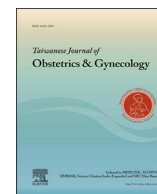




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Original Article

A study on postpartum symptoms and their related factors in Korea



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ABSTRACT

Objective: This study was aimed to identify the physical and mental state of women after delivery, to investigate the factors that influence those, and to examine the effects of postpartum care performance, which is traditionally believed to be appropriate care in Korea, on women's physical and mental status. **Materials and Methods:** A total of 148 women who visited our hospital for postpartum check-up on the 2nd week or 6th week after delivery were selected. We researched postpartum care methods using a questionnaire and had the women self-evaluate their postpartum symptoms. Depression was evaluated using the Beck Depression Inventory.

Results: The average points of the 27 postpartum symptoms was 2.70 points (from 1 = very good to 5 = very bad). Seventy-two women had depression. Factors related to postpartum symptoms and depression were smoking before pregnancy, low marital satisfaction, bad mood during and after pregnancy, lack of support from husbands, and bad quality of sleep during puerperium. Treating the joints of hands carefully when milking breasts, and avoiding squatting down, demonstrated a negative correlation with the average points of postpartum symptoms. Multivariate linear regression analysis showed that mood during puerperium and Beck Depression Inventory points were significant factors related to the average points of postpartum symptoms and that the degree of support from husbands and mood during pregnancy were statistically related with depression.

Conclusion: Many women complained of postpartum discomfort. Although, while some postpartum care methods which are traditionally believed to be appropriate care in Korea can be helpful to women's recovery, most of them are not. We confirmed that physical symptoms and depression are closely related to each other.

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Introduction

Lasting up to 6 weeks, the puerperium is the period after childbirth during which the female reproductive system recovers from pregnancy and returns to the prepregnant state [1]. During the puerperium, many women complain of symptoms such as fatigue, headache, breast pain, backaches, arthralgia, chills or sweating, loss of appetite, nausea, anxiety, and depression [2]. Some of these complaints are serious obstacles in daily life, and these symptoms can continue for months or even years after childbirth. However, most obstetricians treat women only during

pregnancy and consider the health of the fetus, devoting comparatively less interest to the physical and mental recovery of women after giving birth [3].

Traditionally, people in Korea, China, and other parts of East Asia consider postpartum care very important. For example, according to traditional Chinese customs, women should be confined to the home and assisted with tasks for 1 month after giving birth. This restricted postpartum care performance is referred to as “doing-the-month” [4]. This postpartum care performance, which comprises the activities in which women participate to recover from the physical and mental discomfort they endured at the time of delivery, helps them to return to their healthy nonpregnant condition. When postpartum care is not performed properly, Koreans believe that various symptoms of discomfort arise and can last for a lifetime [5]. However, few systematic studies have examined the symptoms women experience after childbirth or have assessed their prevalence, cause, pathophysiology, and prevention. Consequently, there

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is currently no scientific evidence supporting the need for postpartum care.

Therefore, we studied the physical and mental conditions of women after delivery to identify factors influencing their condition and to determine how traditional Korean postpartum care affects the physical and mental health of women after giving birth.

Materials and methods

Samples

One hundred and ninety-two women who gave birth after the 28th week of pregnancy and visited the outpatient clinic for a routine postpartum check-up on the 2nd week or 6th week in Kangwon National University Hospital, Chuncheon, Korea from August 2011 to July 2012 were selected. All of them agreed to participate in this study. The cases with multifetal gestation, fetal abnormality, maternal cardiovascular disease, endocrine disease before or during pregnancy, postpartum hemorrhage to the degree where blood transfusion was required, and puerperal infection that required antibiotic treatment for over 7 days were excluded. A total of 148 women with no underlying disease were finally selected.

Measurement

Characteristics of the study population

We researched sociodemographic characteristics with a questionnaire, and asked the patients to self-evaluate their marriage as well. Considering the Confucian cultural background of Korea, information on relationships with their parents-in-law were included. “Very dissatisfied” being 1 point and “very satisfied” was 5 points. Patients were asked about whether this pregnancy was planned, whether she attended work during the pregnancy period, whether she exercised or smoked, weight increase and mood, and the degree of support from their husbands during pregnancy. “Very dissatisfied” was 1 point and “very satisfied” was 5 points. About the puerperal period, place of postpartum care, person who helped with the postpartum care, feeding method (breast feeding or bottle feeding), intake of health foods, amount of dietary intakes, sleeping hours and quality, and returning to the household chores and work were researched. In addition, patients were asked to self-evaluate their mood and the degree of support from their husbands during the puerperium.

Self-evaluation of the recognition on postpartum care

Participants were asked to self-evaluate their awareness of postpartum care. “I do not know at all” was 1 point and “I know very well” was 5 points.

Evaluation by postpartum care givers

We developed evaluation questions on the basis of the postpartum care method that is being traditionally conducted in Korea, which presented in several studies by the College of Oriental Medicine in Busan, Korean and the College of Nursing in Busan, Korea [6–11]. The evaluation consists of a total of 15 questions, and was measured with a 5-point scale. “I did none of the time” was 1 point and “I did all the time” was 5 points. Also, based on the average points of each question the average points of postpartum care performance were calculated.

Self-evaluation on general health condition during the puerperium

At the time of filling out questionnaire, participants were asked to self-evaluate their health condition subjectively, and for the 5-point scale, 1 point being “completely recovered” and 5 points

being “not recovered at all,” the higher points signified bad health conditions.

Self-evaluation on postpartum symptoms

Based on postpartum symptoms complained by Koreans that was researched in America in 2005 and in Sweden in 2007 [3,12], and on studies presented by the College of Oriental Medicine of Korea [7–11], a total of 27 types of symptoms were selected and evaluated. The degree of seriousness of each symptom was evaluated into five stages, and the higher points signified bad health conditions. Also, based on the average points of each question the average points of postpartum symptoms were calculated.

Self-evaluation on the depression

The degree of depression was evaluated using a screening tool, the Beck Depression Inventory (BDI). This tool is composed of 21 questions of the self-reported type. Each question evaluates the seriousness and consists of 0–3 points and a total 4-point scale, with the higher points signifying the seriousness of postpartum depression. Higher total scores indicate more severe depressive symptoms. This test can be summarized in four stages; 0–9 points signifies a normal nondepressive condition, 10–15 points indicates mild depression, 16–23 indicates moderate depression, and 24–63 points indicates severe depression.

Statistical analyses

Data analysis and research of the validity of measurement tools for verifying the reliability of the model fit and exploratory factor analysis was conducted and Cronbach α coefficient of internal consistency coefficient was calculated. Comparison between the two groups used the Student *t* test and Chi-square test, and correlation coefficients were calculated to identify depression and postpartum symptom related factors. Multivariate analysis on the influencing factors on depression and postpartum symptoms was conducted, and multiple linear regression analysis was implemented to find out the degree of contribution of each factor. The statistical significance was set at $p < 0.05$. SPSS version 19.0 (SPSS Inc., Chicago, IL, USA) was used for the statistics process.

Results

Cronbach α for questions was 0.69

Sociodemographic characteristics

Fifty nine (39.9%) women were aged between 30 years and 34 years. They were all married. Ten women (6.8%) smoked before pregnancy. None had lower than a high school graduate. For the annual net income, 25–35 million won and 35–45 million won were the highest incomes (30.2% and 26.2%, respectively), and this was no different from the average annual net income per household of the year 2011 in South Korea. Most of them were satisfied with their marriage with an average of 4.38 points, and for satisfaction with their parents-in-law, they were mostly satisfied with an average of 3.96 points (Table 1).

Characteristics related to the pregnancy and delivery

Forty-five (30.4%) participants worked during pregnancy and 43 (29.1%) women stopped working or took a leave of absence from work. Thirty-five (24.0%) participants received education on the pregnancy and childbirth, and 37 (25.0%) women exercised during pregnancy. For the exercise type, the most common exercises were walking, relaxation, and exercise for natural birth, strolling, followed by yoga and cycling. There were no participants who smoked during the pregnancy. For mood during the pregnancy, it was

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