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Keziah Kahiga
Department of Midwifery, Jomo Kenyatta University of Agriculture and Technology, Juja, Kenya

Drusilla Makworo
Department of Community Health, School of Nursing, Jomo Kenyatta University of Agriculture and Technology, Nairobi, Kenya

Stephen Ndegwa
Department of Psychology, School of Human and Social Sciences, Daystar University, Nairobi, Kenya

Corresponding Author:
Keziah Kahiga
Department of Midwifery, Jomo Kenyatta University of Agriculture and Technology, Juja, Kenya

Childbirth experiences and post-partum depression among mothers in selected hospitals in Kiambu, Kenya

Keziah Kahiga, Drusilla Makworo and Stephen Ndegwa

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Abstract
Assessing for the psychosocial status and management of risks for post-partum depression among pregnant mothers is an indispensable aspect of peri-partum care. Two groups of mothers were assessed for post-partum depression, one having gone through the routine antenatal care, and one having been taken through supplementary teaching on emotional management, social support, health lifestyle, economic empowerment, and group therapy.
Methods: A quasi-experimental non-equivalent groups design was used and a sample of 392 pregnant mothers (experimental group 196; control group 196) in two different hospitals in their first or second trimesters was obtained using the simple random sampling design.
Findings: Mothers in both groups reported positive experiences regarding their mental health, satisfaction with their partner and other loved ones' support, experiences during labour and delivery as well as satisfaction with child and family care. The experimental group had relatively higher positive experiences as compared to the control group.
Conclusion: Assessing for and managing psychosocial risks among pregnant mothers results in positive experiences and lowers the incidence of post-partum depression.

Keywords: Psychosocial assessment, psychosocial management, post-partum experiences, post-partum depression

Introduction
While it is crucial to assess mothers during pregnancy for risks of post-partum depression [7], Psychosocial screening followed by accurate interpretation and appropriate interventions have been proved to protect against the risk of a mental disorder. screening alone for psychosocial risks without intervening does not improve patient outcomes [10]. The management for psychosocial derangements is multifaceted and different researchers have used different approaches to identify the most effective ones in terms of health outcomes and cost. There ought to be a well-coordinated antenatal programme that includes psychosocial care [23]. Most times management particularly where pharmacological management is indicated, the consideration of the benefit-risk equation has to be employed [32]. The appropriate intervention should be guided by the woman's mental status, the availability of community services as well as accessibility to these services [28].
Training mothers on antenatal emotional self-management has successfully reduces the development of post-partum depression. Group therapy was also found to offer a sense of belonging and collective sharing of challenges [42]. Encouraging a healthy lifestyle during pregnancy has both a direct and an indirect effect on postpartum depression [27]. Fiala et al., (2017) suggested that social counselling, couple counselling, family and friend support can reduce the pathology associated with postnatal depression [12]. It is further evident that women prefer to seek help first from partners and family members as opposed to consulting health professionals.
Postpartum also known as postnatal depression is a major depressive disorder occurring in the first year after childbirth and has been recognized as the most common obstetric emergency [38], even more common than hypertensive disorders and gestational diabetes. It is the most common disorder among women after giving birth that is unfortunately undiagnosed or misdiagnosed [40] as it is often thought the woman is only adjusting to motherhood and will soon feel better.

Despite the negative effects of postpartum depression to include poor self-care, ineffective parenting, possible self and child harm [16, 20], its prevalence remains alarmingly high at 19% worldwide [21, 22]

The prevalence of post-partum depression (PPD) in the United States of America is 11% whereas the average prevalence in the western countries ranges from 9% to 17% [39]. Other regions in the world where prevalence of post-partum depression has been established include Canada (10%), India (23 %), Pakistan (28%) and Bangladesh (22%) [8]. The variance in prevalence rates of PPD in different parts of the globe could be because of different methods employed in the studies, could also be because of different vulnerabilities that put women of reproductive age at certain risks depending on both internal and external factors. The data on prevalence of PPD in Africa remains scanty it seems to be more rampant by 25% in low- and middle-income countries as compared to high income countries [4].

Materials and Methods

Two groups of mothers from two level five hospitals were studied using the quasi-experimental nonequivalent groups design. The sample size was calculated using the formula for Sample Sizes for Two Independent Samples, Dichotomous Outcome and 196 mothers from each hospital were obtained through simple random sampling from the antenatal records. The mothers had to be in their first or second trimester, were attending antenatal care in the two hospitals, had scored 23 and above in the ANRQ and were willing to be followed up after delivery.

The mothers in the experimental group were taken through the routine antenatal care as well as complementary teachings on emotional management, social support, health lifestyle and economic empowerment. They were also grouped after the teachings to allow for sharing and peer engagement. The meetings were held twice, and issues of concern were addressed. The mothers in the control group went through the routine antenatal care only.

To compare the birth experiences and post-partum depression, both groups of mothers were followed up until between two and six weeks post-delivery where they were assessed in reference to birth experiences and post-partum depression using the antenatal risk questionnaire (ANRQ) [6]; the post-partum section and the Perinatal Depression Screening (PDEPS) [15].

The mothers consented to freely participate in the study, research permit was obtained from a university review board and the National Commission for Science, Technology and Innovation (NACOSTI). Permission to conduct the study was granted by the County officials, the hospitals and the Units administration. Mothers who were found to have issues of concern during the meetings were referred using the existing referral mechanisms.

Results

The areas assessed using the PDEPS included: “thinking there are problems with your mind”; “feeling hopeless about the future”; “thinking it would be better if you had never been born”; Feeling that you are low compared to other people”; feeling unable to take care of your children or family”; having problems with partner or loved ones”; feeling like you just want to go back to your maternal home”; Feeling anxious or worried for no good reason” and “crying because of sadness”.

The ANRQ had three questions: “was your experience of giving birth to this baby disappointing or frightening; “Has your experience of parenting this baby been a positive one” and “Overall has your baby been unsettled or feeding poorly”.

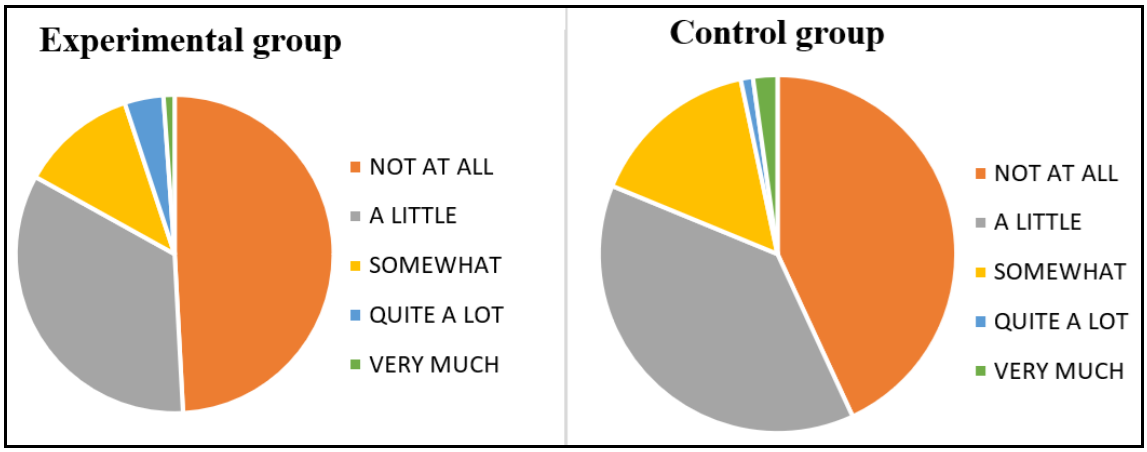
Table 1: Post-partum depression

		(Experimental group)		(Control group)	
		Frequency	**Percent**	**Frequency**	**Percent**
Thinking there Are problems with your mind	Not at all	144	81.4	139	76.8
	Several days	32	18.0	38	21.0
	> seven days	0	0	4	2.2
	Nearly every day	1	.6	0	0
Feeling hopeless about the future	Not at all	156	88.1	148	81.8
	Several days	19	10.8	29	16.0
	> seven days	2	1.1	1	.6
	Nearly everyday	0	0	3	1.6
Thinking that it would be better if you had never been born	Not at all	174	98.3	173	95.6
	Several days	3	1.7	8	4.4
Feeling low compared to other people	Not at all	151	85.3	146	80.7
	Several days	24	13.5	34	18.7
	>seven days	1	.6	0	0
	Nearly every day	1	.6	1	.6
Feeling unable to take care of children and family	Not at all	165	93.2	165	91.2
	Several days	9	5.1	13	7.2
	> seven days	3	1.7	2	1.0
	Nearly every day	0	0	1	.6
Having problems with partner or loved ones	Not at all	137	77.4	146	80.7
	Several days	35	19.8	30	16.6
	More than 7 days	2	1.1	2	1.0
	Nearly every day	3	1.7	3	1.7
Feeling like you just want to go back to your maternal home	Not at all	166	93.8	152	84
	Several days	8	4.5	26	14.3
	>seven days	2	1.1	1	1.1
	Nearly every day	1	.6	2	1.1

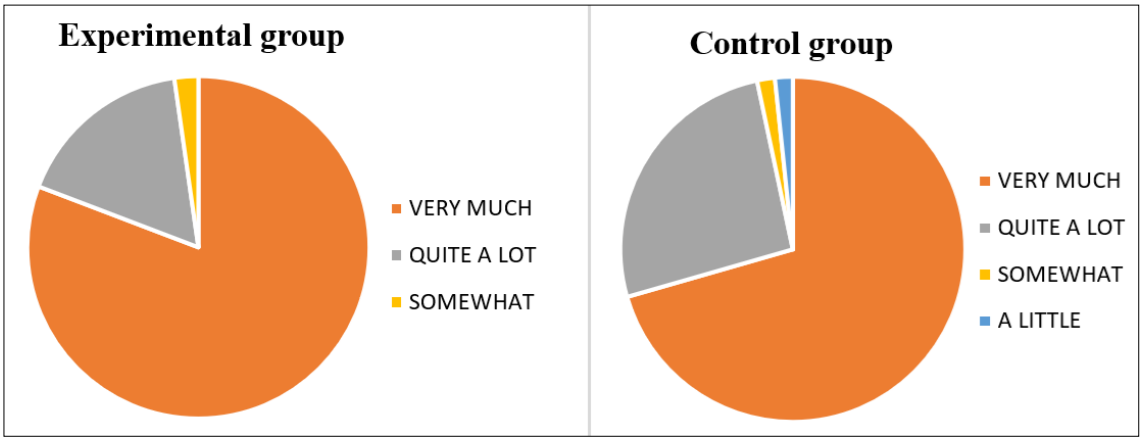
Feeling like you just want to go back to your maternal home	Not at all	166	93.8	152	84
	Several days	8	4.5	26	14.3
	>seven days	2	1.1	1	1.1
	Nearly every day	1	.6	2	1.1
Feeling anxious for no good reason	Not at all	118	66.7	102	56.4
	Several days	53	29.9	75	41.4
	>seven days	5	2.8	3	1.6
	Nearly every day	1	.6	1	.6
Crying because of sadness about the future	Not at all	160	90.4	152	84
	Several days	16	9.0	26	14.3
	>seven days	1	.6	1	.6
	Nearly every day	0	0	2	1.1

Birth and post-partum experiences

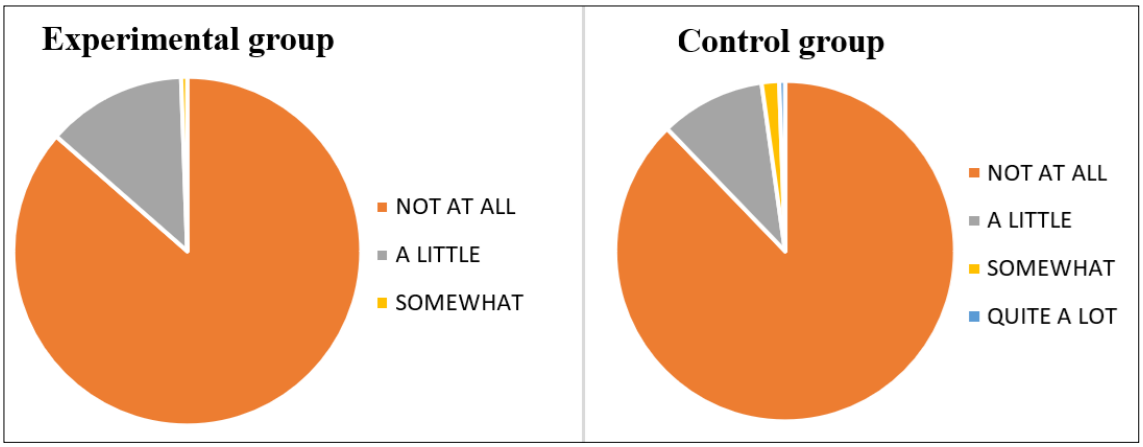
1. **Was your experience of giving birth to this baby disappointing of frightening?**



2. **Has your experience of parenting this baby been a positive one?**



3. **Overall has your baby been unsettled or feeding poorly?**



Discussion

Most of the respondents (81.4% in the experimental and 76.8% in the control group) did not report thinking there are problems with their mind. This suggests a relatively low prevalence of these concerns in this population. Other researchers have determined that mothers in the early periods of adapting to motherhood experience fluctuating levels of distress ranging from anxiety, insomnia to depression [26]. Notably there is a lower proportion in the control group compared to the experimental group indicating there were relatively more mothers in the control group that reported thinking there are problems with their mind. The 18.6% and the 23.2% in both reporting this feeling from several days to nearly every day represent a proportion of mothers with negative emotions post-delivery. This subgroup may require targeted interventions and support. Arguably the mothers who underwent psychosocial management during the antenatal period had less complains than their counterparts underpinning the need to incorporate psychosocial care to the antenatal programs supporting other similar findings [33].

There was a relatively low prevalence of hopelessness about the future as depicted by the 88.1% in the experimental and 81.8% in the control group did not report such. Studies have established that most hopelessness was experienced by mothers during the COVID 19 pandemic, owing to the isolation and limited social support [19]. The findings underscore the importance of examining not just the prevalence but also the intensity and duration of feelings of hopelessness in mental health research. Hopelessness could result in more severe forms of mental illness and curtail the victims from seeking health care when needed [34].

An overwhelming majority of the respondents in both populations (98.3% and 95.6% respectively) admitted to having never thought it would be better if they were not born, with the experimental group showing a small positive variation. This suggests a robust resilience or lack of inclination toward this particularly negative contemplation. There does not seem to be studies reporting such nuances and women are concerned about achieving positive motherhood characterised by self-esteem, competence and autonomy [13]. They take pride in positive adaptations further supporting why 85.3% and 80.7% of the respondents did not report feeling low when compared to other people and 90.4% and 84% respectively reporting not crying at all due to sadness about the future. Notably, the experimental group had more mothers exhibiting this positivity. There might be an inclination towards being hopeful about the future and facing the everyday challenges with resilience. There were mothers who felt low though in a study conducted in England it was affirmed that often mothers felt disaffirmed, and their competence undermined [24]. Women who exhibit high self-esteem have confidence in their maternal role and struggle less with life balance [40]. A positive self-image and self-belief are stimuli to a pregnant woman to seek emotional management sessions, best practices in self and childcare, attend antenatal care duly, develop a birth plan, prepare for emergencies, and look out for economic empowerment. Where this process is optimal, mothers exhibit joy, self-confidence, and an enhanced capacity to thrive [13].

A significant proportion of the mothers did not report feeling unable to take care of their children or family. Contrary to this most mothers have a greater tendency to insolvency and helplessness related to childcare [3]. The rest of the mothers reporting feeling unable to take care of their children or family for different lengths of time indicates the presence of individuals experiencing persistent feelings of being unable to fulfil this role. This is consistent with other research that found variable prevalences of parental burnout [35, 36] and parental burnout may be related to parental burden [14], but the current study did not establish this phenomenon. Although the control Group has a slightly higher percentage of mothers exhibiting these difficulties, both groups show a notable frequency of individuals expressing these feelings on an occasional basis. In a study to measure experience and satisfaction with newborn care, it was established that there is no standard tool to do so [25] and therefore the mothers may have responded from their subjective understanding of baby care.

A notable proportion of the respondents (77.4% and 80.7% respectively) did not report having problems with their partner or other loved ones. This demonstrates a significant proportion of individuals in the study population do not perceive issues in their relationships. These proportions are much higher than those reported among Iranian women where there was 39.5% spousal support and 32.8% family support [1]. The rest who reported having problems from several days to nearly every day illuminate a group of mothers who are highly predisposed to post-partum depression as poor social support is a precursor to this predicament [5] whereas adequate social support is preventive against post-partum depression [29]. Similarly, it is acknowledged that perceived spousal support results in lower post-partum depression scores [18].

A large population did not express the desire to go back to their maternal home. This may be suggestive of a high level of resilience or contentment with their current living situation, with a minimal inclination to return home. However, in a study conducted in China, there was more propensity for women to feel more comfortable with their own mothers as they felt understood [41]. Duan et al (2020) in a study conducted in China there were positive correlates between marital satisfaction and mother-in-law/ daughter in law relationship [11]. The rest of the mothers in both populations reported having the desire for varied number of days to go back. This may indicate transient homesickness or occasional longing for the familiarity and comfort of one's maternal home during specific periods. A poor relationship with in laws can result in severe mental distress especially during the perinatal period when the mother requires maximum attention and support [2].

An average number of the mothers did not feel anxious or worried for no good reason. This is important as persistent worry leads to postpartum depression. The 29.2% in the experimental and 41.4% in the control group who feel anxious or worried for several days should raise an alarm within the reproductive health sector. These are mothers who will have difficulties taking care of self, the baby, and the family as a whole and if not checked will easily slip into depression. A study in Iran demonstrated that mothers experienced various mental preoccupations of concerns about the health, nutrition, and proper growth of their child [3]. These were likely to be those who had faced challenges with their pregnancy.

There was a range of experiences during childbirth, with varying degrees of disappointment or fright. A less than average number of the participants (49.2; 43.1%) reported "NOT AT ALL," being disappointed or frightened,

suggesting a positive experience. A substantial number of mothers had some level of discomfort or fright during childbirth. This represents over 50% 0f the population which raises the question of how much the mothers were prepared during the antenatal period. Similarly, mothers who found their birth experience to be highly traumatic exhibited higher levels of post-partum depression [9, 37]. Mothers should have adequate teaching of mothers during focussed antenatal care to include the expectation during labour and emergency preparedness. Conversely, there are reports of mothers expressing absolute satisfaction and excellent satisfaction during labour and delivery [17]. Experiences during childbirth depend on the health care provider, health care facility, the anticipated social support, myths or misinformation warranting a need to investigate further which among this or any other resulted in the mothers feeling disappointed or frightened. Many are the times when women feel loss of control during labor and this potentiates the development of depressive symptoms [30].

The mothers rated their experience of parenting the baby as moderately to highly positive. Having the mothers transition positively to motherhood is a desirable virtue as they worry less and can adequately care and provide for the baby. A relatively small group found the experience not very positive mirroring the findings in a study conducted in USA [17]. This could be mothers who perceived inadequate social support, may be having financial constrains or the baby presented with some health challenges. In a study to identify the psychosocial determinants of postpartum depression and maternal well-being among mothers in the Accra metropolis it was argued that anxiety about childcare gives rise to depression [31].

Most mothers felt a high level of satisfaction regarding their baby's behaviour and feeding. These findings are different from others that found that most mothers struggled with several aspects of baby care to include feeding, sleeping and elimination needs [41]. Fulfilment with bay care can save the mothers the frustrations that come with motherhood and save them from unnecessary worry and anxiety. However, there is a subset of participants with some level of concern. This group is minimal, but it's essential to acknowledge that there are participants with a somewhat distressing experience.

Conclusion

The assessment for several feelings during labour, delivery and post-partum period elicited positive experiences with most mothers reporting having never wished they were not born and a relatively lower number reporting they were either disappointed or frightened during delivery.

Comparatively, more mothers in the experimental group reported more positive experiences in reference to childbirth and parenting than their counterparts in the control group.

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Author's Contribution

Not available

Conflict of Interest

Not available

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References

1. Ahmadpour P, Faroughi F, Mirghafourvand M. The relationship of childbirth experience with postpartum depression and anxiety: a cross-sectional study. BMC Psychology. 2023;11:58. https://doi.org/10.1186/s40359-023-01105-6.
2. Anjum F, Batool Z. An analytical study of contributory factors of postpartum depression among women in Punjab, Pakistan. Rawal Medical Journal. 2019;44(1):130-133.
3. Asadi M, Noroozi M, Alavi M. Exploring the experiences related to postpartum changes: perspectives of mothers and healthcare providers in Iran. BMC Pregnancy and Childbirth. 2021;21(1):7. https://doi.org/10.1186/s12884-020-03504-8.
4. Atuhaire C, Brennaman L, Cumber SN, Rukundo GZ, Nambozi G. The magnitude of postpartum depression among mothers in Africa: a literature review. Pan African Medical Journal. 2020;37:89. DOI: 10.11604/pamj.2020.37.89.23572.
5. Austin M-P, Reilly N, Mule V, Kingston D, Black E, Hadiz-Pavlovic D. Disclosure of sensitive material at routine antenatal psychosocial assessment: The role of psychosocial risk and mode of assessment. Women and Birth; c2022. https://doi.org/10.1016/j.wombi.2021.04.005.
6. Austin MP, Colton J, Priest S, Reilly N, Hadzi-Pavlovic D. The antenatal risk questionnaire (ANRQ): acceptability and use for psychosocial risk assessment in the maternity setting. Women and Birth. 2013;26(1):17-25. DOI: 10.1016/j.wombi.2011.06.002.
7. Austin MP, Highet N. The Expert Working Group. Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence; c2017.
8. Azad R, Fahmi R, Shrestha S, Joshi H, Hasan M, Khan ANS, *et al*. Prevalence and risk factors of postpartum depression within one year after birth in urban slums of Dhaka, Bangladesh. PLoS ONE. 2019;14(5):e0215735. https://doi.org/10.1371/journal.pone.0215735.
9. Bay F, Sayiner FD. Perception of traumatic childbirth of women and its relationship with postpartum depression. Women's Health. 2021;61(5):479-489. DOI: 10.1080/03630242.2021.1927287.
10. Byatt N, Biebel K, Simas TA, Sarvet B, Ravech M, Allison J, *et al*. Improving perinatal depression care: the Massachusetts child psychiatry access project for moms. General Hospital Psychiatry. 2016;40:12-17.
11. Duan Z, Wang Y, Jiang P, Wilson A, Guo Y, Lv Y, *et al*. Postpartum depression in mothers and fathers: a structural equation model. BMC Pregnancy and Childbirth. 2020;20:537. https://doi.org/10.1186/s12884-020-03228-9.
12. Fiala A, Švancara J, Klánová J, Kaspalek T. Sociodemographic and delivery risk factors for developing postpartum depression in a sample of 3233 mothers from the Czech ELSPAC study. BMC Psychiatry. 2017;17:104.

https://doi.org/10.1186/s12888-017-1261-y.
13. Finlayson K, Crossland N, Bonet M, Downe S. What matters to women in the postnatal period: A meta-synthesis of qualitative studies. PLoS ONE. 2020;15(4):e0231415. https://doi.org/10.1371/journal.pone.0231415.
14. Gérain P, Zech E. Informal Caregiver Burnout? Development of a Theoretical Framework to Understand the Impact of Caregiving. Frontiers in Psychology. 2019;10:1748. DOI: 10.3389/fpsyg.2019.01748.
15. Green EP, Tuli H, Kwobah E, Menya D, Chesire I, Schmidt C. Developing and validating a perinatal depression screening tool in Kenya blending Western criteria with local idioms: A mixed methods study. Journal of Affective Disorders. 2018;228:49-59. https://doi.org/10.1016/j.jad.2017.11.027.
16. Hiremath P. Need for Psychological Assessment during Pregnancy- A Nursing Perspective. Global Journal of Nursing & Forensic Studies. 2016;1:107. DOI: 10.4172/2572-0899.1000107.
17. Jacob A, Thomas T, Antretter J. Perceptions of Postpartum Mothers of Their Experiences as a Patient During COVID-19 Crisis: A Phenomenological Study. Journal of Patient Experience. 2022;9:23743735221147761. DOI: 10.1177/23743735221147761.
18. Kızılırmak A, Calpbinici P, Tabakan G, Kartal B. Correlation between postpartum depression and spousal support and factors affecting postpartum depression. Healthcare for Women International. 2021;42(12):1325-1339. DOI: 10.1080/07399332.2020.1764562.
19. Lamy ZC, Thomaz EB, Silva-Junior AG, Alexandre GC, Alves MT, Carvalho RH. Experiences of women in prenatal, childbirth, and postpartum care during the COVID-19 pandemic in selected cities in Brazil: The resignification of the experience of pregnancy and giving birth. PLoS ONE. 2023;18(5):e0284773. https://doi.org/10.1371/journal.pone.0284773.
20. Lerardi E, Ferro V, Trovato A, Tambelli R, Crugnola C. Maternal and paternal depression and anxiety: their relationship with mother-infant interactions at 3 months. Archives of Women's Mental Health. 2019;22(4):527-533. https://doi.org/10.1007/s00737-018-0919-x.
21. Lewis BA, Billing L, Schuver K, Gjerdingen D, Avery M, Marcus BH. The relationship between employment status and depression symptomatology among women at risk for postpartum depression. Women's Health (London). 2017;13(1):3-9. DOI: 10.1177/1745505717708475.
22. Madlala S, Kassier SM. Antenatal and postpartum depression: effects on infant and young child health and feeding practices. South African Journal of Clinical Nutrition. 2018;31(1):1-7. DOI: 10.1080/16070658.2017.1333753.
23. Mathibe-Neke JM, Masitenyane S. Psychosocial Antenatal Care: A midwifery Context. http://dx.doi.org/10.5772/intechopen.80304.
24. McLeish J, Harvey M, Redshaw M, Alderdice F. A qualitative study of first-time mothers' experiences of postnatal social support from health professionals in England. Women and Birth. 2021;34(5):e451-e460. DOI: 10.1016/j.wombi.2020.10.012.
25. Minckas N, Kharel R, Ryan-Coker M, Lincetto O, Tuncalp O, Sacks E, et al. Measuring experience of and satisfaction with newborn care: a scoping review of tools and measures. BMJ Global Health. 2023;8:e011104. DOI: 10.1136/bmjgh-2022-011104.
26. Murphey C, Carter P, Price L, Champion J, Nichols F. Psychological Distress in Healthy Low-Risk First-Time Mothers during the Postpartum Period: An Exploratory Study. Nursing Research and Practice. 2017;2017:8415083. https://doi.org/10.1155/2017/8415083.
27. Omidvar S, Faramarzi M, Hajian-Tilak K, Nasiri Amiri F. Associations of psychosocial factors with pregnancy healthy lifestyles. PLoS ONE. 2018;13(1):e0191723.
28. Ongeri L, Wanga V, Otieno P, Mbui J, Juma E, Stoep AV, et al. Demographic, psychosocial and clinical factors associated with postpartum depression in Kenyan women. BMC Psychiatry. 2018;18:318. https://doi.org/10.1186/s12888-018-1904-7.
29. Osok J, Kigamwa P, Stoep AV, Huang KY, Kumar M. Depression and its psychosocial risk factors in pregnant Kenyan adolescents: a cross-sectional study in a community health Centre of Nairobi. BMC Psychiatry. 2018 May 18;18(1):136. DOI: 10.1186/s12888-018-1706-y. PMID: 29776353; PMCID: PMC5960084.
30. Ostacoli L, Cosma S, Bevilacqua F, Berchialla P, Bovetti M, Carosso AR, *et al*. Psychosocial factors associated with postpartum psychological distress during the Covid-19 pandemic: a cross-sectional study. BMC Pregnancy and Childbirth. 2020 Nov 18;20(1):703. DOI: 10.1186/s12884-020-03399-5. PMID: 33208115; PMCID: PMC7671935.
31. Paddy A, Asamoah-Gyimah K, Nkyi A. Psychosocial Determinants of Postpartum Depression and Maternal Well-Being among Postnatal Women. Open Journal of Psychiatry. 2021;11:138-159. DOI: 10.4236/ojpsych.2021.113012.
32. Ravesteyn LM, Lambregtse-van MP, Hoogendijk WJ, Kamperman AM. Interventions to treat mental disorders during pregnancy: A systematic review and multiple treatment meta-analysis. PLoS One. 2017 Mar 30;12(3):e0173397. DOI: 10.1371/journal.pone.0173397. PMID: 28358808; PMCID: PMC5373816.
33. Reilly N, Austin M. An evaluation of routine antenatal depression screening and psychosocial assessment in a regional private maternity setting in Australia. Journal of Obstetrics and Gynaecology. 2018:1-14(42).
34. Roberts J, Hopp H, Sealy DA, Manda-Taylor L, Mataya R, Gleason P. The role of cultural beliefs in accessing antenatal care in Malawi: a qualitative study. Public Health Nursing. 2017 Jan;34(1):42-99.
35. Rodriguez RS, Laflaquière E, Orsini E, Pierce T, Callahan S, Séjourné N. Maternal fatigue and burnout: From self-forgetfulness to environmental expectations. European Review of Applied Psychology. 2020 Dec 1;70(6):100601.
36. Roskam I, Aguiar J, Akgun E, Arikan G, Artavia M, Avalosse H, et al. Parental burnout around the globe: A 42-country study. Affective Science. 2021 Mar;2(1):58-79.
37. Rosseland L, Reme S, Simonsen T, Thoresen, M, Nielsen C, Gran M. Are labor pain and birth experience

associated with persistent pain and postpartum depression? A prospective cohort study. May 2020. Scandinavian Journal of Pain. -1(ahead-of-print). DOI: 10.1515/sjpain-2020-0025.
38. Ruyak SL, Qeadan F. Use of the Antenatal Risk Questionnaire to Assess Psychosocial Risk Factors Associated with Risk for Postpartum Depression: A Pilot Study. Journal of Midwifery and Women's Health. 2018 Aug 23. 10.1111/jmwh.12873. DOI: 10.1111/jmwh.12873. Epub ahead of print. PMID: 30137692; PMCID: PMC6387645.
39. Simhi M, Sarid O, Cwikel J. Preferences for mental health treatment for post-partum depression among new mothers. Israel Journal of Health Policy Research. 2019 Dec 5;8(1):84. DOI: 10.1186/s13584-019-0354-0. PMID: 31806009; PMCID: PMC6894496.
40. Sharifzadeh M, Navininezhad M, Keramat A. Investigating the relationship between self-esteem and postpartum blues among delivered women. Journal of Research in Medical and Dental Science. 2018;6(3):357-362. DOI: 10.24896/jrmds.20186355.
41. Xiao X, Ngai Fw, Zhu Sn. Loke AY. The experiences of early postpartum Shenzhen mothers and their need for home visit services: a qualitative exploratory study. BMC Pregnancy and Childbirth. 2020;20:5. https://doi.org/10.1186/s12884-019-2686-8.
42. Zhao Y, Munro-Kramer ML, Shi S, Wang J, Zhao Q. Effects of antenatal depression screening and intervention among Chinese high-risk pregnant women with medically defined complications: A randomized controlled trial. Early Intervention in Psychiatry; c2018. p. 1-9. https://doi.org/10.1111/eip.12731.

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