

# Husbands' Knowledge and Attitudes Regarding Postpartum Depression; Summary of Literature Review

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**Abstract:** Postpartum depression (PPD) is considered as a major public health problem affecting mothers and their babies after birth. Review aim: this review aims to explore previous researches related to PPD and to identify the Knowledge and attitudes toward PPD among the husbands and to identify the research gaps. Method: in this review, researcher used online free databases to research prior research studies and documents related to the topic.

**Keywords:** Attitude, Husband's Support, Knowledge, Postpartum Depression.

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## 1. INTRODUCTION

Giving birth to a new baby is usually a pleasurable and satisfactory experience; but some mothers experience some emotional difficulties, and postpartum period is one of the challenging transition periods for mothers. Postpartum Depression (PPD) is considered as a major public health problem affecting mothers and their babies after birth. The incidence of depression can be twice higher than other periods of a woman's life (Alshikh Ahmad et al., 2021). It affects about 13% of new mothers worldwide (Shorey et al., 2018). This review aims to explore previous researches related to PPD and to identify the Knowledge and attitudes toward PPD among the husbands and to identify the research gaps. To find relevant studies, Literature exploration was carried out using different electronic data bases including the Pub Med, Cumulative Index Nursing and Allied Health Literature (CINAHL), Medical Literature on Line (Medline), The Excerpt Medical Data base (EMBASE) and Google Scholar.

## 2. MOOD DISORDER AFTER CHILDBIRTH

Many types of affective disorders occur in the postpartum period. These disorders are commonly classified based on the severity of the symptoms as postpartum or baby blues (mild), PPD, and postpartum psychosis (most extreme). Regardless of the degree of severity, all types need early recognition and treatment to ensure a positive outcome for the mother and baby (Davidson et al., 2019a; Ricci et al., 2021).

### 2.1. Postpartum Blues

Postpartum blues are transient emotional disturbances beginning in the first week after childbirth and are characterized by anxiety, irritability, insomnia, crying, loss of appetite, and sadness (Ricci et al., 2021). These symptoms typically begin 3 to 4 days after childbirth and resolve by day 10 (Callahan & Caughey, 2018).

Postpartum blues requires no formal treatment other than support and reassurance because it does not usually interfere with the woman's ability to function and care for her infant. Further evaluation is necessary, however, if symptoms persist more than 2 weeks (Ricci et al., 2021).

## 2.2. Postpartum Depression

PPD is defined as a depressive episode of moderate to severe intensity beginning four weeks after delivery and extending up to 12 months following childbirth (Beck, 2002c). Approximately 50% of all women suffering from PPD have episodes lasting 6 months. In the Middle East, a systemic review by Alshikh et al. (2021) showed that the PPD prevalence is 27%. PPD is not self-limiting and is more difficult to treat than mild depression. Unlike women with postpartum blues, women with PPD feel worse over time, and changes in mood and behavior do not go away on their own. PPD may be mild, moderate, or severe, with symptoms becoming more numerous and intense as the severity increases (Callahan & Caughey, 2018).

## 2.3. Postpartum Psychosis

At the severe end of the continuum of postpartum emotional disorders is postpartum psychosis, which occurs in one or two women per 1,000 births (Ricci et al., 2021). Symptoms include delusions, hallucinations, and insomnia. And an obsessive woman with a child can experience sharp changes in mood (Swami et al., 2020). It is estimated that 1 in 10 women who have given birth from depression to irritability and euphoria are at risk for her PPD.

## 3. RISK FACTORS OF PPD

Physical/biological factors that can lead to PPD are a history of depression, obesity, and hormonal changes. Psychological factors that can increase the risk of PPD are low self-esteem, adaptability, and lack of parental knowledge. A lack of support from the husband and from the family can also cause emotional and social stress. The risks of PPD-related pregnancy and birth include obstetric complications; a history of birth with caesarean section (C-section); unplanned pregnancy; and newborn factors such as sickness, formula feeding, and gender of baby to the baby. Low income and socioeconomic status are associated with increased risk for PPD (Alshikh Ahmad et al., 2021; Ayoub et al., 2020; Zhao & Zhang, 2020).

## 4. EFFECT OF PPD ON THE MOTHER AND THE BABY

There are many negative consequences that could be happened related to PPD including unstable and disruption in the relationship with her husband and family, the bond with her infant, attachment, and child developmental outcomes through the life (Slomian et al., 2019). It is observed that most of depressive women refuse to provide care to their infant and even to breastfeed them which affecting the health of the infant because they are unable to take care of themselves and provide adequate care to the infant (Yadav et al., 2020). Most depressive women are susceptible to future episodes of depression (Yadav et al., 2020). In the depressive psychosis phase, women can have suicidal thoughts or thoughts about harming themselves and their infants (Ricci et al., 2021).

## 5. HUSBANDS SUPPORT

Husband is considered as a partner for the woman who plays a vital role in his wife health during pregnancy, labor and after delivery. Participating of husband needs to be recognized and addressed by the healthcare providers because it can help to manage the woman's condition during postpartum depression and can involve in health education because of the potential benefits to maternal and child health outcomes (Rosa et al., 2021).

## 6. KNOWLEDGE AND ATTITUDES OF HUSBANDS TOWARD PPD

Most postpartum women develop depression while staying at home. Husbands and female relatives play an important role in identifying PPD and supporting postpartum mothers and in providing care to them during this critical period (Poreddi et al., 2020). The causes of PPD need to be recognized. According to a cross-sectional survey Juntaruksa et al. (2017) conducted to explore knowledge and attitudes among 400 postpartum women's husbands and female relatives regarding PPD, husbands and female relatives had a good level of knowledge and had positive attitudes toward PPD but still there is some misconceptions and wrong beliefs towards PPD. The result of a cross sectional approach study conducted by Branquinho et al, (2019) among 621 Portuguese to determine the Portuguese general population's knowledge and attitudes about postpartum depression. The result found a significant relationship between a good level of knowledge and positive attitudes about postpartum depression and lower levels of knowledge and more negative attitudes about postpartum depression were found in men and older and less educated people.

## 7. CONCLUSION

Knowledge and attitudes about women's postpartum depression are essential for keeping health care providers aware of their needs. The related literature did not show enough evidence of good knowledge and attitudes level regarding PPD among the husbands. This could be related to lack of related studies. Husbands play important role in detecting the symptoms of PPD and helping to provide necessary support that significantly improves the mother's recovery process and her overall well-being.

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