

A Systematic Review of Psychosocial Interventions for Women with Postpartum Stress

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ABSTRACT

Objective: To analyze the effects of psychosocial interventions with the aim of reducing the intensity of stress in mothers during the postpartum period as compared with usual care.

Data Sources: Eligible studies were identified by searching MEDLINE, EMBASE, CINAHL, and ProQuest dissertations and theses.

Study Selection: Randomized controlled trials (RCTs) treating stress in postpartum mothers older than age 19 years were included. The suitability of the quality of articles was evaluated using Joanna Briggs Institute's Critical Appraisal Checklist for Experimental Studies. Fourteen articles met the inclusion criteria for data analysis.

Data Extraction: Authors, country, sample, setting, methods, time period, major content of the intervention, outcome measures, and salient findings were extracted and summarized in a data extraction form for further analysis and synthesis.

Data Synthesis: Standardized mean differences with 95% confidence intervals were calculated for 13 suitable articles using Cochrane Review Manager.

Results: Of 1,871 publications, 14 RCTs, conducted between 1994 and 2012, were evaluated in the systematic review and 13 studies were included in the meta-analysis. Studies were categorized into three major types by interventional methods. We found that psychosocial interventions in general (standard mean difference -1.66 , 95% confidence interval $[-2.74, -0.57]$, $p = .003$), and supportive stress management programs in particular (standard mean difference -0.59 , 95% confidence interval $[-0.94, -0.23]$, $p = .001$), were effective for women dealing with postpartum stress.

Conclusions: This review indicated that psychosocial interventions including supportive stress management programs are effective for reducing postpartum stress in women, so those interventions should become an essential part of maternity care.

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The postpartum period represents one of the most important transitional times in a woman's life. It is a time of biological, psychological, and social change that can contribute to personal enrichment, maturity, and happiness; at the same time it may also predispose a woman to psychological distress (Bener, Gerber, & Sheikh, 2012). After childbirth, women may experience a number of physical and psychological stressors. Physical stressors include perineal pain, backaches, urinary incontinence, hemorrhoids/constipation, fatigue/physical exhaustion, sleep difficulties, and breast problems. Psychological stressors include the pressure to return to prepregnancy weight, sexual changes, concerns about the maternal role, feeding the newborn, growth and develop-

ment of the newborn, unpredictable behaviors or sudden sickness of the newborn, relationships with partner and family, and the lack of social resources and support (Beck, Gable, Sakala, & Declercq, 2011; Cheng & Li, 2008; Hung, Lin, Stocker, & Yu, 2011).

Although various distress reactions, including sadness, depression, fear, anxiety, and helplessness are considered normal after childbirth, significant and prolonged postpartum stress is a major clinical concern (Lefkowitz, Baxt, & Evans, 2010). The actual prevalence rate of postpartum stress among women is unclear, but studies report that approximately 10% to 15% of postpartum women are affected by maternal mental health problems

Maternity care to support new mothers should be focused on maternal role adjustment and postpartum stress in a coordinated manner.

including depression, anxiety, and stress (Glavin & Leahy-Warren, 2013). Several thousand women are affected by this condition each year, thus the World Health Organization – The United Nations Fund for Population Activities (WHO-UNFPA; 2013) declared maternal mental health as a fundamental and important aspect in achieving the Millennium Development Goals.

Postpartum stress is defined as a constraining force, in other words, the condition of constriction or a distinct negative emotional state produced by postpartum stressors that occur within 6 weeks after delivery (Hung, 2001). Women in the postpartum period are vulnerable to stress because they have to face the new tasks associated with their maternal and familial roles as well as the tremendous changes to their minds and bodies (Zauderer, 2009). The maternal role must be learned; however, many new mothers find the adjustment to motherhood to be stressful due to all the changes in the family life and the new responsibilities. The stressors can have negative effects on the mother's health, the newborn's health, and the mother's relationship with her partner and extended family (Glasheen, Richardson, & Fabio, 2010; Meçe, 2013).

It is necessary to provide appropriate, effective, and evidence-based nursing intervention programs to reduce postpartum stress. By using effective interventions, nurses can work with new mothers to maintain and enhance the mother's physical and mental health, promote effective adaptation, enrich newborn health, and strengthen the relationships among family members. In recent years, clinical scholars have emphasized the importance of using postpartum-specific interventions to manage maternal mental health during the postpartum period, rather than using general maternal health care as a part of routine patient discharge instructions (Alderdice, McNeill, & Lynn, 2013; Bernard et al., 2011; Gamble & Creedy, 2009). However, to our knowledge, there is currently no available systematic review focused on postpartum stress interventions.

In this study, we selected and analyzed randomized controlled trials (RCTs) for reducing postpartum stress in the systematic review and

meta-analysis to identify the effectiveness of interventions. Using this method, our aim was to explore the effectiveness of psychosocial interventions in the reduction of stress intensity in mothers during the postpartum period. The specific research questions were:

1. What elements of psychosocial interventions have been applied to reduce postpartum stress?
2. Are psychosocial interventions to reduce postpartum stress more effective than usual care, such as routine hospital discharge care with general maternal and infant care instructions?

Methods

Inclusion Criteria

To select eligible studies for this review, Population, Intervention, Comparator, Outcomes, and types of Studies (PICOS) were first defined. Studies written in English and published between 1994 and 2012 were included if they met the following criteria: (a) population was primiparous or multiparous women at least age 19 years, during the postpartum period, (b) intervention included any form of psychosocial intervention to reduce postpartum stress in a variety of settings compared with any form of usual postpartum care, (c) stress was measured as one of the major outcome variables in relation to postpartum care, and (d) the study design was a RCT. Articles were excluded from the review if (a) the studies were reported only in abstract form; (b) the studies used a non-RCT design including cohort, case study, observational, and qualitative design; or (c) pharmacological stress treatment was a part of the intervention.

Search Strategy

We searched for articles through the MEDLINE, EMBASE, CINAHL, and ProQuest electronic databases. We did not limit the year of publication because we intended to conduct a comprehensive literature search. The first article that met the criteria was published in 1994, so the publication year of all selected studies was between 1994 and 2012. We searched the literature using various combinations of Medical Subject Headings (MeSH) terms and/or keywords covering the main search topic/area of psychosocial interventions for postpartum stress. MeSH terms or keywords included *mothers, stress, postpartum stress, maternal stress, childcare stress, parenting stress, perceived stress, mental health, psychological health, postpartum care, intervention, and clinical trial.*

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