Postpartum health of working mothers: A prospective study

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Abstract

Introduction: Most working women experience poor physical and mental health during their postpartum period. This prospective study aimed to describe the physical and mental health issues faced by working mothers during their postpartum period.

Methods: Respondents were recruited using the proportional sampling method among mothers who attended the Maternal and Child Health Clinic in the Kuching division in Sarawak, Malaysia. Face-to-face interview was conducted using a questionnaire that consisted of items on socio-demographic data as well as perinatal, prenatal and postpartum factors, and the Edinburgh Postnatal Depression Scale and a checklist of 28 specific postpartum symptoms were used during the first 6 weeks and after 12 weeks of childbirth.

Results: A total of 281 respondents participated in this study. Fatigue (42.7%), back or neck pain (36.3%), breast discomfort (16.4%), dizziness (13.5%) and nipple irritation (11.0%) were among the most common symptoms experienced by the mothers during the first 6 weeks after childbirth. Fatigue (1.73±1.96 vs 0.16±0.42; P<0.0005). A significant decrease was also found in the depression scores (6.26±4.26 vs 1.35±1.85, P<0.0005).

Conclusion: The prevalence of postnatal depression was higher during the first 6 weeks of postpartum than after 12 weeks of childbirth. Screening and treatment of poor postpartum mental health among working women are essential owing to the impacts on occupational outcomes.

Introduction

Since most working women resume to the workforce within their initial year of postpartum, a concern rises as women are more likely to develop depressive symptoms during the first year of childbirth than during any other time of their life.1 The growing participation of women in the labour force has forced employers to start looking after the psychological well-being of working mothers since mental health problems can be costly to employers in terms of higher absenteeism rates, lower productivity and profits and increased costs of medical treatment. Although postpartum issues by definition refer to mother-related issues after the birth of the baby up to 6 weeks (42 days),2 maternal health conditions can occur beyond the time stipulated. Thus, some studies have recommended that the postpartum period should cover both the physical and mental recovery beyond the 6-week duration.3 This is supported by the report by Woolhouse et al.4 that poor physical health during the early postpartum period was associated with poorer mental health throughout the first 12 months of postpartum.

After childbirth, some women will undergo stages of rapid changes that affect their physical health, ranging from medical conditions, such as postpartum haemorrhage, uterine inversion, amniotic fluid embolism and eclampsia, to haemodynamic, genitourinary, metabolism and emotional problems after delivery up to 2–6 weeks of postpartum.5 Restoration of the muscle tone, connective tissues and even the genitourinary system to the pre-pregnant state will take a longer time, thus making recovery from childbirth challenging.5

The physical health problems experienced by some women during the first 6 weeks of postpartum may lead to episodes of depression6 and vice versa, as depression may lead to or exacerbate the delay in recovery from physical health problems owing to certain factors, including delays in help-seeking, incompliance to treatment and poor behaviour towards health.7 Thus, it is vital to recognise physical health problems earlier so that effective measures can be taken to address them and consequently improve the mental well-being of childbearing mothers. Therefore, this study

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