BRAIN. Broad Research in Artificial Intelligence and Neuroscience
ISSN: 2068-0473 | e-ISSN: 2067-3957
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2023, Volume 14, Issue 3, pages: 76–91 | https://doi.org/10.18662/brain/14.3/462

The Impact of Postpartum Depression on Socio-professional Integration

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Abstract: The modern woman nowadays is subjected to more and more challenges. Whether it is due to her work, her appearance or her marital status, she must always show that she is coping in the most efficient way. This constant measurement and confrontation of the performance achieved in a certain field leads to the perception of otherwise normal, physiological actions as stressful. The mother who raises her child wants to face the multiple challenges, even when she is being subjected to pressures from the family, her own requirements, values and beliefs and at the same time from the micro group she belongs to or from society. That's why her slip into depression is extremely easy. The support she might receive from family, friends, professionals can save her from further complications such as deepening depression, job loss, long-term loss of self-esteem, child neglect and child abuse, the transition to a suicidal act in a moment of imbalance or the transition to alcohol misuse, sometimes witnessed by the child. Identifying factors involved in the onset and maintenance of postpartum depression can help prevent it and provide early intervention within vulnerable families with the aim of making women stronger and children healthier and happier. Postpartum depression is a fairly common phenomenon in the female population, the cumulative forms giving a percentage of 31%, of which minor forms occupy 19% and moderate and severe forms 12%. Among the factors that have an important influence we list: a weaker support of the mother by her support group, problems related to the mother's low self-esteem, the more difficult temperament of the child who can be more agitated and disrupts the mother's sleep-wake rhythm, but also the existence of other previous episodes of postpartum depression of the mother and the number of previous births.

Keywords: *Postpartum Depression, Maternity, Child, Postpartum Psychosis, Causative Factor.*

How to cite: Stan, B.C., Marina, V., Ciubara, A., Elkan, E-M., Alexandru, O-C. (2023). The impact of Postpartum Depression on socio-professional integration. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience, 14*(3), 76–91. https://doi.org/10.18662/brain/14.3/462

1. Introduction

Motherhood is much more difficult in these times. It is influenced by social isolation and/or ambiguity, insecurity, lack of prospects, the lack of finality of taken actions. Some specialists appreciate that postpartum depression follows 20-40 days after childbirth. They also attribute distinguishing features to postpartum depression, different than those of the other types of depression experienced by women at various stages of their existence.

Postpartum depression of fathers is known to exist, especially when fathers have to take over mothers' duties when they return to work. Percentages of affected fathers vary in prevalence between 1,2-25,5% (Kim & Swain, 2007). There are also situations in which the mother loses the fetus from advanced pregnancy or immediately postpartum, within a month of birth. The crushing of hopes related to the birth and survival of a healthy child leads to a mixture of experiences, emotions and feelings that reflect the perception of a biological failure, a void related to hope for the future as well as the feeling of having failed in front of others. This process associated with perinatal mourning can last between 1-3 years, the frequency of this phenomenon of perinatal loss of the child occurring in 1/150 births and in 39% of these mothers the subsequent sex life with their partner was altered, (Hutti, 2005).

Early-onset pregnancy-related depression is seen more often in unmarried mothers, and late-onset postpartum depression is more common among women who have already experienced another episode of postpartum depression in a previous pregnancy (Stowe et al. 2005). A problem for postnatal depression is the low detection rate of this condition, the actual percentage being below 50%, this fact leads to a significant delay in the initiation of specific treatment (Yonkers et al. 2001). The characteristics of postnatal depression can best be assessed using the Edinburgh Postnatal Depression Scale which was formulated by Cox in 1986. A serious problem not covered by this survey is the mother's sleep deprivation due to the obligations of housework and motherhood. Another important aspect that the survey cannot cover is the child's health, which has an important influence on the mother (Gair, 1999). Postpartum psychosis is distinguished from postnatal depression by a series of characteristics: it begins much faster (48 hours after birth), it leads to a rapid change in affectivity and it is accompanied by hallucinations and delirium, most of which fall under the spectrum of bipolar disorders. However, the woman is not completely protected from new psychotic episodes throughout her life, and these cases call for urgent hospitalization and care (Robertson, 2004).

2. Material and Methods

The aim of this study was to analyze the impact of family and social life on the mother who recently gave birth by highlighting and analyzing the habitat of the mother and child and the level of economic support, as well as highlighting the level of family support. We will also analyze the way of forming the connection between the roles of family members, the impact between self-satisfaction at work and the well-being felt by the woman, the degree of sleep quality, the connection between the perceived difficulty of childbirth and the woman's social role.

We developed a survey called the Socio-familial Insertion Scale of the mother after birth (SISMB) which we applied to 30 mothers who gave birth recently, but who did not receive any psychiatric medication. The questionnaire includes 24 questions, regarding age, environment, weight, family structure and family relationships, family income, job satisfaction, difficulties related to childbirth, health status of the child and family members, sleep quality and attitude towards the maternal role. The collected data was statistically processed using the Excel program, ensuring the confidentiality norms imposed by current research standards.

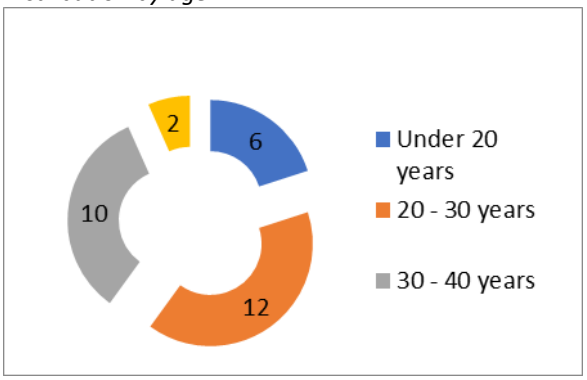
3.Results

The questions of the form were answered by our 30 test subjects, and after processing the answers, numerous conclusions were drawn.

In the analyzed group, it was observed that for the age item, the distribution is predominantly at the level of 20-30 years old, as reflected by the statistics of births in Romania. Out of 30 respondents, 12mothers are 20-30 years old, 10 mothers are between 30-40 years old, 6 mothers are younger than 20 years old and 2 mothers are 40-50 years old. **(Figure 1)**

Figure 1

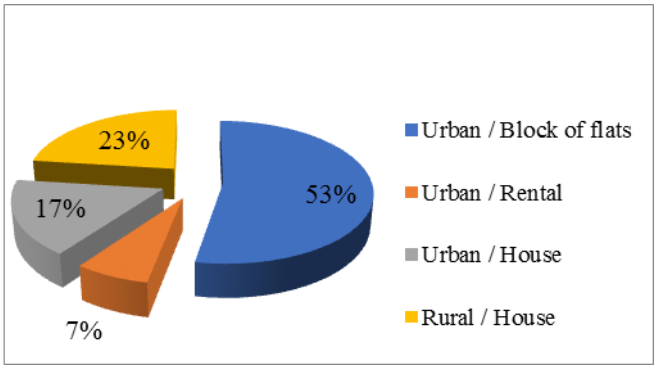
Distribution by age



Author's own conception

The following diagram brings to our attention the unequal distribution of mothers who live in the urban environment (in an apartment, house or rent) compared to those who live in the countryside. Those who live in the urban environment feel more comfortable and safer knowing that they have easy access to paediatric specific health facilities, as well as to preschool education facilities, aspects that would allow them to reintegrate into the workforce earlier. Thus, 53% live in the urban-block environment, 7% live in the urban rental environment, 17% in the urban house environment and 23% in rural areas, at home. **(Figure 2)**

Figure 2
Distribution of living environment



Author's own conception

Most of the mothers included in this study group enjoy increased housing comfort, only two of them live with rent. At the same time, most mothers report a satisfactory living space, only 8 of them declaring that 3 people live in a one-room house. **(Table 1)**

Table1 *Housing conditions*

No. Rooms	N° Cases
>2 rooms, 3 people	**9**
>2 rooms, > people	**5**
1 room, 3 people	**8**
2 rooms, 3 people	**6**
Rental	**2**

Author's own conception

Among the 30 mothers, 12 of them weigh between 60-70 kg, 8 between 40-60 kg, 8 between 70-80 kg and only 2 between 80-90 kg, weight being an important factor of mental and physical mothers' health, the overweight

woman feeling less attractive in her own or her partner's eyes, worrying that she looks fat and no longer able or having time to exercise as she would like. **(Table 2)**

Table2 *The influence of weight on the mother*

WEIGHT	N° CASES
40 – 60 Kg	8
60 – 70 Kg	12
70 – 80 Kg	8
80 – 90 Kg	2

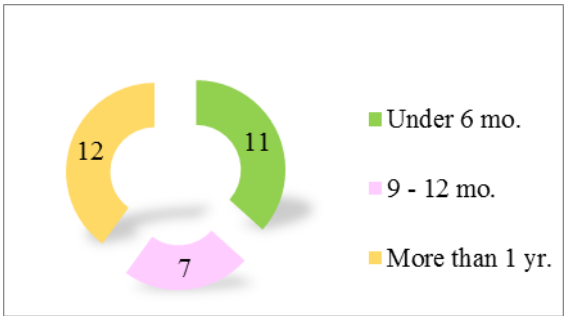
Author's own conception

Both rural and urban living mothers have almost the same perception about the moment of birth, as the conditions in the city and those in the village are in some situations very similar, although in some areas and communities social, educational and medical services inequities still persist.

The phenomenon of teenage mothers and very young mothers, under the age of 20, is still present and can only be limited by health education policies for young people from all social backgrounds, both in the city and in the countryside. Although the degree of employment is increasing, the burden on mothers is becoming greater and greater with tasks that they are already struggling to fulfil.

Among the mothers included in the present study group, 11 of them gave birth less than 6 months ago, 7 of them have a child aged between 9-12 months and 12 of them became mothers more than a year ago. **(Figure 3)**

Figure 3
Child age

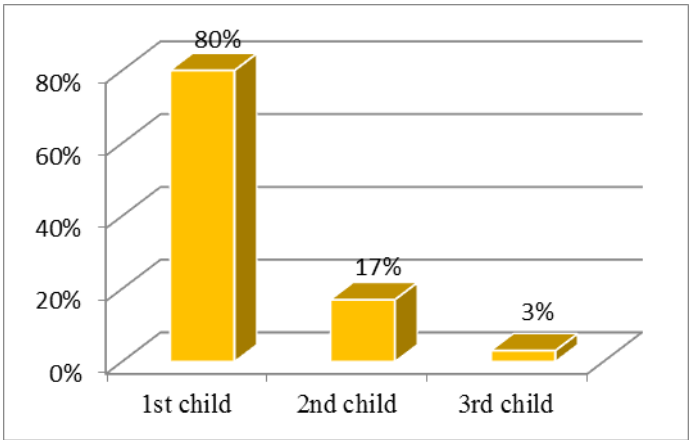


Author's own conception

80% of them are mothers for the first time, 17% for the second time and only 3% for the third time. Most of the mothers interviewed are mothers for the first time when they encounter the greatest difficulties, although the difficulties may persist regardless of the number of children born. **(Graphic1)**

Graphic1

Number of children



Author's own conception

Although mothers do not want to appear to be a burden to those around them, by choosing not to talk about their problems and not actively seek help, however, more than half of those included in the study group receive help from their husband, mother, girlfriend or nanny. **(Table3)**

Table3 *The person from whom the mother receives help*.

The Person who offers help	N° cases
No one	2
Husband	15
Mother	11
Friends	2
Nanny	1
Other	3

Author's own conception

Although maternal depression coexists with sleep disorders, eating disorders, socio-professional integration difficulties, most mothers have a supportive extended family environment. **(Table4)**

Table 4 *Mothers' relationship with extended family members*

Family member	Relationship	N° cases
Husband	Good	7
	Very good	6
	Excellent	16
	Bad	1
Parents in law	Good	5
	Very good	5
	Excellent	14
	Bad	6
Parents	Good	3
	Very good	10
	Excellent	17
	Bad	0

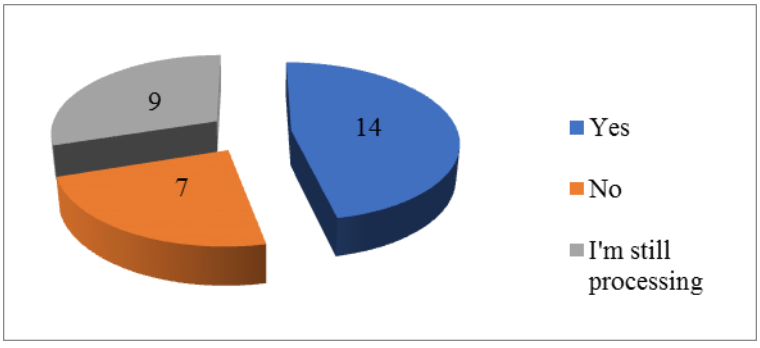
Author's own conception

Postnatal depression is a manifestation of psychological suffering and conflict. Birth is not always the main cause for these, but they all manifest from this point on. The symptoms of these disorders substantially affect the mother's quality of life, her interactions with the baby, the baby's emotional state.

Many women can imagine and assimilate the parental role since childhood. A number of questions go through the mind of every woman who wants to become a mother at some point. To assume the role of a parent is an extremely important and very difficult decision to make, needing to go through a small reflection process before taking this step. **(Figure 4)**

Figure 4

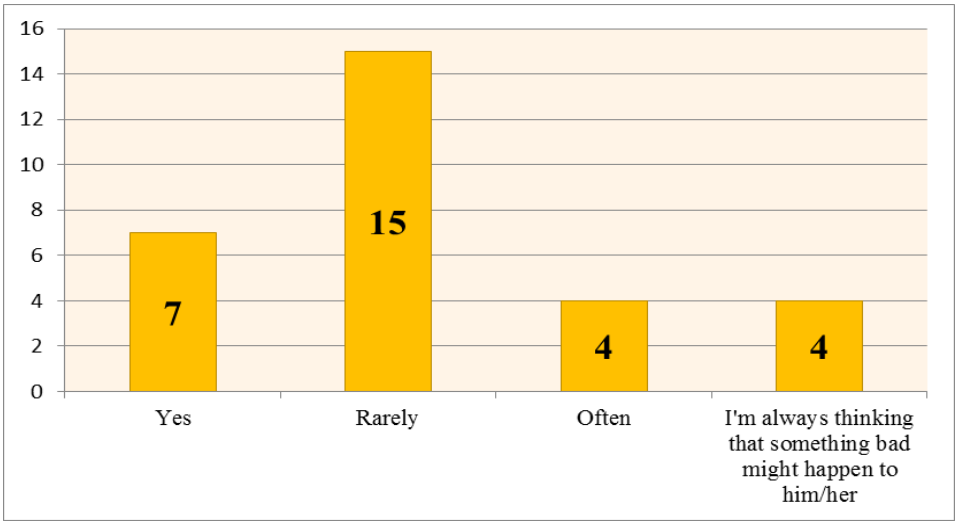
Accepting the role of becoming a parent



Author's own conception

Through the major change of status and role after birth, the responsibility for a new life leads to a series of emotional changes, crowned by a multitude of fears related to microbes, of one's own ineptitude, of the future, of unforeseen events that could put in danger the life of the child or her own. Half of the mothers interviewed admit that they have negative thoughts about their child. **(Graphic 2)**

Graphic2 *Frequency of feelings of fear reported by mothers*



Author's own conception

Out of the total of 30 mothers surveyed, 24of them stated that they have a healthy child, 3 of them have a child with eating disorders and 3 mothers with neurological disorders. Mothers in particular, but sometimes also fathers, feel responsible for the child's illness, taking the blame for the cause of the illness or the evolution of the problem. **(Table5)**

Table 5 *Children disorders*

The child's condition	Percentage
Healthy child	80%
Eating disorders	10%
Neurological disorder	10%

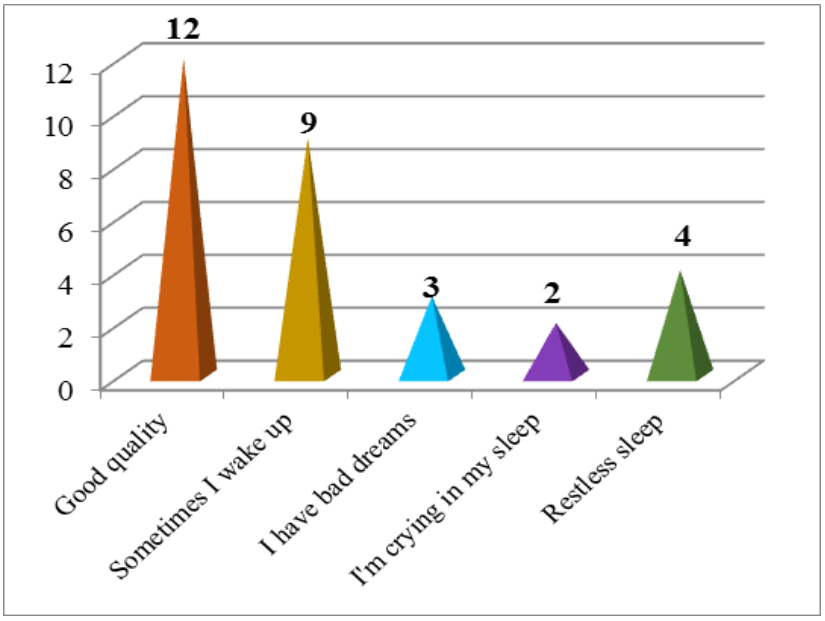
Author's own conception

Among the 30 mothers included in the study, a percentage of 57% of them offer the child one or more meals per night, or they are being hyper protective and feed the child continuously thinking that in this way they

calm him down, or they are mothers who have the courage to offer the child a peaceful sleep. Mothers take their children to the conjugal bed thinking that this way they will have more peace, but on the contrary the child will manipulate the parents from the infant period, spoiling their normal biorhythm and disrupting the meal and sleep schedule.

Among the mothers included in the study, only 12 of them report a good quality of sleep. The rest are so stressed by their new motherly role that the quality of their sleep is disturbed. **(Graphic 3)**

Graphic 3 *Sleep quality*



Author's own conception

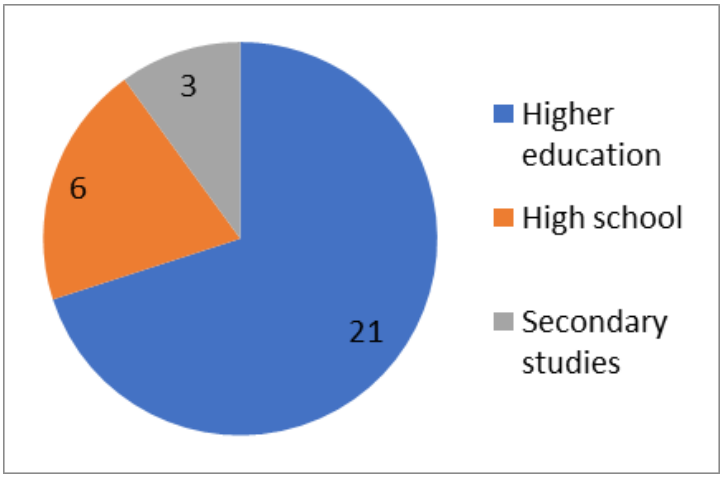
Most people who will indeed develop milder or even more severe depressive symptoms consciously state that the pregnancy, respectively the resulting child, was wanted. In our country, women are becoming more and more educated, with the exception of the segment of teenage mothers who still require interventions regarding the level of education necessary to help them make a decision regarding the decision to keep a pregnancy.

Analyzing the following diagram, we notice that the percentage of mothers with higher education is quite high (21 of them are university or even doctoral graduates).

Only 6 of the respondents are high school graduates and 3 of them only from secondary school. Women pay more attention to studies and building a career, although there is a high percentage of women with little and very little schooling. On the other hand, illiteracy is not completely eradicated either, mothers with a poorer education have a lower insertion rate in the labor market and in case of abuse or pathology they will suffer because they cannot get out of the "situation". That is why the fact that even in rural areas we have mothers who are not necessarily depressed in the true sense of the word, but dissatisfied women and mothers who are sometimes in an inertia of decision and the fear of looking in the mirror at their own lives, is perfectly correlated. **(Figure5)**

Figure 5

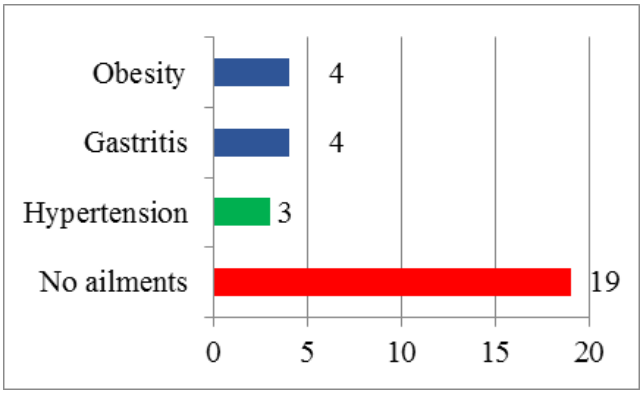
Graduate level



Author's own conception

Including in the questionnaire a question about the possible diseases of their life partners, 19 of the respondents indicated to us that their husbands do not have any kind of ailments, but 11 of them confirmed to us that they have a known pathology: high blood pressure (O'Hara and Swain 1996), gastritis, obesity (Udangiu et al. 2010), bringing more stress to the life of the new mother and through possible depressive symptoms of fathers. A study published in The Lancet Psychiatry showed that the impact of paternal depressive symptoms is independent of the impact of maternal depressive symptomatology, which emphasizes the importance of the mental health of both parents for the health of their child. **(Graphic 4)**

Graphic 4 *Comorbidities of life partners*



Author's own conception

The results of our questionnaires show that 20% of mothers cry often and very often, which is not always a measure of despair. On the contrary, they feel the need to express themselves. The psychiatric connotation given to crying can sometimes be unfair, but it can also have emotional expressions that are sometimes justified (e.g.: the mother could not pay her bills, the husband being away on a delegation, she will cry feeling overwhelmed by tasks, the child will also become agitated and will perpetuate the mother's condition). Even if mothers have taken maternity leave, they can still feel overwhelmed, develop sleep disorders and later post-partum depression. When a woman cries, she is not necessarily asking for attention and compassion, she may only be crying because she is confused and does not know how to ask for help.

Considering that human psychology presents an increased complexity, it is recommended that the mother receive adequate psychological support. There are specific things that can help the mother to unload such as the support offered by those around and those close to the mother, specialized articles or books that she can read, discussions that she can have with people she trusts. However, the most important and appropriate help comes in the form of psychological counselling or individual and/or group psychotherapy.

4. Discussions

The current model reveals the difficulties faced by mothers, and demonstrates that at a subclinical level, sleep disorders or the eventual lack of preparation for the role of mother are overlooked or omitted in the anamnesis during gynaecology or general medicine services. In general,

mothers prefer to consult a psychologist, preferring to avoid seeking the services of a psychiatrist.

Births in Romania are distributed across the entire age range, but slowly the age at which the first child is born is increasing in our country, a phenomenon that can be explained by the increase in the education level of the mother, but also by the difficulties of young people in obtaining a stable income and own home. Related to the residence, in the rural environment there is the possibility of having enough space and peace, something difficult to obtain for the children who live in the block, their parents being terrorized by the possibility of having neighbours who call the police when they are annoyed far too easily of the baby's wails. That's why mothers in urban homes are very stressed by their crying child, sometimes they can't focus on the child's acute needs for the simple reason that the stress of waking up the neighbours or sometimes disturbing those in the house is too great.

In the traditional Romanian family, grandparents are still called upon, and mothers frustratingly perceive their eventual absence. Only in extreme cases will they resort to nannies, when all methods of changing shifts with the husband or grandparents have been exhausted. When mothers also have support from their husbands, the relationship with their own parents and with the rest of the extended family members is better.

The child's ailments require the mother and the entire family both material resources and the readjustment of the entire schedule according to the child's needs, and the mother relearns to establish a different rhythm of expectations and a different type of hopes from the child. They can develop depression, being overwhelmed by the thought that they never do enough for their child, that they are not attentive enough to the child, that maybe if they had behaved differently the child would not have had to experience a certain problem.

The feeling of failure as a mother, the disappointment with herself, the feeling of despair in front of a small being who seems to want to consume her completely, the desire to run away from this situation, the guilt of having such feelings, the exhaustion, the inability to face not only the needs of the baby, but often also the needs of others around, and certainly not being able to fulfil one's own needs leads to the installation of the depressive state.

5. Conclusions

Maternal weight does not significantly influence well-being or the perception of discomfort after childbirth. Mothers from rural areas and those from urban areas have almost the same perception about the moment of birth, since the conditions in the city and the village in some situations are very similar.

The phenomenon of teenage and very young mothers under 20 is still present and can only be mitigated by health education policies for young people from all social backgrounds, both in the city and in the countryside.

The phenomenon of increasing maternal employment leads to an increasing burden on mothers with the tasks they are trying to cope with.

Although maternal depression coexists with sleep disorders, eating disorders, socio-professional integration difficulties, most mothers have a supportive extended family environment. Most parents who will develop milder or even more severe depressive symptoms want their children, and the choice to become a parent is completely conscious. In our country, women are increasingly educated, only the segment of teenage mothers still requires interventions to reduce this phenomenon over time through education.

Postnatal depression is a manifestation of psychological suffering and conflict. Birth is not always the main cause for these, but they all manifest from this point on. The symptoms of these disorders substantially affect the quality of life of the mother, her interactions with the baby, the emotional state of the baby. Given the human psychological complexity it is recommended that, beyond the support of those around the mother, beyond the articles or books she can read, beyond the discussions that can help the mother to unload, it is important that she receives support adequate psychological support in the form of psychological counselling or individual or group psychotherapy.

Data Sharing Statement: Informed consent was obtained from all subjects involved in the study.

Ethics Approval and Consent to Participate: The study was conducted in accordance with the Declaration of Helsinki and the protocol was approved by the Ethics Committee of Pediatric Hospital, Galati, Romania. (Project identification code : 13306/ 06.09.2021).

Consent to Publish: Written informed consent has been obtained from respondents to publish this paper.

Author Contributions : All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas ; took part in drafting, revising or critically reviewing the article ; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work. All authors have read and agreed to the published version of the manuscript. B.C.S - wrote original and draft preparation V.M- wrote the article and corresponding author; E.M.E.- investigation and visualization; M.A-methodology ; O.C.A. data curation and formal analysis; A.C. -review

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Disclosure : The authors declare that there it is no conflict of interest regarding the publication of this article.

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