

Factors Affecting the Quality of Life Postpartum: A Literature Update

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Abstract

Unmet motherly expectations in the postpartum period may lead to psychological issues such as postpartum depression and anxiety. This current 2019 literature review adds to where Dr. Mary Adams' original research study *Expectations and Quality of Life During the Antepartum and Postpartum Period* left off in 2016. Dr. Adams' (2016) quantitative research study found that there is a gap in knowledge concerning the relationship between expectations, maternal attitudes, mood, and the quality of life. The study intends to measure these variables in the antepartum and postpartum periods. This continuational study will update and verify whether or not these variables have changed throughout a three year time span. Methods for research include searching through various scholarly articles, particularly those that utilize interviews and surveys to measure postpartum quality of life. Research indicates that maternal expectations still indeed affect the adjustment period of women after childbirth, and because of this, more interventions and research are required in order to better prevent and treat comorbidities such as postpartum depression and anxiety.

Keywords: quality of life postpartum, failed maternal expectations

Factors Affecting the Quality of Life Postpartum

The experience of childbirth, and the transitions into motherhood are an exciting and emotional time frame for mothers. As women prepare themselves for the responsibilities of motherhood, they are also at risk of developing negative psychological issues such as depression, anxiety, and hopelessness. In order to potentially prevent those complications, this study contributes additional information about prevention and detection methods in order to better treat these issues.

Search Strategies

Initially the “Maternal expectations and postpartum depression,” were added entered into the search bar, which resulted in 13,300 results. From these results, articles that focused on rates and results of depression resulting from failed maternal expectations were chosen. To narrow the search, search terms such as “Failed maternal expectations and its effects on the postpartum population,” were used. Eventually the search of “Postpartum quality of life and maternal expectations,” resulted in 16,600 results. Questions such as “How does maternal expectations affect the quality of life postpartum?” and “Factors that affect the quality of life postpartum?” were utilized shortly after for more specificity. Keywords include; postpartum quality of life, postpartum depression, postpartum anxiety, and maternal expectations. Criteria for the study required interviews from participants concerning their experiences postpartum, as well as tools that measured the quality of life postpartum. To attain the scholarly work needed for this literature review, online databases such as Google Scholar, EBSCOHost, and PubMed were utilized. The selection process involved reviewing the kind of methods used throughout the study, and how pertinent it would be to the current topic being researched. In total, 5 articles

were utilized for research concerning the quality of life, 4 articles were utilized for research concerning the expectations of motherhood, and lastly 9 articles in total were utilized for research concerning life factors that affect a woman's well being postpartum.

Quality of Life

The transitions into motherhood are a crucial time for women; impacting their overall health and wellness (Huizink, Mulder, Robles de Medina, Visser, & Buitelaar, 2004). Studies concerning risk factors, demographics, and other aspects aside from physical motivators should be conducted in order to properly address the quality of life (QOL) in women postpartum. In today's world, the importance of decreased QOL may lead to postpartum depression (PPD), as well as growth impediments and decreased well being of both mother and newborn. This review of the literature will summarize and share what literature has been published since 2016 through 2019 concerning the failed expectations in motherhood related to the general QOL and mood postpartum. These factors affect areas of life such as physical, social, and physiological aspects of life.

Mortazavi, Mousavi, Chaman, and Khosravi (2014) observed how supporting psychological adaptation to pregnancy can increase an emphasis to the QOL in the healthcare setting. Each study the authors reviewed exemplified how the QOL is greatly affected by a women's adjustment to life after birth. Measuring the quality of life in women is essentially pertinent to the effectiveness of maternal and child health interventions (Mogos, August, Salinas-Miranda, Sultan, & Salihu, 2013). The review expresses a need for updated scales and measurement tools to understand the well being of women in both the antepartum and postpartum stages of maternity. This study implored that in order to improve the variation and

diversity of tools that measure the QOL, other factors such as pregnancy type, culture, broad social factors, economic factors, environmental factors, and critical early life events should be taken into consideration to accurately interpret and monitor the health related QOL of childbearing women. These variables can provide a wider range of disease and conditions that can be detected or prevented as women advance through their postpartum experiences (Mogos et al, 2013).

General Quality of Life

Studies throughout the years still highlight the concerns of postpartum QOL. Prior to these advances, studies were broad, holistic, and positive concepts of health concerning the the physical, mental, and social well-being of mothers (Mortazavi et al., 2014). Often women were concerned about a change of self, living situation, and financial costs- all leading to a decrease in the QOL. Mollard's qualitative work (2014) noted a loss of sense of self and intense feelings of vulnerability as a part of a theory concerning the four-step process that likely leads to postpartum depression.

Mortazavi et al. (2014), utilized a shortened version of the World Health Organization Quality of Life 100 (WHOQOL-BREF) in their 2014 study. Questions contained content about participants' physical, psychological, social relationships, and environment. A final number of 357 women agreed to participate in the study, and 340 continued to follow up at 8 weeks postpartum (Mortazavi et al., 2014). The group of researchers measured the QOL of women from the third trimester of pregnancy to 8 weeks postpartum. Results include higher reports of "not good not bad", "bad", and "very bad" experiences in women postpartum than there were antepartum. Individuals with postpartum difficulties and decreased QOL were noted to have a

harder time with breastfeeding, self image, and mood disorders (Mortazavi et al., 2014). It was also noted that parity, age, and birthing style affected WHOQOL-BREF scores.

Another study conducted by Coates, Ayers, and Visser (2014), focused on psychological factors and its relations to postnatal distress. A sample of 17 women aged 23-42 were questioned about their distressing experiences, and were asked to share any issues they felt were relevant to their current feelings of distress. The results included feelings of distance and avoidance of emotions, as well as an unusual sense of unease while caring for their new babies (Coates et al., 2014). There were also significant results of birth type related distress and poor breastfeeding experiences. Because of these reports, women experienced more emotional distress, as well as a decreased QOL because of difficult transitions into motherhood. These feelings of detachment and confusion concerning their detachment led to feelings of tiredness and trauma after birth (Coates et al., 2014).

Expectations of motherhood. Research supported that maternal expectations can impact the emotional resilience and health of postpartum women and lead to conditions of PPD at six weeks postpartum (Henshaw, Fried, Teeters, & Siskind, 2014). Often mothers find themselves struggling to adjust to unrealistic transitions into motherhood- leading to feelings of helplessness and loss of control. Postpartum emotional adjustment was influenced negatively by beliefs of naturally fulfilling parental experiences, need for change and sacrifice, as well as the infant's temperament (Henshaw et. al, 2014). Mothers that held the expectations of having automatic emotional fulfillment after birth were likely to show signs and symptoms of depressive episodes. Other women planned to utilize new parenthood as a chance to change into an individual of selflessness and maturity, but of course, a child's temperament and attitude can heavily affect a

mother's resilience and mood. Thereby, a mother could easily feel overwhelmed and lacking in parental expertise. Likewise a study done by Staneva and Wittkowski (2013), revealed that the expectations of motherhood often included myths about being "superwoman" and once these personal goals were unmet, women were often left feeling overwhelmed and unprepared in their new roles as mothers.

Self-efficacy and self-esteem have been noted as other topics of interest concerning the QOL in postpartum women. Women that are able to have confidence prior to beginning their journeys as new mothers, are more likely to adapt and cope with the stresses of motherhood (Lazarus & Rossouw, 2015). Low self-esteem has been found to be a causative factor in PPD, leading to feelings of uncertainty and distress (Lazarus & Rossouw, 2015). Mothers that admitted to having low self-esteem and low confidence in their parenting skills were more likely to feel out of control, and helpless when it came to tending to their children. In contrast to women with low self-esteem, those that were "prepared for the worst," were more likely to prevail in smoothly adapting to the stresses of parenthood (Lazarus & Rossouw, 2015). Women that were provided more information about motherhood, as well as additional support were noted to have more confidence in their competencies as mothers.

An extensive literature review done by Wardrop and Popadiuk (2013) looked closer at how issues of support, isolation, and myths about motherhood can increase anxiety and stress in postpartum women. Despite having multiple forms of support systems, as well a professional backgrounds, women often reported a lack of reassurance and validity towards their experiences as new mothers. Participants of the study often felt lonely and isolated, leading to feelings of

anxiety and depression (Wardrop and Popadiuk, 2013). Because of this, women were more likely to lack in appropriate confidence necessary to form positive bonding with their newborns.

Factors Affecting Expectations and Maternal Quality of Life

An integrative review done by Calou, Pinheiro, Castro, Oliveira, Aquino, & Antezana (2014) measured three factors affecting the QOL in postpartum women. The authors examined physiological, psychological, and social variable changes that occur during pregnancy. These changes can aggravate pre-existing comorbidities or produce symptoms that affect the QOL.

Physical Factors. Multiple studies have exemplified reasons to believe why physical factors can affect the QOL in postpartum women. Variables to be taken into consideration are a woman's delivery type, gravidity and parity, as well as the number of children and pregnancies she has had in the past. Mode of delivery, specifically vaginal delivery, suggested better physical health and mental health after delivery versus the results of a cesarean section (c-section) ($p=0.034$ between both variables) (Sadat, Taebi, Saberi, & Kalarhoudi, 2013). Women that were capable of having vaginal deliveries produced higher scoring results physically, mentally, and socially on the SF-36 quality of life (SF-36 QOL) questionnaire at four months postpartum. Those that chose to undergo vaginal deliveries showed positive physical prognoses at 2 months postpartum, as well as higher mental health-related quality of life (HRQoL) scores at 4 months postpartum compared to mothers that underwent c-sections. According to the study done by Sadat et. al, (2013), further efforts should be made to reduce the need for c-sections.

Although there are not many studies pertaining to gravidity and parity and its relations to increased or decreased QOL postpartum, there have been significant studies concerning the number of children a woman has and how this can affect her confidence in parenting. In a study

done by Lazarus and Rossouw (2015), women were asked about their self-expectations as mothers on a 4-point Likert scale, resulting in internal consistency scores for the Expectations subscales for up to three children: first baby $\alpha=.66$ second baby $\alpha=.67$, and third baby $\alpha=.58$. Because of this evidence, it can be assumed that with past motherhood experience, a woman's self-expectations decrease, also suggesting first time mothers are more likely to set higher expectations for themselves, thus affecting their transition into motherhood (Lazarus & Rossouw, 2015).

Physical factors that influence the results of quality of life postpartum should be monitored and noted further in the healthcare setting. Improvements such as patient centered care plans can be utilized to promote a greater transition into motherhood, as well as prevent physical factors from impeding mothers from enjoying their motherly experience.

Family and Social Factors. This study observed the effects of social support, attending support groups, and utilizing textual resources such as books on childcare or online blogs for motherhood. Ultimately, the external components such as family support and media have been shown to lead to neglect of the child, family breakdown, self-harm, and suicide (Gurudatt, 2014). Therefore, it is pertinent that health professionals in particular monitor the well being of mothers in their home settings, as well as the resources they refer to.

Having a solid support system from family and significant others involved often affects how a mother copes with her new responsibilities as a mother, and can easily influence how well she can adjust to life after birth. Women that have higher levels of social support are less likely to exhibit symptoms of depression following childbirth whereas women with less supportive networks are considered more susceptible to mental health issues and distress (Reid, 2015).

Women that participated in PPD support groups reported high satisfaction with their support groups, allowing them to improve their problem-solving and coping with anxiety, panic, intrusive thoughts, as well as experience positive behavioral change at 8 weeks postpartum (Pessler, 2016). Being able to voice their concerns collectively and openly allowed women to fully recognize their distress; therefore allowing them to seek the appropriate need and attention they need concerning their fears and discomforts concerning motherhood.

Findings from Morikawa et al. (2015) have studied the factors of maternal age, parity, and the number of available number of persons who could provide support during pregnancy. The quality of social support during pregnancy was not significantly associated with maternal PPD . According to the usage of the multidimensional scale of perceived social support (MSPSS) there was no significant relationship; despite treating depression as a covariate, satisfaction with social support had no significant effect on a woman's mental health postpartum (Morikawa et. al, 2015). Along with this finding, personality traits of mothers should be taken into consideration, suggesting more studies should be conducted concerning this component. The number of supportive persons can reduce the possibilities of postpartum depressive symptomatology, thus, recommending the interventional use of social networking and psychosocial interventions to improve a woman's mental state and wellness after birth. (Morikawa et. al, 2015). The larger a woman's support system, the more likely she is to feel comfortable and reassured in her motherly transitions and responsibilities.

Psychological factors. Depression and anxiety have been known to affect the quality of life postpartum.

Depression. Professionals that take a closer look at postpartum depression focus on how depression affects the daily function of mothers, as well as the factors that may develop depression. The physical, mental, and psychological well being of the mother is pertinent to the development of her infant (Gurudatt, 2014). The strain of these expectations likely cause the mother to feel overwhelmed, leading to stress and isolation. Postpartum depression levels usually peak because of unaccustomed stress that come with motherhood, thus, triggering depression, anxiety, and other psychological problems (Gurudatt, 2014). A meta-synthesis study done by Mollard (2014), found five major themes that contributed to the development of PPD; (1) practical life concerns; (2) crushed maternal role expectations; (3) going into hiding; (4) loss of sense of self; and (5) intense feelings of vulnerability. If this proposed theory concerning these five major themes is correct, awareness of each process could add onto existing treatment methods, as well as prevention and treatment (Mollard, 2014).

PPD has been a known factor to affect the performance of working women, but has also been more pertinent in mothers that are non-working or did not achieve higher education. The Hamilton Depression Rating Scale (HAM-D) was used in a study done by Gurudatt (2014) to examine the depression rates among working and non-working women. Sixty-four percent of mothers that were unemployed had a higher rate of depression due to a lack of education and awareness, as well as turbulent marital life, and a lack of support. Many of the individuals that participated in the study reported anhedonia, as well as a decreased interest in returning to the working environment (Gurudatt, 2014). Both working and non-working women reported the family structure as one of the greatest factors to their depression; often stating that having a support system provides relief from anxiety and other stressors of life. Mothers that continued to

pursue their careers postpartum were often a part of nuclear families, meaning they likely had to work less, had double income, and had more emotionally closer bonds to their family members and friends because of their sense of security in life (Gurudatt, 2014). Because of this increase in security, mothers that continued to pursue their careers postpartum were far more open to seeking psychological help because they were more educated about its benefits, and had less of a stigma towards the idea of mental illness.

Anxiety. Although depression is considerably pertinent to the study of women postpartum and their adjustment to motherhood, recent studies noted the prevalence of anxiety and its relation to a decreased QOL (Field, 2017). This study in particular focused on taking a closer look at anxiety and its comorbidity to PPD. After utilizing the Depression, Anxiety, and Stress Scale (DASS); only 13% of the 1,659 interviewees were reported to have anxiety, whereas 19% reported depression (Field, 2017). Groups of women that reported greater incidents of anxiety likely had higher greater occurrences of posttraumatic stress disorder (PTSD) post child birth (Coates et. al, 2014). Women that struggled with anxiety after delivery complained of altered mother-infant interactions, developmental difficulties, obsessive compulsive disorder (OCD), specific phobias, or panic disorders. A majority of these women experienced uncontrollable worry about motherhood and or their infant, particularly worrying over; whether or not they were handling the role of a mother appropriately, sense of loss of autonomy, time, appearance, femininity, sexuality, occupational identity and feelings of loneliness (Coates et. al, 2014).

Anxiety can be caused by certain factors that affect women during and after childbirth. These multiple factors have been split into four groups; demographics, childbirth experiences, social support, and history of past psychiatric and psychological problems (Field, 2017). Field

(2017) observes risk factors such as education, parity, education level, employment, birthing methods, infant's health after birth, social support, as well as a history of prenatal depression and anxiety. Because anxiety is often overlooked compared to depression in the postpartum population, it is important to note the negative impact postpartum anxiety can have on a newborn. Several negative developmental effects were noted to follow postpartum anxiety, specifically affecting the positive bonding and interactions between mother and baby (Field, 2017). Babies were more likely to have temperament issues, and mothers were more likely to express avoidance towards their newborns, thus leading to decreased success in breastfeeding, as well as decreased feelings of control in postpartum women (Field, 2017). Because of recent studies pertaining to the QOL in postpartum women, it is important to continue addressing potential factors that affect a mother and infant's wellbeing after birth, as well as how these factors can be modified.

Summary of the Literature

Based off of the review of literature, more information and observation is required concerning the relational significance of maternal expectations, psychological and psychiatric status, as well as maternal attitudes and attributes on the QOL postpartum. The contributions of this study include data that measures these factors in the postpartum population, as well as how health professionals can potentially address and modify these factors. After thorough research, socioeconomic status, employment, support systems, method of delivery, gravidity, parity, and psychological history still seem to be significant when it comes to affecting the outcomes being studied. Just as the initial review of the literature, depression and anxiety will likely have a

negative toll on postpartum QOL. Lastly, this study contributes a closer look at maternal expectations and how it still affects the postpartum population today.

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