Women’s experience of postpartum depression

A descriptive literature review

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Abstract

Background: Postpartum depression is one of the diseases that afflict many women. Therefore, it is necessary to study the experience of postpartum depression and to identify and intervene early. Obstetric nurses have a responsibility to educate and support women with postpartum depression.

Aim: The aim was to describe women’s experience of postpartum depression.

Methods: This paper uses the research method of literature review. The CINAHL database was used for retrieval, and a total of 10 articles that fit the research purpose were finally selected.

Results: The experience of postpartum depression into three themes: emotion, relation and behavior. There were major negative emotions such as worry and anxiety, violent behavior, failure to breastfeed, and lack of support.

Conclusion: Mothers' own physiological factors, lack of social support and economic pressure could lead to postpartum depression. The author divided women's experience of postpartum depression into three aspects: emotion, behavior and relationship. According to the results of this study, nurses should judge the psychological status of pregnant women from the emotional and behavioral aspects, screen high-risk pregnant women with the Edinburgh Depression Scale, and intervened with depressed pregnant women, such as providing psychological support and knowledge education.

Key words: Postpartum depression; Experiences; Interview;
摘要

背景：产后抑郁症是困扰许多妇女的疾病之一。因此，有必要对产后抑郁症的经验进行研究，及早发现和干预。产科护士有责任教育和支持患有产后抑郁症的妇女。

目的：描述产妇产后抑郁症的临床表现。

方法：采用文献研究法。使用 CINAHL 数据库进行检索，最终筛选出符合研究目的的 10 篇文章。

结果：本文将产后抑郁症的经验分为三个主题：情绪、关系和行为。主要的有消极情绪，如担心和焦虑，暴力行为，不能母乳喂养，以及缺乏支持。

结论：母亲自身的生理因素、缺乏社会支持和经济压力可能导致产后抑郁症。作者将女性产后抑郁症的经历分为三个方面：情绪、行为和关系。根据研究结果，护士应从情感和行为两个方面判断孕妇的心理状况，对高危产妇用爱丁堡抑郁量表筛选，并对抑郁孕妇进行干预，如提供心理支持和知识教育。

关键词：产后抑郁症；经验；采访；
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1. Introduction

Giving birth and having a child was a common situation in every family. Every mother was a great one, but they sometimes had difficulties during pregnancy and childbirth. During this time, women might experience many physical and psychological symptoms. The role of women as mothers counted a great deal, and this involved feeding babies, education and so on. For some women it might be the first time to be a mother. So during this period, there would be a lot of challenges. And the basis of giving birth and having a new baby were a kind of emotional experiences, and many women are prone to psychological problems (Coates, Ayers, Visser 2014). Postpartum depression was a mental condition of women. At present, postpartum depression was increasingly becoming a risk factor affecting maternal physical and mental health (Robertson, Grace, Wallington, Stewart, 2004). This research might help reduce the incidence of postpartum depression and offer some measures.

1.1 Postpartum depression definition

Postpartum depression (PPD) was a mental disorder that occurs between the time of birth and the end of one year after birth (Landsman et al., 2016). About 19 percent of women experience mild or severe depression in the first three months after childbirth (Ikeda1, Hayashi, Kamibeppu, 2015). The exact cause of postpartum depression was not known, but most researchers believed that postpartum depression was a biological, psychological, and social problem (Anida, 2011). Based on the above definitions, the authors defined postpartum depression as depression that occurs within one year after delivery, with clinical manifestations including sadness, anxiety, worry, fatigue, memory loss, and even suicidal thoughts (Haga et al., 2011).

1.2 The status of postpartum depression

There was a long period debate about whether postpartum depression increased the risk of mood disorders (O’Hara, Zekoski, Philipps, Wright 1990; Kendell, Chalmers, Platz 1987). Postnatal depression influenced about 10 to 15 percent of all mothers in Western societies and it was still a major public health problem for women from different cultures (Mccarthy & Mcmahon 2008). This data indicated that postpartum depression was a global problem. As a nurse, it was necessary to understand the experience of postpartum depression, and promoting postpartum mental health of women.
1.3 The importance of postpartum women's experiences

The postpartum mother's experience was an important stage process. The experiences described by women have a major impact on the factors and treatment of postpartum depression (Coates et al., 2014). After childbirth, what the mother experiences was many sided, such as child feeding, education, etc. An earlier review found that the impact of the PPD might influence the mother, the baby and even the whole family (Emma et al., 2004). So the role and status of the mother was an important issue. In a qualitative study it was found that the transformation of mothers is an emotional process and they might suffer from depression to some degree (Haga et al., 2011).

1.4 Roy's Model.

Roy believed that human was a whole adaptive system, and the process of human life was a process of constant adaptation to various stimuli of the internal and external environment. The purpose of nursing was to promote people's adaptability and improve people's adaptability, so as to improve people's health. Roy explained the behavioral responses of four adaptation models. That was physiology, self-concept, role function and interdependence. Physiological patterns refer to the physiological responses that occur when a person encounters stimuli. Self-concept was a person's experience of his own existence. In Roy's role function model, he defines the concept of role, "a person shows the social behavior expected by society in order to maintain his position (mother, student, etc.)", or "a person knows how to move from one place to another when taking action" (Apay & Pasinlioglu, 2014). The interdependence model included the relationship between individuals and privileged groups and support systems (Alligood & Tomey, 2002).

1.5 Problem statement

Depression was a common problem among women. And there was a long-standing debate about whether postpartum depression increases the risk of mood disorders (O'Hara et al., 1990; Kendell et al., 1987). The postpartum period was considered a period of high susceptibility to emotional disorders, especially postpartum depression (Coates et al., 2014). And the occurrence of postpartum depression was harmful to the mother, her marriage and children, and if left untreated, it may have long-term adverse effects (Emma et al., 2004). Earlier review of PPD had focused that the following factors were the strongest predictors of postpartum depression: depression during pregnancy, anxiety
during pregnancy, experiencing stressful life events during pregnancy or the early puerperium, low levels of social support, and a previous history of depression. But critical appraisal of the result revealed a number of methodological and knowledge gaps that need to be addressed in future research. A number of quantitative studies had been published on postpartum depression, but relatively few qualitative studies on postpartum depression, and especially a qualitative review of postpartum depression. However, understanding the experience of postpartum depression is important for nurses to intervene in psychological interventions and nursing, to prevent or reduce postpartum depression. Therefore, we chose this research topic and consulted the literature to carry out the research.

1.6 Aim and research question

The aim at the review was to describe the women’s experience of postpartum depression. And the research question was “what is the experiences of postpartum depressed women”.

2. Method

2.1 Design

A descriptive review was conducted (Polit & Beck, 2017).

2.2 Search strategy

The authors searched articles in the Cinahl database. The limitations were shown in Table 1 and Figure 1. The key words limiting the search were experience, and postpartum depression. The conjunction AND to connect the keywords. The index search words were displayed in the Cinahl headings. The number of possible articles searched was 86.

<table>
<thead>
<tr>
<th>Database</th>
<th>Limits</th>
<th>Search words</th>
<th>Number</th>
<th>Possible articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINAHL</td>
<td>English, full text, human, Postpartum depression</td>
<td></td>
<td>779</td>
<td></td>
</tr>
</tbody>
</table>

Table 1. Results of preliminary database searches.
<table>
<thead>
<tr>
<th>CINAHL</th>
<th>English, full text, human, female, ten years, University of Gävle</th>
<th>Experience or interview [MW Word in Subject Heading]</th>
<th>20400</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINAHL</td>
<td>English, full text, human, female, ten years, University of Gävle</td>
<td>postpartum depression [MW Word in Subject Heading] AND Experience or interview [TX All Text]</td>
<td>226</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>86</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Total:86</td>
</tr>
</tbody>
</table>
2.3 Selection criteria

The inclusion criteria were divided into two points: 1) the articles with qualitative articles. 2) the research objects were women with postpartum depression.

The exclusion criteria for this article are 1) women had others serious disease and postpartum depression, 2) the experiences of postpartum depression from a man's perspective, 3) women were refugees and postpartum depression. 4) teenage mother.

2.4 Data analysis

The Joanna Briggs Institute - Qualitative Assessment and Review instrument were applied to study the qualitative articles. Refining and classifying descriptions in qualitative research papers (Marzia, Maria, Rosaria, Michela, Maria 2015). The authors were carefully read the various parts of the article and focus on the results of the article,
summarizing the similarities and differences of the experience of postpartum depression.

2.5 Ethical considerations

In this research, the authors must ensure a fair and objective attitude, understand the meaning of the original author, and not change the meaning of the original author. And make sure do not copy other articles.
3. Result

Of the ten articles included in the author, three were open interviews (Chan, Williamson, MSocSc, McCutcheon, 2009; Wittkowski, Zumla, Glendenning, Fox 2011; Edhborg, Enasreen, Kabir, 2015) and four were semi-structured interviews (Gao, Chan, You, Li, 2010; Bilszta, Ericksen, Buist, Milgrom, 2005; Haga, Lynne, Slinning, Kraft, 2011; Patel, Wittkowski, R.E, Wieck, 2013). The author summarizes ten articles and divides the experiences of women with postpartum depression into three themes: “emotion”, “relationship” and “behavior”. The sub-titles of emotions are shame and negation, doubt, disappointment, anxiety and worry. The sub-titles of the relationship are “Lack of support”, “Think that I am not a good mother”, “Think that I lost my identity”, “The rejection of culture”, and the sub-titles of the behavior are “Hide dark experiences”, “Violence”, ”Failed breastfeeding”. Results related to the purpose of the study are presented in tabular and text form, as detailed in the appendix. Articles included in the study are marked with in the reference document (Gao et al., 2010; Bilszta et al., 2005; Montgomery, Bailey, Purdon, Snelling, Kauppi, 2009; Chan et al., 2009; Edhborg, Friberg, Lundh, Widstro-M, 2005; Wittkowski et al., 2011; Haga et al., 2005; Patel et al., 2013; Buultjens & Liamputtong, 2007; Edhborg et al., 2015).

Table 2. Results classification

| Name               | Approach | Participants | Data collection | Data analysis |
|--------------------|----------|--------------|-----------------|---------------|---------------|
Experiences of postpartum depression among first-time mothers in mainland China

Qualitative study

Fifteen first-time mothers who scored 13 or above on the Edinburgh Postnatal Depression Scale at 6 weeks after childbirth were interviewed. They were over 18 years of age, and had had a single birth with no complications.

Women’s experience of postnatal depression – beliefs and attitudes as barriers to care

Qualitative study

Forty women experiencing PND and either receiving treatment or attending support groups.

Women with postpartum depression: "my husband" stories

Qualitative study

27 women in their early 20's to mid 30's, who thought was diagnosed with postpartum depression and sought help, French or English speaking.
A Comparative Study of the Experiences of a Group of Hong Kong Chinese and Australian Women Diagnosed With Postnatal Depression

Thirty five Chinese women and 12 Australian women were interviewed. Participants were eligible for inclusion in this study if they met the following criteria: women who had experienced PND and who had been diagnosed and treated by a psychiatrist, and women over 20 years of age.

The data were analyzed following a phenomenological approach (Van Manen).

‘Struggling with life’: Narratives from women with signs of postpartum depression

Of these women, 22 with healthy children and EPDS scores ranging between 10 and 23 points.

In-depth interviews

Data were analysed using the constant comparative method.
The experience of postnatal depression in South Asian mothers living in Great Britain: a qualitative study

Ten mothers consented to and completed the interview process. And they were Asian Indian. They scored above 12 on the Edinburgh Postnatal Depression Scale and were interviewed 8–12 weeks after giving birth.

A qualitative study of depressive symptoms and well-being among first-time mothers

Twelve first-time mothers were participated. The women ranged in age from 25 to 44. All were in steady relationships cohabiting with the father of the baby. The age of the babies ranged from 8 weeks to 8 months. All of the 12 women had higher education from a university or college.
An exploration of illness beliefs in mothers with postnatal depression

Qualitative study

11 participants took part in the study.

And women diagnosed with depression post-birth, and depression started in pregnancy and continued after birth.

When giving life starts to take the life out of you: women’s experiences of depression after childbirth

Qualitative study

In total, 10 women participated in this study.

“I can’t stop worrying about everything” Experiences of rural Bangladeshi women during the first postpartum months

Qualitative study

21 mothers with depressive symptoms 23 months postpartum, and having a score of 10 or more on the EPDS.

Table 3. Results summary
<table>
<thead>
<tr>
<th>Themes</th>
<th>categories</th>
<th>Study findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotion</td>
<td>Stigma and Denial</td>
<td>Women are ashamed of being unable to cope with themselves and taking medication: 'This is another problem that I really have to overcome. In fact, I really need drugs to help.'(B1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It is also acknowledged that the stigma of being a bad mother is worse than being marked as depression. This often leads women to deny how bad their feelings are.(B2)</td>
</tr>
<tr>
<td>Doubt</td>
<td></td>
<td>Most respondents preferred the &quot;Western&quot; parenting style to the traditional Chinese parenting style because they thought the latter was outdated. They know they have to follow the postnatal customs of their elders, but they have doubts about them. (A1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postpartum women who do not clearly distinguish the symptoms of depression will think that they are caused by overwork. (H3)</td>
</tr>
<tr>
<td>Disappointment</td>
<td></td>
<td>Many women find significant differences between their expectations and the reality of parenthood.(B3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This first category relates to incongruence mothers experienced post-birth between their idealized expectations and their early motherhood experiences. (H1)</td>
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<td></td>
<td>Once women with a higher need for control experience the more unpredictable and uncontrollable challenges of the postpartum period, they experience stress and depression.(G1)</td>
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<tr>
<td></td>
<td></td>
<td>Women stressed the emotional and practical support from their partners and were disappointed by the lack of help in the clinic. (G2)</td>
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</table>
As mothers reflected on this loss of time, they described immense guilt that undoubtedly reinforced their beliefs that they were not good enough mothers. (H5)

Restless babies, unwanted pregnancies make some women anxious and desperate. (I2)

I read a lot of books about how to take care of babies. However, this makes me even more anxious. (A2)

I suffered from a lot of anxiety. (C1)

Both groups of women reported feeling trapped and unable to get rid of painful emotions. Feelings of sadness, anxiety, panic and depression are common. (D1)

These women repeatedly reported high levels of anxiety and fear. An Australian mother said: "I've been through a lot of questions about my own entry into the world. My relationship with my parents was not a positive thing and I was scared. (D2)

Not giving enough food to your child can make them feel anxious, guilty, and fail, and it can also cause anxiety. (E2)

When my baby cried more in the evening, I was worried that she was sick, because the book said that the baby was crying because they might be sick. (A3)
I am worried that I look old and fat. I care about beauty. I am also worried about the sexual intercourse after the perineal incision because it may change the shape of my vagina. So far, I have refused to have sex with my husband because I am too worried. (A4)

When I came home from the hospital, I was very, very worried that my husband would have to take care of me and the children. (C2)

Mothers expressed a sense of uncertainty and ignorance and felt unprepared to have a child, given all the implications of parenthood and its associated concerns. (E3)

Chronic mental health difficulties and long-term antidepressant use; she was worried about medication changes and did not want to receive psychological strategies for managing her depression. (H2)

Mothers described oscillating between their fears of antidepressants, the stigma and the need for finding a solution (H4)

There was a sense that their PND had not only caused a loss of time but could also create a potential loss of future time. (H6)

Poor families and economic hardship create insecurity for women, who fear they and their children will die in childbirth. (J2)

I read a lot of books about how to take care of babies. However, it made me more anxious. (A8)
<table>
<thead>
<tr>
<th>Relation</th>
<th>Lack of Support</th>
<th>Think that I am not a good mother</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>My husband works in the cemetery, so I'm with him all night, and then he sleeps during the day, so I'm with him all day. (C3)</td>
<td>All the participants said they lacked the knowledge and skills to care for a baby. When the baby cried, they did not know whether the baby was sick or wanted to sleep. They thought they were not a perfect mother. (A5)</td>
</tr>
<tr>
<td></td>
<td>We need to bring a paycheck to pay for the house to pay for the house and everything else. (C4)</td>
<td>There is also a view that if mothers cannot find solutions to baby management problems, it reflects their parenting abilities and that they are &quot;failing as parents&quot;. (B4)</td>
</tr>
<tr>
<td></td>
<td>Women's reproductive experiences were different from what they had expected, and they did not receive support or assistance from caregivers while in hospital. (I1)</td>
<td>&quot;I often feel guilty because as a mom, I should know all those things [cleaning the house] and I should take care of all those things [laundry, cutlery, etc.]&quot; (D3)</td>
</tr>
<tr>
<td></td>
<td>Women report feeling isolated because they lack support from their partners and are not receiving effective help. (I3)</td>
<td>When a baby is born, women are not immediately happy, but want to have their own private space, they will feel guilty and consider themselves a &quot;bad mother.&quot; (E4)</td>
</tr>
</tbody>
</table>
I think it's abnormal. I'm a bad mother. I feel that way. (E5)

Think that I was being ignored

The mothers said that they felt that they were invisible. When they were only defined as related to children, they had lost their autonomy. (E6)

The rejection of culture

“Doing a month” is not suitable for modern women, I am locked up at home in China just like in prison. Except lying in bed, I can't do anything. so boring. (A6)

I know that I should trust my mother and follow her instructions, but in fact I can't because these practices are outdated, not the traditional method of science. (A7)

The traditional customs of childbirth have influenced the life after birth, such as the diet, the range of activities and the gender of the child. (J3)

These mothers miss their old life and family so much that they find it difficult to adapt to their marriage and environment. (F1)

When immigrant postpartum women seek help, they will not be effectively addressed due to language barriers and cultural discrimination. (F3)

Behavior

Hide dark experiences

Many women try to hide other people's PND experiences. Behind the mask is a horror of pain and insecurity toward the world. (D4)

I don't want to talk about it with anyone, I always have to pretend that I'm doing well. (E7)
Violence

Some Hong Kong women say they actually or almost deliberately hurt babies; For example, when a baby does not stop crying, hit the baby in the leg. (D5)

Some women see no way out except through violent means, which is suicide. Both groups mentioned suicidal intentions. (D6)

Failed breastfeeding

Their experience of breastfeeding gave them the greatest sense of failure. All tried breast-feeding, but only three succeeded completely. When they can't breastfeed their babies, they blame themselves and think they are total losers. (A10)

"I had a terrible breastfeeding problem and I was just bottle-feeding on the advice of my pediatrician, but the hospital kept pushing me to breastfeed, and they kept forcing me to keep trying, and it was really, really painful." (D7)

All mothers want to breastfeed their children, and if they don't, they feel they have failed as mothers. (E8)

The importance of successful breastfeeding is widely discussed by every woman and there is a lot of pressure on them to breastfeed at night and breastfeed successfully. (G3)
3.1 Emotion

According to the ten articles we used, eight were related to emotional problems experienced by women with postpartum depression. Thus, mood changes are one of the common manifestations of postpartum depression in women. And the authors divided the subject of emotions into four categories, namely stigma and denial, doubt, disappointment and worry.

3.1.1 Stigma and Denial

This category is highlighted in an article. Women with postpartum depression mentioned feeling ashamed and denied themselves in their accounts of their experiences.

Many women felt ashamed to admit they have postpartum depression, so they refused to admit it (Bilszta et al., 2005). In fact, they needed the help of medicine, but they thought taking medicine is shameful (Bilszta et al., 2005). And admission to postpartum depression is a form of denial and shame (Patel et al., 2013).

3.1.2 Doubt

Two of the articles (Patel et al., 2013; Gao et al., 2010) describe this classification of suspicion. Suspicion is a female narrative of depression experience, mainly aimed at the correct definition of postpartum depression and ideological education.

Women with postpartum depression often have some confusion. For example, when they initially had symptoms that they couldn't control their emotions and behaviors, they realized that they were different from usual, but they didn't know the specific reasons (Patel et al., 2013). Also, when traditional ideas conflict with modern ideas, they were also confused. Postpartum women who did not clearly distinguish the symptoms of depression will think that they were caused by overwork. So cause the worse postpartum depression (Gao et al., 2010).

3.1.3 Disappointment

Four articles (Haga et al., 2011; Bilszta et al., 2005; Sonia et al., 2013; Silje-M et al., 2011; Melissa & Pranee, 2007) described the category of disappointment. Disappointment, as a negative emotion, also had a bad impact on postpartum women. The concept of
disappointment was reflected in many aspects in women's experience of postpartum depression.

Women need strong support during the postpartum period, whether from family, friends or neighbors. When their hopes are not met, there is disappointment (Haga et al., 2011). For example, the husband's poor care of postpartum women or the marital infidelity during this period have caused a great blow to postpartum women. Postpartum women expected to be able to entertain as usual, but feel sad for lack of resources (Hage et al., 2011). Postpartum complications are common, but women want to be healthy situation, but the occurrence of complications gives women a sense of loss. When a woman realizes that she is suffering from postpartum depression, she hopes to overcome these difficulties as much as possible, but feels guilty and self-reproachful for not meeting her goals (Bilszta et al., 2005).

3.1.4 Worry and anxiety

Five articles (Ling-ling et al., 2009; Phyllis et al., 2009; Maigun et al., 2005; Sonia et al., 2013; Maigun et al., 2015) mentioned the emotional problem that women worry about. From a woman's account of postpartum depression, worry might come from child care, a change in her appearance, and many other factors.

Women three articles all expressed anxiety, and the main cause of anxiety was from the baby. When they think they can't take good care of their babies, they were anxious (Gao et al., 2010). Some women have a bad relationship with their native family. They think it is difficult to raise a child, which makes them uneasy and anxious (Chan et al., 2009). The economic pressure of childbirth and raising children is also one of the sources of anxiety (Edhborg et al., 2005). A throng of questions worry women, such as the deaths that can be caused by childbirth, the crying of children, the sexual life after childbirth, and the changes in their body shape (Gao et al., 2010). Taking antidepressants also scares and worries women. Women who take postpartum depression drugs label themselves and their children as incapable and weak (Edhborg et al., 2005). But treatment can make women feel better, leaving them torn between the two. Women who have been on antidepressants for a long time fear the need for medication in the future. And the women worry about returning to old state without drugs and affecting their life (Patel et al., 2013).
3.1 Relation

Eight of the ten articles (Phyllis et al., 2009; Melissa & Pranee, 2007; Ling-ling et al., 2009; Melissa & Pranee, 2007; Bilszta et al., 2005; Sally Wai-ch et al., 2008; Maigun et al., 2005; Wittkowski et al., 2011) described some Relation experience. According to the representation of postpartum depression women's experience, we divide Relation into four aspects to elaborate, and they are respectively lack of support, Think that I am not a good mother, Think that I lost my identity and The rejection of culture.

3.2.1 Lack of support

Three articles (Phyllis et al., 2009; Melissa & Pranee, 2007; Wittkowski et al., 2011) address the lack of support for this category. The lack of support is reflected in relationships with husbands, hospital care, etc. Women with postpartum depression say it can lead to isolation (Montgomery et al., 2009).

During hospitalization, some women felt bad that they did not receive support and help from medical staff (Montgomery et al., 2009). Postpartum women have their own thoughts about the birth experience. Some women think that childbirth is out of their control, but medical institutions have carried out some unnecessary interventions (Montgomery et al., 2009). Postpartum women crave support from their partners, both emotionally and in real life. They want their husbands to help them with baby care and housework, and to lighten their burden (Buultjens & Liamputtong, 2007). When they encounter emotional problems, the help they receive is not really solved. When these are unmet, women feel encouraged and frightened. Some immigrant postpartum women are unfamiliar with the new environment. When they feel isolated, they don't know who to turn to for help, and they don't know what institutions can help them (Wittkowski et al., 2011).

3.2.2 Think that I am not a good mother

Four articles (Ling-ling et al., 2009; Bilszta et al., 2005; Sally Wai-ch et al., 2008; Maigun et al., 2005) describe the postpartum women think they are not competent to be a good mother. The idea of not being able to take care of a child wholeheartedly and not knowing what to do with a problem comes to these women.

Many of the participants described their idea of the perfect mother, perfect mother with a maternal instinct who selflessly cared for her baby and breastfed, as tolerant and great. In reality, when they don't feel good about the baby, when they don't feel love and
compassion for the baby, when they can't breastfeed, when they can't take care of the baby, they often feel like a failed mother (Gao et al. 2009; Bilszta et al. 2005).

3.2.3 Think that I lost my identity
One article (Maigun et al., 2005) describes how women see themselves as superfluous. Before giving birth, the woman is a professional woman originally, they have professional identity. And when they give birth, they stay with their babies, they lose their jobs and their identity as a professional, their identity as a mother. It makes them feel like they've lost their identity (Edhborg et al., 2015).

3.2.4 The rejection of culture
The three articles (Ling-ling et al., 2009; Maigun et al., 2015; Wittkowski et al., 2011) are reflected in the rejection of culture. Conflicts between traditional culture and modern women's thoughts, such as some old customs that are not accepted by these women, are troubling women.

For immigrant mothers, it is difficult to adapt to new environments and customs in a short period of time. They say that religious culture does not allow them to express their feelings. Oral communication can also encounter obstacles in communication with health professionals (Wittkowski et al., 2011). In China, there is a traditional custom called “Doing a month”, and the mother is forced to stay in bed for a month and can't do anything. This makes Chinese maternity feel constrained. In addition, prejudice against the gender of the baby in traditional culture also affects the mood of the mother (Gao et al., 2010).

3.3. Behavior
The four articles (Ling-ling et al., 2009; Sally Wai-ch et al., 2008; Maigun et al., 2005; Maigun et al., 2015) are embodied in the aspect of behavior. The experience of women with postpartum depression indicates that women engage in negative behaviors that may be harmful to them. The authors classify this topic into three categories, hide dark experiences, violence and failed breastfeeding.

3.3.1 Hide dark experiences
Two articles (Sally Wai-ch et al., 2008; Maigun et al., 2005) describe postpartum women's behavior in concealing their depression. In Chan et al (2008) and Edhborg et al (2005) article, women reported that they evade reality, they refuse to admit their bad feelings,
and avoid discussing the experience of postpartum depression with others (Chan et al., 2009; Edhborg et al., 2005).

3.3.2 Violence
One article (Sally Wai-ch et al., 2008) describes violence among postpartum women, reflected in caring for babies and suicide. Violence is terrible for maternity and babies, which even threatens their safety. But in Chan et al (2008) article, the mother mentioned the intention to commit suicide. Some Hong Kong women said that when the baby is crying, they will feel upset and even hit the baby's legs (Chan et al., 2009).

3.3.3 Failed breastfeeding
Four articles (Ling-ling et al., 2009; Sally Wai-ch et al., 2008; Maigun et al., 2005; Maigun et al., 2015) describe the problem of breastfeeding, which is a widespread phenomenon after birth. And the failure to breastfeed has a greater impact on women.

Breastfeeding is an ideal way to provide healthy growth and nutrition for babies. The World Health Organization (WHO) recommends breastfeeding until the child is six months old (WHO, 2018). Women are aware of the importance of breastfeeding, which has given them a degree of psychological stress.

Almost all mothers are required to breastfeed, but for some mothers, breastfeeding is very difficult. Despite this, health care providers always advise them to try to breastfeed, which makes them feel lonely and helpless (Gao et al., 2010; Chan et al., 2009; Edhborg et al., 2005; Hage et al., 2011).

4. Discussion

4.1 Main result
This review summarized ten articles of women experience postpartum depression. The review showed that postpartum women experience depression mainly from three aspects: women's emotion, relation and behavior.

4.2 Result discussion

4.2.1 Emotion
After giving birth, the changes women faced also influenced their emotions. With regard to the theme of emotion, the women's experience illustrates that before giving birth, they
had a high degree of control over their life and work, but what they encountered after giving birth was beyond their control (Haga et al., 2011). For example, women were troubled by changes in work and weight (Gao et al., 2009). Postpartum changes were also noted in the Dahl’s review to be related to their appearance and autonomy. In our review the results showed that some women in the study by Bilszta et al (2005) said the term "postpartum depression" symbolizes a woman's inability to be a good mother and stigmatizes women (Bilszta et al., 2005). In the review of Dahl’s, it was also illustrated that women hide their disorders because of stigma and fear of being stigmatized. The authors of present review think this have a huge impact on women's treatment. Even if they are aware that they have PPD, it force women not to admit it and it's going to be a vicious cycle. In one of the review’s included studies financial were mentioned. Because of family financial constraints, postpartum women recalled that during childbirth they feared that the economy would not be able to withstand sudden changes in illness and that they and their children would be safe (Edhborg et al., 2015). This is also confirmed in Tobin's meta-synthesis (Tobin, Napoli&Beck, 2017). Their study described multiple barriers such as low socioeconomic status, limited financial resources and low-paying jobs as major barriers for women seeking help (Tobin et al., 2017). According to the physiological model in Roy's model, it is a physiological response of a person to a stimulus (Alligood et al., 2014). For postpartum women, changes in physical appearance and body weight, as well as economic ability, act as a stimulus and respond accordingly to them. When the stimulation is bad and the woman can't get used to it, negative emotions are produced. It also cause a bad impact on their health.

4.2.2 Relation

About the relation, many of the women in the review’s included studies believed that part of traditional culture is unscientific and does not conform to modern women. Due to the limitation of traditional culture, women can only be confined indoors. After a long period of time, the lack of communication leads to the isolation of women (Edhborg et al., 2015). Daily housework is normal, but in the postpartum life, women start to do daily housework very early and also need to take care of the children alone, which will make them feel tired, then they are not understood when they want to get help, and will make them disappointed and depressed. Research (Buultjens&Liamputtong 2007). In Dahl’s review they also found the family's attitude towards postpartum depression as crucial to their decision to seek help (Dahl, Hermansen&Severinsson 2017). When women realize they
have postpartum depression, they feel isolated because they can't get medical help or feel neglected (Buultjens & Liamputtong 2007). This is also consistent with the Dahl’s review, in which they described women's difficult relationships with health care workers as preventing them from seeking help (Dahl et al., 2017). Therefore, the authors of the present review believed that the communication between patients and medical staff should improve communication skills are the most importance. In our review the results showed immigrant women felt lonely due to language barriers, and postpartum women did not adapt to foreign cultures and environments (Wittkowski et al., 2011). This is consistent with the review of Tobin’s. Furthermore, review showed that women's mothers-in-law think it is a glorious thing to have a boy, but they are disappointed when the sex of the child they give birth to is not pleasing (Edhborg et al., 2015). This is consistent with the findings mentioned in the Tobin’s review that some women find problems with their mother-in-law to be a source of stress and hidden frustration (Tobin et al., 2017). The relationship between postpartum women and health care workers and their mothers-in-law, as well as the differences in personal concepts and traditional cultures, reflect the interdependent adaptive model of the relationship between individuals and privileged groups and support systems described in Roy's model (Alligood & Tomey, 2002). So when those relationships have shortcomings, it can have a bad effect.

4.2.3 Behavior
The authors think the issue of breastfeeding needs attention. Breastfeeding is a common practice in the postpartum period, which has been advocated and often discussed (Hage et al., 2011). Breastfeeding requires a constant presence of the mother in response to the needs of the baby and is a difficult task. The failure to breastfeed disappoints women, who see themselves as irresponsible mothers (Edhborg et al., 2005). This is consistent with the Dahl’s review. When women have been forced to keep trying to breastfeed, they think it is a painful process (Dahl et al., 2017). In the Tobin’s review, social groups were also mentioned, and they stated that the informal help provided by religious groups in particular was found to be invaluable to women who received practical, emotional and spiritual support. Because the population Tobin studied was focused on the refugee and immigrant postpartum women. Breastfeeding is a behavioral experience for postpartum women. Whether breastfeeding is successful or not, the behavior can have different impact on postpartum women, such as the adaptive model of self-concept in Roy's model.
Women's expectations of breastfeeding success are a role-functional adaptation model. When this expectation is not met and the role cannot be adjusted, postpartum women will be disappointed as described in the present review.

4.3 Method discussion

This review has its limitations and advantages. The database used in this review was "CINAHL", which is a large database with high search-ability (Badia, 2010). The data obtained are then more accurate and convincing.

However, due to the limitation of ten year paper published 2009-2018, the number of articles included in the sample was small and three articles found in the included studies reference lists where allowed to be included. The articles included in this study were all qualitative ones, but not quantitative ones, which is also one of the limitations. The author used specific search terms to retrieve articles, such as "experience", "discussion" and "postpartum depression". Therefore, the author missed articles that were consistent with the research topic but did not contain specific search terms. Full text availability prevented authors from downloading some articles outside their permission.

Due to the language limitation, the authors were required to use English literature for the review, and English is not the author's native language, so the author had sometimes difficulties in reading the articles.

The author studies included only qualitative articles.

4.4 Clinical implications

The review summarize the experiences of women with postpartum depression and help women and healthcare professionals better understand postpartum depression and prevent postpartum depression from different perspectives. Early detection is crucial. Nurses can screen postpartum women for postpartum depression.

In order to reduce postpartum depression experience and promote health, it is necessary to provide specialized training for obstetric nurses, strengthen the attention to postpartum women and alleviate their negative emotions, so as to provide postpartum women with education and support.

Women also reported emotional difficulties, related to their husbands lacked support (Bilszta et al., 2005). In this regard, the hospital can carry out prenatal courses, improve the participation of fathers in childbirth and postpartum courses. Furthermore
require fathers to pay more attention to the emotions of mothers and to provide material and emotional support for mothers.

In the studies selected by the authors, there were immigrant women troubled by cultural differences. When they suffered from postpartum depression, it was difficult for them to seek help and treatment. Therefore, it is very important to strengthen cross-cultural communication, postpartum follow-up and community education.

4.5 Suggestions for future research

This paper has some limitations and the topic needs further study. The subjects included in this study come from different regions with different living standards, medical levels and customs. Future research could be focused on a specific country or region. CINAHL was the only database used in this study. In the future, more databases can be used to retrieve more and more articles. It is also hoped that more intervention studies will be carried out in the future to detect postpartum depression as early as possible and provide intervention help for pregnant women.

5. Conclusion

Postpartum depression is one of the problems that afflict many women. Based on qualitative articles, this study explored women’s the experience of postpartum depression. The experience of postpartum depression can be divided into three aspects: emotion, relation and behavior. Postpartum depression experiences mainly included negative emotions, lack of support, thinking that they were not a good mother, violence, breastfeeding failure and so on. Clinical health personnel should identify symptoms as early as possible, and take measures to intervene to provide support and help to the pregnant women.

6. Reference list


Badia, G., (2010). Statistical Measures Alone Cannot Determine Which Database (BNI, CINAHL, MEDLINE, or EMBASE) Is the Most Useful for Searching Undergraduate Nursing Topics


## APPENDICE

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
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<th>participants</th>
<th>Data collection method(s)</th>
<th>Data analysis method(s)</th>
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</thead>
<tbody>
<tr>
<td>Ling-ling Gao, Sally Wai-chi Chan, Liming You &amp; Xiaomao Li (2009)</td>
<td>Experiences of postpartum depression among first-time mothers in mainland China</td>
<td>Qualitative design</td>
<td>15 first-time mothers who (scored 13 or above on the Edinburgh Postnatal Depression Scale at 6 weeks after childbirth) over 18 years of age, and single birth with no complications.</td>
<td>in-depth semi-structured tape-recorded interviews</td>
<td>The interview data were analysed in the original language using phenomenon approach.</td>
</tr>
<tr>
<td>Justin Bilszta, Jennifer Ericksen, Anne Buist, Jeannette Milgrom (2010)</td>
<td>Women’s experience of postnatal depression – beliefs and attitudes as barriers to care</td>
<td>Qualitative study</td>
<td>40 women either receiving treatment or attending support groups.</td>
<td>Focus group interview, audio recording.</td>
<td>Interpretative phenomenological analysis was used to analyse the data (Smith et al 1999).</td>
</tr>
</tbody>
</table>
Sally Wai-chi Chan, RN, Victoria Williamson, Hons, MSocSc, PhD, and Helen McCutcheon, BN, RN, MPH, PhD

A Comparative Study of the Experiences of a Group of Hong Kong Chinese and Australian Women Diagnosed With Postnatal Depression (CODE:D)

35 Chinese women and 12 Australian women

In-depth, open-ended qualitative interviews

The data were analyzed following a phenomenological approach (Van Manen).

Maigun Edhborg, Malin Friberg, Wendela Lundh & Ann-Marie Widstro M

‘Struggling with life’: Narratives from women with signs of postpartum depression (CODE:E)

22 women with healthy children and EPDS scores ranging between 10 and 23 points.

In-depth interviews

Constant comparative method.

A. Wittkowski, A. Zumlajb, S. Glendenningc and J.R.E. Fox

The experience of postnatal depression in South Asian mothers living in Great Britain: a qualitative study (CODE:F)

10 mothers Asian Indian scored above 12 on the interviewed 8–12 weeks after giving birth.

Open-ended questions interviews

Grounded theory approach

Silje M. Haga, Anita Lynne, Kari Slimming, and Pa’l Kraft

A qualitative study of depressive symptoms and well-being (CODE:F)

12 first-time mother age from 25 to 44. Cohabiting with the father of the baby. The age of the babies ranged

In-depth, semi-structured, tape-

Thematic analysis
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Participants</th>
<th>Data Collection Method</th>
<th>Methodology</th>
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<tr>
<td>Sonia Patel, Anja Wittkowski, John R.E, Angelika Wieck</td>
<td>Among first-time mothers (CODE:G)</td>
<td>11 women diagnosed with depression post-birth, and depression started in pregnancy and continued after birth.</td>
<td>Semi-structured interviews</td>
<td>Grounded Theory methodology</td>
</tr>
<tr>
<td>Melissa Buultjens, Pranee Liamputtong</td>
<td>An exploration of illness beliefs in mothers with postnatal depression (CODE:H)</td>
<td>In total, 10 women participated in this study.</td>
<td>In-depth interview</td>
<td>Thematic analysis</td>
</tr>
<tr>
<td>Maigun Edhborg, Hashima Enasreen, Zarina Nahar Kabir</td>
<td>“I can’t stop worrying about everything” Experiences of rural Bangladeshi women during the first postpartum months (CODE:J)</td>
<td>21 mothers with depressive symptoms 23 months postpartum, and having a score of 10 or more on the EPDS.</td>
<td>The open narrative interviews</td>
<td>Inductive content analysis</td>
</tr>
</tbody>
</table>
Table 5. Significant results

<table>
<thead>
<tr>
<th>Authors</th>
<th>Aims</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ling-ling Gao, Sally Wai-chi Chan, Liming You &amp; Xiaomao Li</td>
<td>This paper is a report of a study conducted to describe the experience of postpartum depression among first-time mothers in mainland China.</td>
<td>The conclusion is divided into three themes: (1) Feeling drained: Physical exhaustion and Emotional exhaustion. (2) Sense of failure: mothers think they are not a good mother, and a negative body image exacerbates their sense of failure. (3) Dissonance: This feeling comes mainly from the conflict between tradition and reality, and between mother-in-law, Gender preference and Gap between expectations and reality.</td>
</tr>
<tr>
<td>Justin Bilszta, Jennifer Ericksen, Anne Buist, Jeannette</td>
<td>The aim of the current study was to explore in an Australian population barriers to care by</td>
<td>Findings suggest the lived experience of PND and associated attitudes and beliefs result in significant barriers to accessing help. The results are described in eight topics: expectations of motherhood; not coping and fear of failure; stigma and denial; poor</td>
</tr>
</tbody>
</table>
asking women who are experiencing PND and who have accessed treatment and support services how they recognised and acknowledged their depression; how being depressed affected their ability to actively seek help; what sort of help they wanted and why and how the attitudes of health professionals, friends and family, and the general community influenced the type of treatment sought.

Phyllis Montgomery, Pat Bailey, Sheri Johnson Purdon, Susan J Snelling
and Carol Kauppi

The purpose of this study was to describe women's understanding of their partner or husband's participation in the PPD process.

This study examined the experiences of postnatal depression between a group of Chinese and Caucasian women.

Sally Wai-chi Chan, RN, BSc, MSc, PhD, Victoria Williamson, RN, BA Hons, MSocSc, PhD, and Helen McCutcheon, BN, RN,

mental health awareness and access; interpersonal support; baby management; help-seeking and treatment experiences and relationship with health professionals.

(1) Their PPD Reality. (2) What does the husband do for the family. About her husband's physical behavior. (3) What is the role of the husband in the family. About the emotional role of the husband.

(1) Trapped in Depression: Both groups of women reported feeling trapped and unable to escape from their painful emotions. Feelings of sadness, anxiety, panic, and frustration were common. (2) Denial: Both groups of women denied their conditions. (3) Baby-Related Stress: Both groups of women described the stress and strain of new parenting. (4) Regaining Control: Australian women would like to accept help from professional and think intervention is useful for them. (5) Relational Stress: Relational stress was predominant among the Hong Kong women, whereas it was not mentioned by the
Maigun Edhborg, Malin Friberg, Wendela Lundh & Ann-Marie Widstro M

Therefore, the purpose of this study was to explore and describe how Swedish women reported depressive symptoms with their children for the first month in a sample two months after delivery.

A. Wittkowski, A. Zumlab, S. Glendenninge and J.R.E. Fox

In order to better understand the experience of PND in South Asian mothers living in Great Britain.

Internalising misery:

They find it difficult to adjust to their married life and environment. And Some religious cultures and beliefs do not allow them to mix their thoughts and feelings. Most south Asian mothers describe depression differently than in the west.

Others will judge me and I feel like I am on my own:

These mothers are extremely isolated and in desperate need of support. But they don't know who to turn to for help or what services they can get after giving birth.

I go and talk to my health professional and they don’t understand:

There is a lack of investment in medical services, and cultural discrimination and language barriers.

The aim was to gain insight into how new mothers describe and experience their own postpartum period, and to understand better why some find the transition of controlled vs relaxed:

Once women with a higher need for control experience the more unpredictable and uncontrollable challenges of the postpartum period, they experience stress and
becoming a mother emotionally taxing to the extent that they feel some level of depressed mood
depression. Women are disappointed when their fertility preparations and expectations for their children are not met.

Social support: the basic need for emotional and practical support
These women are unfulfilled in their desire for emotional and practical support from their partners, and see professionals as unappreciated.

The omnipresent breastfeeding:
Some mothers feel more vulnerable and lonely when they breastfeed at night. And they think that breastfeeding is a difficult thing.

Sonia Patel, Anja Wittkowski, John R.E, Angelika Wieck
To explore illness beliefs in mothers with PND to develop a theoretical understanding of these illness beliefs.

Unmet expectations:
They may feel guilty for not living up to their ideals, which weakens their sense of self-esteem and self-efficacy as mothers, and causing more guilt and possibly a vicious cycle.

Identifying stressors in their life context:
Their emotional deterioration is the result of a combination of stressors in their lives.

Conflict over label:
The impact of the label of postpartum depression is at odds with the way mothers want to be seen.

Antidepressants: ‘the lesser of two evils’:
Women experience ambivalence when taking antidepressants. First-time depressed mothers knew little about and feared antidepressants; They see it as a shame and a weakness that leads others to view it negatively.

Loss of time:
When the mothers reflected on the loss of that time, they described a great deal of guilt, which undoubtedly reinforced their belief that they were not good enough.

Uncertain futures:
Mothers openly expressed concern about the persistence of postpartum depression and fear of future episodes.

Melissa Buultjens, Pranee Liamputtong
To convey women’s accounts of their expectations of childbirth and the depression that followed.

The birth of the baby: the experience of hospital stay:

The women stated that they did not receive support and assistance from paramedics during their hospitalization. Women who felt they could not control events, or who felt they had received unnecessary medical intervention, were at higher risk of depression.

Perceptions of causes and experiences of postnatal depression:

Some women believe a troubled relationship with a partner or mother may be the cause of their depression. And restless babies make some women feel anxious and hopeless. Unplanned pregnancies are also believed to be a cause of women's problems.

Women’s perceived social support:

Women reported a lack of support from their partners and a lack of practical support in child care and housework. They have no one to turn to for help when it comes to their emotional problems, even though women feel stigmatized and are not truly addressed.

Maigun Edhborg, Hashima Enasreen, Zarina Nahar Kabir
To explore and describe the experiences and concerns during the first 39 months following childbirth of those mothers who showed depressive symptoms 23

Family dynamics:

Intimate partner violence, mothers’ excessive concern about their children's weight and diet.

Limits of survival:
months postpartum, in a rural area in Bangladesh. Women worry about failing to care for their children because of family poverty and financial difficulties. And poverty causes women to worry about death rates in childbirth and the cost of medical drugs.

Role of the cultural context:

Some traditional customs led to restrictions on women's lives. They felt helplessness because husbands did not do women's work, and dissatisfaction with the gender of children after birth.