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Understanding and alleviating maternal postpartum distress: Perspectives from first-time mothers in Australia

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ABSTRACT

Background: Numerous factors have been shown to cause (or alleviate) maternal psychological distress in the early postpartum period, and a variety of interventions have been developed with the goal of preventing and/or managing such distress. However, only a few studies have explored new mothers' perspectives on the sources of their distress in the first six months' postpartum alongside the researchers' recommendations for interventions to address those sources.

Objectives: The aim of this work was to (a) identify factors associated with normative psychological distress in the first 6-months' postpartum by healthy Australian first-time mothers, and (b) outline practical methods—rooted in those factors—deemed to be effective for preventing maternal psychological distress.

Method: Semi-structured interviews with 32 first-time mothers and thematic content analysis.

Results: Factors associated with maternal psychological distress emerged in relation to cognitive, behavioural, baby, and social factors. Mothers also indicated that interventions targeting reductions in psychological distress should include education—for mothers and significant others—prior to the postpartum period. These interventions should be delivered by credible information sources (e.g. other mothers, child-health nurses) and should focus on confidence-enhancement and social support provision.

Conclusion: As well as reinforcing evidence regarding common postpartum stressors, this study revealed novel insight into issues associated with normative psychological distress for new mothers (e.g., self-compassion). Perhaps most significant was that mothers also identified a range of clear practical strategies for community-based intervention designs that target psychological distress. As a result, these findings provide guidelines for interventions aimed at reducing psychological distress in the early postpartum period for Australian mothers.

1. Introduction

New mothers find the early postpartum period challenging. Alongside significant physical and physiological changes, mothers are faced with a range of demands that include, but are not limited to, caring for their new baby, breastfeeding, managing familial relationships and friendships, and maintaining one's daily activities (Ajslev et al., 2010; Emmanuel and St John, 2010; Nemeroff, 2008; Thung and Norwitz, 2010). It is due in part to these demands that new mothers can experience psychological distress, which can be understood as a set of responses to the difficulties and challenges of motherhood that vary along a continuum (see e.g., Emmanuel and St John, 2010). Specifically, some mothers may experience relatively little psychological distress (i.e., may feel worry or concern, but navigate these concerns adaptively and adjust to parenthood successfully); others may experience moderate levels of psychological distress (i.e., feel overly troubled at times, but generally adapt and adjust successfully); and a small proportion of mothers may experience psychological distress to the point where they suffer from mental health problems such as postnatal depression and anxiety disorders (Fisher et al., 2002; Emmanuel and St John, 2010). Importantly, a rich body of literature has emerged to show that high levels of psychological distress can undermine maternal-infant bonding and infant development, as well as mothers' well-being, sensitivity, and sense of competence (e.g., Brand and Brennan, 2009; Hung, 2007; Kingston et al., 2012; McVeigh, 2000; O'Hara and McCabe, 2013).

Aside from studying the consequences of maternal psychological distress, researchers have also identified several factors that are commonly associated with (i.e., that may contribute to or protect against) such distress. In their review, for instance, Emmanuel and St John

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(2010) outlined a range of personal (e.g., mothers' age, parity, educational level) and inter-personal (e.g., social support, relationship with partner) issues that were commonly associated with maternal psychological distress. In addition, researchers investigating mothers' postpartum experiences have reported that mothers are concerned by a sense of loss and frustration, troublesome family relationships, baby management, and expectations of motherhood, and that these concerns often contribute to psychological distress (Edhborg et al., 2015; Highet et al., 2014; Bilszta et al., 2009). In sum, maternal distress in the early postpartum period has been shown to (a) disrupt mothers' well-being, functional ability, and interpersonal relationships and (b) be influenced by a range of personal and inter-personal factors.

As postpartum mental illness is likely due to an interaction of genetic vulnerability and adjustment difficulties, it may be possible to prevent the onset of postpartum mental illness if factors causing psychological distress are addressed. Perhaps not surprisingly, then, researchers have devoted sustained research effort toward the development of interventions designed to prevent or reduce maternal psychological distress. Broadly speaking, these interventions have often been focused on providing mothers education and/or postnatal support; education-focused programs have targeted maternal distress by providing knowledge and skills for alleviating postpartum challenges (e.g., Moshki et al., 2014; Osman et al., 2014; Shorey et al., 2015). In one investigation (Rowe and Fisher, 2010), education topics focused on the changes that occur in the relationship between mothers and their partners; information was provided to enhance mothers' abilities to settle their baby. Interventions focusing on postnatal support have often addressed maternal psychological distress through the provision of increased support for mothers in the form of visits and/or phone calls from health professionals (e.g., Brugha et al., 2011; Miller et al., 2014; Shorey et al., 2015). Extensive reviews of this literature are available elsewhere (e.g., Lavender et al., 2016). Although some intervention studies have shown significant (desired) results in terms of preventing or reducing maternal distress (Dennis, 2010; Shorey et al., 2015), the outcomes reported in other trials have been somewhat mixed (Miller et al., 2014; Morrell et al., 2000; Letourneau et al., 2011).

Determining reasons for the mixed success of intervention studies in this area is a complex undertaking. Nonetheless, a bottom-up approach, whereby mothers' opinions are solicited for effective intervention content, may be particularly useful to guide the development of effective programs; this method aligns with best-practice recommendations for the design of health interventions (see e.g., Bartholomew et al., 1998). This study's contention is that mothers who have experienced normative levels of distress (i.e., sub-clinical levels of distress in the low-to-moderate range of the distress continuum) may provide especially important perspectives on stressors and coping during the early postpartum period. By reflecting on these issues, they may also provide useful ideas for the development of community programs to target maternal distress. More specifically, by considering their own stressors and successful coping experiences, mothers who have navigated the early postpartum experience with normative levels of distress are likely to be well positioned to suggest program content for community-based efforts to reduce or prevent maternal distress. The present study aimed to (a) identify key factors associated with causing and reducing psychological distress for Australian mothers who had experienced normative levels of psychological distress in the first 6-months' postpartum, and (b) obtain ideas from the mothers for community-based interventions aimed at reducing distress during this time. An interpretivist approach (Lincoln et al., 2011) was utilised to explore the aims of the study. The interpretivist approach is based on the belief that multiple realities exist, can be explored, and are constructed through human interactions. In addition, from an interpretivist approach, knowledge is believed to be subjective and constructed socially. Therefore, the interpretivist approach supports the exploration and understanding of 'lived experiences' from the perspective of individuals within the activity or activity given context (Gratton and Jones, 2004; Schwandt, 2000). In order to develop this study in line with the tenets of the interpretivist approach, a qualitative design was adopted.

2. Method

2.1. Participants

Participants were 32 first-time mothers (M age = 31.2, SD = 3.1) with healthy singleton pregnancies and who were living with their partner. Participants were between six to eight months' postpartum when the interview was conducted, and they were the primary caregivers for their baby. Participants completed the Edinburgh Postnatal Depression Scale (EPDS), which is a tool used to assess risk of postnatal depression (Cox et al., 1987). All participants completed the EPDS at third trimester and every three weeks after their baby was born up to 6-months' postpartum. A score of 13 or more on this scale indicates high risk for postnatal depression. Participants in this sample covered the EPDS spectrum beneath the designation for clinical disorder, and the mean score from third trimester to 6-months' postpartum ranged from 3.5 to 7.7. Such scores indicate low risk for postnatal depression, but also shows that most participants were likely to have experienced at least some distress (albeit at different stages) during the study period. In terms of highest educational level, 31 participants had a diploma or higher, and one participant was a high school graduate.

2.2. Procedures

Ethical approval to conduct the study was granted by The University of Western Australia ethics review board. At the end of a separate longitudinal motherhood (i.e., survey-based) data collection, all participants from the larger study were invited to participate in this interview study. In the larger study, participants completed surveys at third trimester, followed by one survey every three weeks after the baby was born until six months' postpartum. The surveys measured their stress and depression symptoms and their maternal confidence. A subset of the participants in the larger study registered their interest and formed the sample described in this interview study. Having registered their interest, participants were provided with an information sheet outlining the requirements of the study and their participant rights before being asked to provide their informed consent. Participants were informed that (a) participation was voluntary, (b) their comments would be recorded but would be anonymised in any reports, (c) they could choose not to answer a question, and (d) they could withdraw from the study at any time. An interview appointment—at a time and place of the participant's choosing—was arranged once consent was given. Upon completion of the interview, participants were thanked for their time and given the opportunity to ask any questions that they might have about the study. Audio recordings were transcribed following the completion of each interview.

2.3. Interview guide

The lead author conducted all interviews. Prior to data collection, a semi-structured interview guide was developed by the research team and was used in all interviews. The interview guide consisted of two main sections. In the first section, participants were encouraged to discuss the factors that contributed to, or helped buffer against, their personal experiences of psychological distress (i.e., stress, anxiety, and depression) in the early postpartum period. Specifically, participants were asked to recall, using their own words (Creswell, 2009), the events, thoughts, and feelings that caused them any psychological distress (i.e., that made them feel stressed, anxious, and/or sad). They were also asked to recall any factors that had helped them to manage psychological distress (e.g., "could you describe, as best as you can recall, the things that caused you stress from the third trimester of pregnancy through to six months' postpartum?" and "what are some of