



Assess the perceived stress among postnatal mothers at a selected Hospital, Chennai.

DR.S KALABARATHI¹, MRS.J.JAGADEESWARI², DR.P MANGALA GOWRI³

Dr.S KalaBarathi¹, Mrs..J.Jagadeeswari², Dr.P Mangala Gowri³

¹Professor, ³Principal, Saveetha College of Nursing, SIMATS
Thandalam, Chennai 602105

¹ kalabarathi.scon@saveetha.com

³ principalnursing@saveetha.com

² MSc (Nursing) II Year, Saveetha College of Nursing, SIMATS
Thandalam, Chennai 602105

j.jagadeeswari@gmail.com

ABSTRACT-Purpose: To assess the level of perceived stress among postnatal mothers and to associate the level of perceived stress among postnatal mothers with the selected demographic variables. **Methods:** A Descriptive study was conducted to assess the level of perceived stress among postnatal mothers at Saveetha Medical College Hospital. The population consisted of postnatal mothers who have delivered both by vaginal and caesarean section within 6 weeks of postnatal period. The samples were selected by non-probability convenient sampling technique. Data was collected after obtaining the consent from the postnatal mothers. Structured interview method was used to collect the demographical variables and level of stress was assessed by perceived stress scale. The data was analyzed by descriptive statistics. **Results:** The study findings depicts that 46(77%) had mild stress, 12(20%) had moderate stress and 2(3%) had severe stress and there was statistically significant association with level of perceived stress among postnatal mothers with type of family and parity at $p<0.05$ level. **Conclusion:** The study findings shows that there is a statistically significant association with level of perceived stress among postnatal mothers in type of family and parity at $p<0.05$ level and the other demographic variables among postnatal mothers. Hence the perceived stress is commonly found in postnatal mothers.

Keywords

Perceived stress and Postnatal Mother.

I.INTRODUCTION

Postpartum is the period following childbirth and lasts for approximately 6 weeks during which the body changes into the pre-pregnant state. Postpartum stress is defined as a constraining force produced by postpartum stressors (Hung 2001). These are described as conditions of change demand or structural constraints that are occurring or existing within 6 weeks of delivery.

Postnatal period is the period with increased vulnerability to psychiatric illness, if the mother fails to adopt positive coping strategies. Postpartum period is associated with intense physical and emotional changes leading to anxiety and mood disturbances. There are three degrees of postpartum mood disorders, i.e., "baby blues," postpartum depression (PPD), and postpartum psychosis. Postpartum blues, otherwise "baby blues," are comparatively milder in nature and are the most common one, where postpartum psychosis is the most severe one. In addition

to general stress, women commonly experience postpartum stress. In post natal period women are more vulnerable to depression affecting about 10 to 20% of mothers during the first year after delivery. However, only 50% of women with the prominent symptom are diagnosed. Postpartum depression may directly affect a woman's capacity in unhealthy environment for psychological and social development.

Hung (2007) showed that primiparous mothers experience higher levels of stress, compared with the multiparous ones. In this regard, social support is considered one of the most effective factors, and plays an important role in the mental health of the mothers. Hung's study indicated that multiparas mothers receive less social support than their primiparas' counterparts, which could be associated with their previous experience of delivery and pregnancy-related issues. These mothers, due to having a child (or children), face new changes in their lives. Studies show that women are dissatisfied with the support they receive from their spouses, during and after pregnancy.

Patil (2014) conducted a descriptive study to assess the level of stress and coping strategies among 40 postnatal mothers at Karad, India. The results showed that 70% of mothers had moderate stress and 30% had severe stress.

Every woman feels that becoming a mother is the most gifted position, a woman could ever achieve at life time. Child birth is a universally celebrated event, an occasion for dancing, fireworks flowers and gifts. Child birth is being a joyous event, at the same time it is a time of pain fear and stress. Stress is a part of human life, and we are never completely free from stress. Stress in one area can lead to stress in another. Many things in our life can be stressful, such as period of development, marriage, child birth etc.

Labour, as a life event, is characterized by tremendous psychological changes that require major behavioural adjustment in a short period of time. Consequently, the labour process constitutes a unique set of "Stressors" that challenges a woman's ability to cope. Labour stress may also contribute to depression, concern regarding children, concerns about parenting capacities, negative interpretation of pregnancy experiences and decreased confidence. Researchers found that, certain variables can influence labour stress, such as nulliparity, low level of formal

Demographic Variables	Study Group	
	No.	%
Age in years		
20 – 25	20	33
26 – 30	34	57
31 – 35	6	10
Educational status		
No formal education	-	-
Primary school education	12	20
Higher secondary education	30	50
Graduate (UG & PG)	18	30
Occupational status		
Employed	10	17
Unemployed	50	83
Type of family		
Nuclear family	36	60
Joint family	24	40
Duration after marriage(years)		
1 – 3	30	50
4 – 6	8	13
7 – 10	16	27
>10	6	10
Planned pregnancy		
Yes	38	63
No	22	37
Mode of delivery		
Normal delivery	26	43
Caesarean section	34	57
Parity		
1	24	40
2	30	50
3	6	10
Post natal period(week)		
<1	38	63
1-3	12	20
4-6	10	17
Sex of the baby		
Male	26	43
Female	34	57
Health condition of the baby		
Healthy	50	83
Unhealthy	10	17

education, absence of antenatal education and unexpected pregnancy. Thus it reveals that all women in labour experience stress.

Blasio and Inio (2002) investigate the symptoms of postpartum stress in Italy. Among 36 mothers, the findings showed that 22.2% of the women showed post-traumatic stress symptoms both after delivery and 18 months later. Moreover, 16.7% of women showed post-traumatic stress symptoms only after delivery.

Most of the women do not identify and seek medical attention for this condition. This leads to an increasing alarm to investigate the perceived stress among postnatal mothers. Only

few studies have been conducted to identify the perceived stress in Tamil Nadu so the researcher has taken a step ahead to identify and investigate perceived stress among postnatal women.

II.MATERIALS AND METHODS

A Descriptive study was conducted to assess the level of perceived stress among postnatal mothers at Saveetha Medical College Hospital. The population consisted of postnatal mothers who have delivered both by vaginal and caesarean section within 6 weeks of postnatal period. Sample size was 60 postnatal mothers who met the inclusion criteria. The samples were selected by non-probability convenient sampling technique. Data was collected after obtaining the consent from the postnatal mothers. Structured interview method was used to collect the demographical variables and level of stress was assessed by perceived stress scale. The data was analysed by descriptive statistics.

III.RESULTS

Data collected was organized and analyzed using Descriptive and Inferential statistics based on the objective of the study.

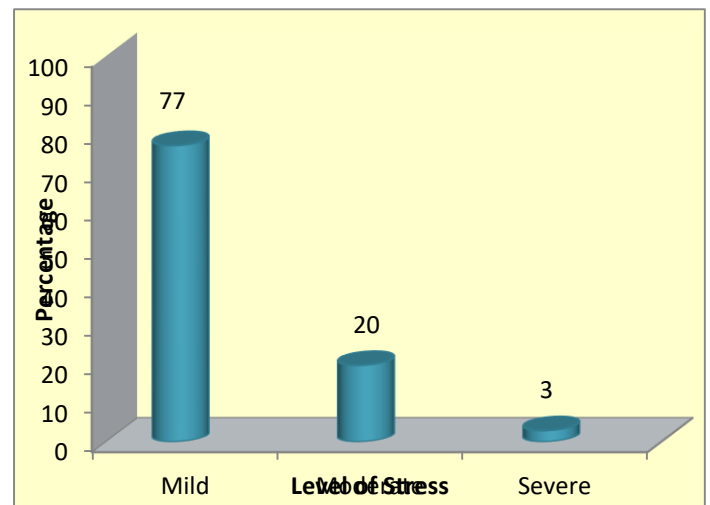
SECTION A

Table 1: Frequency and percentage distribution of demographic variables of postnatal mothers. N=60

Table 1 portrays that in the study group majority 34(57%) belongs to the age group of 26-30 years and 30(50%) had primary school education and most of them are 30(83%) unemployed, belongs to 36(60%) nuclear family,30(50%) had duration of marriage life between 1-3 years,38(63%) had panned pregnancy,34(57%) had caesarean section ,30(50%) were in second parity,38(63%) belong to < 1 week of postnatal period,34(57%) had female child and 50(83%) had healthy babies.

SECTION B

Figure 1: Frequency and percentage distribution of level of perceived stress of postnatal mothers.



The above figure portrays that 46(77%) had mild stress, 12(20%) had moderate stress and 2(3%) had severe stress.

SECTION C

Table 2: Mean and Standard Deviation of perceived stress among postnatal mothers. N=60

Variable	Minimum	Maximum	Mean	S.D
Stress	5.0	29.0	12.03	4.32

Table 2 shows that the mean score of perceived stress among postnatal mothers was 12.03 ± 4.32 with minimum score of 5.0 and maximum score of 29.0.

Table 3 :Association of level of perceived stress among postnatal mothers with selected demographic variables. N=60

*p<0.05, S – Significant

The above table 3 shows that the demographic variables type of family and parity had shown statistically significant association with level of perceived stress among postnatal mothers at p<0.05 level and the other demographic variables had not shown statistically significant association with level of perceived stress among postnatal mothers.

IV.DISCUSSION

Child birth is being a joyous event, at the same time it is a time of pain fear and stress. Stress is a part of human life, and we are never completely free from stress. Stress in one area can lead to stress in another. Many things in our life can be stressful, such as period of development, marriage, child birth etc.Labour, as a life event, is characterized by tremendous psychological changes that require major behavioural adjustment in a short period of time. Consequently, the labour process constitutes a unique set of “Stressors” that challenges a woman’s ability to cope.

The present study findings portrays that 46(77%) had mild stress, 12(20%) had moderate stress and 2(3%) had severe stress. This study is supported by Matheh R,Philip A, Sreejamol M G (2017)determines a study to assess the perceived postpartum stress and coping strategies among postnatal mothers at AIMS, Kochi .Among the 100 participants, 63% of the postnatal mothers had mild stress, 33% had moderate stress, and only 4% had severe stress. Majority of the mothers were used problem-focused engagement as a coping strategy.

Postnatal period is the period with increased vulnerability to psychiatric illness, if the mother fails to adopt positive coping strategies. Postpartum period is associated with intense physical and emotional changes leading to anxiety and mood disturbances. The researcher has done a study at Saveetha Medical College Hospital Thandalam Chennai with 60 samples; the samples were selected by convenient sampling technique. After the samples were selected informed consent was obtained from each sample and after the general instructions the investigator collected the demographic data by structured questionnaire method. The investigators assessed the level of perceived stress by using perceived stress scale 10 among

postpartum mothers. The study results in regard to association shows that the demographic variables type of family and parity had shown statistically significant association with level of perceived stress among postnatal mothers at p<0.05 level and the other demographic variables had not shown statistically significant association with level of perceived stress among postnatal mothers. Thus the present study was an attempt to address important issues related to perceived stress among postpartum mothers. Hence it is evident that perceived stress is common depending on individual stressors. More extensive studies are required to be encouraged to be done in this aspect.

The present study is supported by Abushaikah, Lubna, Sheil, Eileen(2016)determines a study to assess the experience fears in association with pregnancy and childbirth in Western Finland among 329.78% of 329 women expressed fear relating to child birth, the child’s and mother’s wellbeing. The cause of fears were, negative mood, alarming informations, child related

Demographic Variables	Mild Stress		Moderate Stress		Severe Stress		Chi-Square Value
	No.	%	No.	%	No.	%	
Type of family							$\chi^2=8.050$ d.f=2 p = 0.018 S*
Nuclear family	17	56.7	1	3.3	0	0	
Joint family	6	20.0	5	16.7	1	3.3	
Parity							$\chi^2=9.815$ d.f=4 p = 0.044 S*
1	9	30.0	3	10.0	0	0	
2	12	40.0	3	10.0	0	0	
3	2	6.7	0	0	1	3.3	

problems, multiparas and negative experience of previous pregnancy and child birth. Fears were manifested as symptoms of stress, effect on everyday life, and wish to have a caesarean section or to avoid pregnancy and child birth.

V.CONCLUSION

The study findings shows that there is a statistically significant association with level of perceived stress among postnatal mothers in type of family and parity at p<0.05 level and the other demographic variables among postnatal mothers. Hence the perceived stress is commonly found in postnatal mothers

VI. RECOMMENDATIONS

The study can be done on a large number of samples.

VII.ACKNOWLEDGEMENT

The authors are grateful to the authorities of Saveetha College of Nursing and Saveetha Medical College Hospital

VIII.CONFLICT OF INTEREST

The author declares no conflict of interest.

BIBLIOGRAPHY

BOOK REFERENCE:

[1].Diane Fraser. (2008). *Myles Textbook for Midwives*: New Delhi: Elsevier Publications.



[2].Dutta D C. (2004).*Text book of Obstetrics*: Calcutta, New Central Book Agency (P) LTD.
[3].Kimberly HP, Sonawalla MP. (2002). *Women's health and Psychiatry*: Philadelphia, Williams & Wilkins Publishers.
[4].Lowdermilk & Perry. (2004). *Maternity Nursing*: New Delhi, Elsevier publisher.
[5].Murray and McKinney.(2000).*Foundations of Maternal-Newborn and Women's Health Nursing*: New Delhi, Saunders publishers.
[6].Stuart WG, LaraciaTM. (2006).*Principles and practice of Psychiatric Nursing*: New Delhi, Mosby publishers.

JOURNAL REFERENCE:

[7].Abushaikah, Lubna, Sheil, Eileen P. (2016).*Labour stress and nursing support: how to do they relate?* Journal of international Women's studies.
[8].Elsanti, Devita,,Sumarmi. (2016).*The Effect of Stress and Social Support among Postpartum Women*. GSTF. Journal of Nursing and Health Care (JNHC).vol.3(2).

[9].Hung CH. (2004).*Measuring postpartum stress: Methodological issues in nursing research*. Journal Advanced Nursing. 50(4):417-418.
[10].Jolly J et al. (2013). *Subsequent obstetric performance related to primary mode of delivery*. British Journal of Obstetrics and Gynaecology, 199 (3), 227-32.
[11].PatilS. (2014). *Level of stress and coping strategies seen among parents of neonates*. International Journal Science Research .3(4):579-85.
[12].Ryding E L KlaasWijma. (2014).*Experience of Emergency Caesarean section*. Obstetrics and Gynecology.25 (4):246 – 51.
[13].Salari P NazariS. (2013).*A comparative postpartum of stress and stressors of Appearance, behaviour and care of neonate in the primiparity and multiparity in first and second month after delivery*. JPEN. 4 (2):17-24.
[14].Tusi MH, Pang MW, Melender HL, XOL, Lau TK. (2014).*Maternal fear associated with pregnancy and child birth in Hong Kong Chinese Women*. Women Health.44 (4):79-92.