychosis may be experiencing the following symptoms:

i. Hallucinations (of hearing, sight, small, touch and so on)

ii. Delusions (false, bizarre beliefs, which rests on faulty premise)

iii. Drastic mood swings

iv. Disorganization of speech (incoherence)

v. Gross disorganization of behavior (disheveled or extremely inappropriate dress)

vi. Extreme restlessness

vii. Anger and agitation

Postpartum psychosis is a psychiatric emergency, if experienced one should seek professional help immediately. Women in the postpartum period are at a higher risk for experiencing the symptoms of mood and anxiety disorders such as depression and PTSD if they have past history of such experiences.

Marriage implores a great challenge on couples especially the woman the task of taking care of the home, work and husband is very arduous. The challenges of pregnancy sporadically increase the challenges of women. These changes in the dynamics of life are elastic and extend to child bearing and rearing. To become a nursing mother is what everybody prays or desire in life. Immediately after parturition mothers are bewildered with an array of social, economic psychological and emotional challenges. These impacts on the health status and psychological wellbeing of mothers

RESEARCH RATIONALE

The researchers observed that majority of women after childbirth or delivery experienced challenges to their marriage. They appear to have problem relating to their husbands and in-laws. They also appear to have problem enhancing adequate sexual satisfaction with their partners while battling with the euphoria of childbirth and upkeep of the family. The researchers observed that this could be accountable for challenges befalling the marriages in Nigeria. A lot of divorce marital or sexual dissatisfaction ravaging families in Yoruba land and Nigeria could be traceable to the challenges of postpartum. As a result of these, these researchers are interested in finding out whether relationship existed between postpartum experience marital relationship and sexual satisfaction.

METHODOLOGY

All mothers that have experienced child delivery and having their babies not more than 3 months after delivery were included in the study. The sample was 150 respondents selected using simple, multistage and purposive sampling techniques.

“Postpartum Experience of Women” (PEW) questionnaire which face, content and construct validities ensured was used for gathering data. The instrument’s validity and reliability was ensured using relevant experts in test and measurement and human kinetics. The reliability co-efficient of 0.05 was obtained and found significant at 0.65 level

Hypothesis 1

There is no significant relationship between postpartum experience and marital relationship.

Table 1 shows that r-cal (0.763) is greater than r-tab (0.195) at 0.05 level of significance. There is significant relationship between postpartum experiences of mothers have effect on their marital relationship.

Hypothesis 2

There is no significant relationship between postpartum experience and sexual adjustment.

Table 2 shows that r-cal (0.785) is greater than r-tab (0.195) at 0.05 level of significance. R-cal is greater than r-tab, the null hypothesis is rejected, hence there is significant relationship between postpartum experience and sexual adjustment.
Table 1. Pearson correlation of postpartum experience and marital relationship.

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<th>Tabl</th>
<th>Mean</th>
<th>SD</th>
<th>R cal</th>
<th>r-tab</th>
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<tbody>
<tr>
<td>Post partum experience</td>
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<td>51.6867</td>
<td>8.2303</td>
<td>0.763</td>
<td>0.195</td>
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<tr>
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Table 2. Pearson correlation of postpartum experience and sexual adjustment.

<table>
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<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>R cal</th>
<th>r-tab</th>
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<tbody>
<tr>
<td>Post partum experience</td>
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<td>51.6867</td>
<td>8.2303</td>
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<td>Sexual Adjustment</td>
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DISCUSSION

Significant relationship existed between the sample postpartum experience and marital relationship. The finding corroborates Robinson and Stewart (2001) finding that with the added burden of child care, the relationship between postpartum experience and sexual adjustment of Ekiti State Women. This finding also supports Van (1999) who reported that the first six to eight weeks after childbirth and during breastfeeding the sexual arousability of mothers physiological reduces as the wall of the vagina are thinner and orgasm is less intense. Also Robinson et al (1981) reported that vaginal dryness occur following giving birth for about three months due to hormonal changes and this will precipitate sexual dissatisfaction.

Significance of the study

The study could be of benefit to students, teachers, parents, curriculum planners, pregnant women, married couples, health care practitioners, professional counsellors, medical students and law enforcement agents. The stakeholders could learn and handle cases relating to post partum experiences in the society. Couples could learn and reduce the instability rocking marriages in the society. Pregnant women could know and understand their expectations after parturition.

REFERENCES


