



# Analysis of the Role of Health Education in Preventing Postpartum Depression

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## Abstract

**Objective:** To explore the measures and contents of health education for puerperal depression, to help them improve the quality of life, better into the new life. **Methods:** 60 patients who received treatment in our hospital from June 2020 to December 2021 were selected and divided into 2 groups. The control group took routine nursing methods, and the experimental group strengthened health education. HAMD postpartum Depression Scale was used to compare the degree of depression between the two groups. Compare the two groups of patients to the degree of knowledge, etc. **Results:** The score of HAMD in the experimental group was higher than that in the control group, and the satisfaction degree of nursing in the experimental group was also higher than that in the control group ( $P < 0.05$ ). **Conclusion:** Health education for parturient women is helpful to prevent the occurrence of postpartum depression, reduce the degree of parturient depression, and improve the satisfaction degree of parturient women with nursing. It is worth popularizing and applying in practice.

## Keywords

Health education; Postpartum depression; Degree of depression; Degree of satisfaction

Postpartum depression is a mental illness that occurs in women after childbirth. It refers to the depressive symptoms that occur after childbirth. It is the most common type of puerperal mental syndrome. Generally, the first onset is within 6 weeks after delivery, and it manifests as depression, sadness, frustration, crying, irritability, anger, irritability, etc. Severe symptoms may cause mental disorders characterized by hallucinations or suicide. The occurrence of postpartum depression includes the influence of psychological and social adverse stress and adverse life events, such as marital discord and poor relationship with parents. The onset of postpartum depression is sometimes very hidden and often difficult to be discovered. When the symptoms reach a more serious level, the mother will often be blocked or diluted when seeking help, so that it develops to a more serious level and even requires hospitalization. Long-term postpartum depression causes patients to be depressed, cry frequently, and feel unhappy in a pessimistic state for a long time. It may also lead to a decline in work and learning ability. Patients with depression may also experience symptoms such as slow thinking, slow reaction, and memory loss. In severe cases, they may have thoughts of suicide and may even cause harm to the baby. Postpartum depression is a mental illness. Generally, mild postpartum depression can be recovered with the help of family and friends, but severe postpartum depression is likely to be life-threatening if not treated in time. With the intensification of social competition and the improvement of awareness of the disease, its incidence rate is also increasing year by year, seriously endangering the physical and mental health of mothers and infants. At present, it is not uncommon for mothers with postpartum depression to commit suicide. Since maternal depression is a non-psychotic depressive syndrome [1], it generally does not require drug treatment. Therefore, health education for mothers can effectively reduce the occurrence of postpartum depression. In view of this,

60 mothers who received treatment in our hospital from June 2020 to December 2021 were selected as the subjects. The following is the specific content of this study.

## 1. Materials and Methods

### 1.1 General information

A total of 60 patients who were treated in our hospital from June 2020 to December 2021 were randomly divided into a control group ( $n = 30$ ) and an experimental group ( $n = 30$ ). The average age of the patients in the control group was 24 to 58 years old, with an average age of  $(40.58 \pm 3.18)$  years old. The average age of the patients in the experimental group was 27 to 61 years old, with an average age of  $(42.67 \pm 3.52)$  years old. There was no statistically significant difference in age, delivery, etc. between the two groups ( $P > 0.05$ ), and they were comparable.

### 1.2 Methods

The control group received conventional nursing care, while the experimental group received health education on the basis of conventional nursing. The specific methods are as follows.

(1) Strengthen psychological health care during pregnancy. During pregnancy checkups, proactively explain physiological and health care knowledge during pregnancy, and provide patient guidance and consultation for questions raised by pregnant women to relieve their concerns. Establish schools for pregnant women and conduct health education. During pregnancy, provide health education for pregnant women and their families on pregnancy care, the delivery process, and postpartum care to understand the psychological characteristics of pregnant women and relieve their fear of childbirth.

(2) Pregnant women with a family history of mental illness should be closely observed regularly to avoid adverse stimulation and be given more care and guidance. The labor process and pain have a greater impact on postpartum depression, especially for women with long labor and high mental stress. More attention should be paid to women with high-risk factors such as adverse labor history, stillbirth, malformed fetus, and abnormal emotions during pregnancy. They should be given more care and psychological counseling as soon as possible.

(3) Adjust your mentality. After giving birth, every family member focuses on the child and often ignores the mother's mental health. While taking care of the child, the husband and family should also pay more attention to the mother's physical and mental health and communicate with her more.

(4) Exercise. After postpartum depression occurs, women should do more activities. Regular exercise can not only improve the mother's physical condition, but also allow the mother to vent her emotions better during the exercise, thereby alleviating postpartum depression. Mothers should do more light aerobic exercise.

(5) Adjust your sleep. The mother is physically very weak and needs to take care of the child, so she often suffers from insomnia, which can lead to neurasthenia and postpartum depression. Therefore, you should adjust your sleep and get enough and high-quality sleep every day. As long as your sleep is adjusted to a regular state, postpartum depression will gradually disappear.

(6) See a psychologist. Severe postpartum depression can affect the mother's life and may even lead to suicidal tendencies. In severe cases, the mother should see a psychologist promptly to prevent unexpected situations [2].

(7) Mothers should not only adjust their mentality, but also adjust their daily diet. They should eat more nutritious foods to improve their physical fitness and milk quality. Mothers must keep a calm mind and not be anxious or depressed when encountering any problems. They should communicate more with their families.

(8) Provide a quiet and comfortable environment after delivery. Appropriately limit the number of visits from relatives and friends, and try to concentrate nursing work to improve efficiency and allow the mother to have adequate rest. Provide easily digestible and nutritious food to help the mother recover her strength as soon as possible. Actively communicate with the mother, listen to her thoughts and feelings, give encouragement, help her acquire knowledge and skills of breastfeeding, explain to her that keeping a happy mood can promote milk secretion, teach the mother and family members general knowledge and skills of caring for the baby, and stimulate their positive psychological response. Provide key psychological care for mothers who have experienced abnormal pain during childbirth or have adverse pregnancy outcomes, pay attention to protective medical treatment, and avoid mental stimulation. Prenatal education should be carried out to educate the husband, parents-in-law, parents and other family members on mental health, communicate well with each other, create a warm family atmosphere, give the mother meticulous care, care about the mother's psychological feelings, and try to avoid sensitive issues that stimulate the mother's emotions.

(9) Music therapy is a method of treating depression. It regulates the nerves of the body and internal organs at the edge of the brain, and music can relax these brain nerves, thereby relieving the tension and psychological pressure of the mother [3].

(10) Focus shifting If you are facing serious unpleasant life events after childbirth, or even difficult problems that are difficult to solve, don't let your energy always focus on the unpleasant events. The more you think about unpleasant things, the worse your mood will be. The worse your mood is, the easier it is to get stuck in a dead end, and the more depressed you will be, falling into a vicious circle of emotions. Therefore, you should appropriately shift your attention, which is a method of shifting attention. Shifting your attention to pleasant things and paying attention to your own preferences is not only a shift in thought, but also a way to participate in activities within your ability.

### 1.3 Observation indicators

The HAMD postpartum depression scale was used for the two groups of women. The higher the score, the more severe the depression. The questionnaire of our hospital was used to compare the satisfaction of the women with nursing care. The mastery of health care related knowledge between the two groups of women was compared.

### 1.4 Statistical methods

SPSS 24.0 software was used to analyze and process the data. The measurement data were expressed as mean  $\pm$  standard deviation ( $\bar{x} \pm s$ ), and the independent sample t test was used for pairwise comparison; the enumeration data were expressed as n (%), and the inter-group comparison was performed by  $\chi^2$  test.  $P < 0.05$  was considered statistically significant.

## 2. Results

The HAMD scores of the experimental group before and after nursing were ( $27.68 \pm 2.18$ ) and ( $8.17 \pm 2.35$ ), respectively. The HAMD scores of the control group before and after nursing were ( $28.12 \pm 2.34$ ) and ( $16.72 \pm 2.51$ ), respectively.

The mastery of relevant knowledge by the experimental group was 96.66% (mastered 19, understood 10, and did not understand 1), while the mastery of relevant knowledge by the control group was 70.00% (mastered 8, understood 13, and did not understand 9).

In the last two groups, the satisfaction of the patients with nursing care was higher in the experimental group than in the control group, with a large difference, as shown in Table 1 below.

**Table 1. Maternal satisfaction with nursing care**

Group	Very satisfied	Satisfied	Dissatisfied	Overall satisfaction rate
Experimental group (n = 30)	24	5	1	96.66%
Control group (n = 30)	7	12	11	63.33%
$\chi^2$				5.437
$P$				< 0.05

## 3. Discussion

Postpartum depression refers to the obvious depressive symptoms or typical depressive episodes that women experience during the postpartum period. It is a postpartum mental syndrome, along with postpartum restlessness and postpartum psychosis. Postpartum depression can make mothers feel tired and weak all the time and unable to cheer up. Long-term care for the baby will distract the mother's energy, causing poor sleep and waking up easily. The mother's thinking becomes slow, she tends to be dazed and unwilling to communicate. She is always depressed. Long-term mental torture can lead to collapse. The mother will feel unprecedented loneliness and see no hope in life, which will lead to extreme thinking and obsessive thinking. According to statistics, the incidence of postpartum depression in China is between 11.38% and 13.5%, and about 10 million mothers suffer from postpartum depression every year. This causes serious mental distress to the mother and a serious decline in her quality of life [4].

Precautions for postpartum depression include regular work and rest habits and diet. It is best not to stay up late for a long time or think about unhappy things after giving birth, so as not to increase psychological pressure and aggravate depression. Postpartum depression may be caused by changes in hormone levels in the body, which may cause low mood and decreased appetite. In severe cases, it may cause irritability and anxiety. It is best not to let the child breastfeed during medication. After taking the medicine, it will be secreted with breast milk. After the baby absorbs it, it may affect the digestive system and cause abdominal distension and diarrhea. Raise awareness. Every woman should realize that pregnancy, childbirth and postpartum are normal physiological processes for women. If pregnant, you should understand the knowledge about pregnancy and conduct corresponding prenatal examinations and consultations. You should be in a good mood during pregnancy. Mothers who are anxious during pregnancy have a higher rate of postpartum depression. The husband and family have the responsibility to provide care and help in life, reduce mental stimulation, and thus reduce or alleviate the occurrence of postpartum depression. Let the mother have a harmonious and warm family environment after giving birth, and ensure adequate nutrition and sleep. The husband and family should give necessary care and compensation to the wife for the pain she endures during childbirth [5]. Based on this survey, it can be seen that promoting health education for mothers and their families is very helpful for mothers to maintain a healthy mentality and actively face postpartum life.

In summary, health education for patients can help prevent the occurrence of postpartum depression, reduce the degree of depression in patients, and improve their satisfaction with nursing care. It is worth promoting and applying in practice.

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