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## Postnatal blues: Nursing perspective

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### Abstract

Postnatal blues is a temporary emotional disturbance experienced by new mothers within the first two weeks after childbirth, resulting from hormonal and lifestyle changes. Symptoms include mood swings, tearfulness, irritability, anxiety, and difficulty concentrating. Unlike postpartum depression or psychosis, postnatal blues does not interfere with a mother's ability to care for her baby and usually resolves without medical intervention. The primary cause of postnatal blues is hormonal fluctuations following childbirth, including a drop in estrogen and progesterone, changes in oxytocin and prolactin, and thyroid hormone imbalance. The psychological and emotional impacts of postnatal blues include sudden life changes, lack of sleep, increased responsibility, fear and anxiety, and cultural influences. Understanding the biological, emotional, and cultural factors influencing postnatal blues helps provide the right support and prevent it from developing into postpartum depression.

**Keywords:** Postnatal blues, emotional disturbance, new mothers, childbirth recovery, tearfulness

### Introduction

#### Postnatal Blues

Postnatal blues, commonly known as baby blues, is a temporary emotional disturbance experienced by new mothers within the first two weeks after childbirth. It is a normal physiological response to the sudden hormonal and lifestyle changes that occur postpartum. Women with postnatal blues may experience mood swings, tearfulness, irritability, anxiety, and difficulty concentrating, but these symptoms are mild and self-limiting.

Unlike postpartum depression (PPD) or postpartum psychosis, postnatal blues does not interfere with a mother's ability to care for her baby and generally resolves on its own without medical intervention.

#### Historical Perspective on Postnatal Blues

Throughout history, postpartum emotional changes have been documented in different cultures and medical texts.

- **Ancient Times:** Ancient Greek and Egyptian medical records mentioned postpartum mood disturbances, although they were not well understood.
- **18<sup>th</sup>-19<sup>th</sup> Century:** In early Western medicine, postpartum emotional distress was often labeled as "hysteria" or "melancholia," and little distinction was made between mild baby blues and severe postpartum mental disorders.
- **20<sup>th</sup> Century:** Medical advancements led to the classification of postpartum mood disorders, with researchers identifying the hormonal, psychological, and social factors contributing to postnatal blues.
- **Modern Understanding:** Today, medical science recognizes postnatal blues as a common and temporary emotional response that differs from clinical depression and psychosis.

#### Biological and Hormonal Basis

The primary cause of postnatal blues is hormonal fluctuations following childbirth. The major hormonal changes include:

#### Drop in Estrogen and Progesterone

- During pregnancy, estrogen and progesterone levels are very high.
- After delivery, these hormone levels drop drastically, leading to mood instability, irritability, and emotional sensitivity.

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### Changes in Oxytocin and Prolactin

- Oxytocin (The "love hormone") is released during breastfeeding and bonding with the baby, but fluctuations in its levels can cause emotional highs and lows.
- Prolactin, which helps in milk production, also influences mood and emotions.

### Thyroid Hormone Imbalance

Some women experience temporary thyroid dysfunction postpartum, leading to fatigue, mood swings, and anxiety.

### Psychological and Emotional Impact

- **Sudden Life Changes:** Adjusting to a newborn can be overwhelming, leading to stress and emotional vulnerability.
- **Lack of Sleep:** Sleep deprivation is common in new mothers and can cause irritability, mood swings, and fatigue.
- **Increased Responsibility:** Many mothers feel **pressure to be perfect**, leading to self-doubt and emotional distress.
- **Fear and Anxiety:** Concerns about breastfeeding, baby care, and physical recovery contribute to feelings of worry and sadness.

### Cultural Influences on Postnatal Blues

The experience and perception of postnatal blues vary across different cultures:

- **Western Societies:** Greater emphasis on **individual responsibility** may lead to mothers feeling **isolated** if they lack support.
- **Asian Cultures:** Practices like "confinement" (resting for 30-40 days postpartum) help provide emotional and physical recovery.
- **African and Latin American Communities:** Strong family and social support play a role in reducing emotional distress.

Cultures that encourage extended family support, rest, and traditional postpartum care often report lower rates of prolonged postpartum distress.

### Significance of Postnatal Blues in Maternal Health

While postnatal blues is not a disorder, it is important to recognize because:

- It affects the emotional well-being of the mother.
- It may increase the risk of postpartum depression if not properly managed.
- It can impact mother-infant bonding, though it usually does not disrupt caregiving.

Early identification, reassurance, proper support, and self-care can help mothers recover quickly and transition into healthy motherhood.

Postnatal blues is a temporary emotional phase caused by hormonal changes, sleep deprivation, and new responsibilities of motherhood. It is a normal and common postpartum experience, affecting up to 80% of mothers, and typically resolves within two weeks without medical treatment. Understanding the biological, emotional, and cultural factors influencing postnatal blues helps in providing the right support and preventing it from

developing into postpartum depression.

### Causes of Postnatal Blues

The exact cause of postnatal blues is not fully understood, but it is believed to be associated with a combination of hormonal, psychological, and environmental factors, including:

### Hormonal Changes

1. A sudden drop in estrogen and progesterone levels after childbirth can affect mood regulation.
2. Changes in thyroid hormones can contribute to fatigue and depression-like symptoms.

### Emotional Factors

- The stress of adjusting to new responsibilities as a mother.
- Fear of not being able to care for the newborn properly.
- Sleep deprivation and exhaustion.
- Anxiety about physical recovery after childbirth.

### Psychosocial Factors

- Lack of social support from family or partner.
- Financial concerns or worries about job responsibilities.
- Relationship conflicts.
- A history of mood disorders or depression increases the risk.

### Symptoms of Postnatal Blues

Symptoms usually begin 2–3 days after delivery and peak around the 5th day, gradually subsiding by the 10th–14th day postpartum. Common symptoms include:

### Emotional Symptoms

- Frequent mood swings
- Unexplained crying spells
- Irritability or anger
- Anxiety or nervousness
- Feeling overwhelmed

### Physical Symptoms

- Fatigue or exhaustion
- Sleep disturbances (insomnia or excessive sleep)
- Loss of appetite
- Difficulty concentrating

### Behavioural Symptoms

- Social withdrawal
- Restlessness
- Increased sensitivity to criticism

### Diagnosis

Postnatal blues do not require laboratory tests for diagnosis. It is primarily diagnosed based on:

1. Clinical history – Symptoms usually start within a few days postpartum and resolve within two weeks.
2. Edinburgh Postnatal Depression Scale (EPDS) – A screening tool used to differentiate between baby blues and postpartum depression.

### Management of Postnatal Blues

Most cases of postnatal blues do not require medical treatment. Supportive care is essential in helping the mother

cope with her emotions.

**Emotional Support**

- **Reassurance:** Educating the mother and family that postnatal blues are temporary and normal.
- **Encouragement:** Expressing feelings to a partner, family, or friends can help alleviate stress.
- **Positive reinforcement:** Praising the mother for her efforts in taking care of the baby.

**2. Lifestyle Modifications**

- **Adequate Rest:** Sleeping whenever possible and taking short naps.
- **Balanced Diet:** Proper nutrition to maintain energy levels.
- **Mild Exercise:** Walking or light physical activity can help improve mood.

- **Relaxation Techniques:** Deep breathing, meditation, and yoga.

**3. Social and Family Support**

- Partner and family members should share responsibilities.
- Encouraging social interaction with other new mothers.

**4. Medical Intervention (if needed)**

- If symptoms persist beyond 2 weeks or worsen, it may indicate postpartum depression, requiring professional help.
- Counselling or therapy (Cognitive Behavioural Therapy - CBT) may be helpful.

**Postnatal Blues vs. Postpartum Depression**

Feature	Postnatal Blues	Postpartum Depression
Onset	2-3 days after delivery	Within 4 weeks postpartum
Duration	Resolves within 2 weeks	Can last for months
Symptoms	Mild mood swings, tearfulness, irritability	Severe sadness, hopelessness, suicidal thoughts
Severity	Mild	Moderate to severe
Need for Treatment	No medical intervention needed	Requires therapy or medication

emotionally and physically.

**Nursing Management**

**1. Assessment**

- Assess the mother’s emotional state, mood swings, and coping ability.
- Monitor for symptoms like excessive crying, irritability, anxiety, or sleep disturbances.
- Evaluate the mother’s support system and involvement of family members.
- Use tools like the Edinburgh Postnatal Depression Scale (EPDS) to screen for worsening symptoms.

**2. Emotional Support and Reassurance**

- Provide reassurance that postnatal blues is temporary and common.
- Encourage the mother to talk about her feelings and concerns.
- Offer a supportive and non-judgmental environment.

**3. Education and Awareness**

- Educate the mother and family about postpartum hormonal changes.
- Teach stress management techniques such as deep breathing and relaxation exercises.
- Differentiate between postnatal blues and postpartum depression, highlighting when to seek medical help.

**4. Encourage Self-Care**

- Advise the mother to get adequate rest and sleep.
- Promote a nutritious diet rich in proteins, vitamins, and fluids.
- Encourage light physical activity like walking to enhance mood and well-being.

**5. Strengthen Family and Social Support**

- Involve the partner and family members in newborn care.
- Encourage participation in postpartum support groups.
- Educate family members on how to support the mother

**6. Monitoring and Early Detection of Postpartum Depression**

- Observe for persistent or worsening symptoms beyond two weeks.
- Watch for signs of extreme sadness, withdrawal, or suicidal thoughts.
- Refer the mother to a healthcare provider if symptoms persist or worsen.

**Conclusion**

The postnatal blues are a transitory and self-limiting emotional condition that many new moms experience as a result of hormonal changes, exhaustion, and emotional readjustment following childbirth. While it usually resolves in 10-14 days, good nursing care is critical in ensuring that moms have the support and instruction they require during this sensitive time.

Nurses act as primary caregivers and emotional supporters, assisting women in understanding that postnatal blues are a typical occurrence while also assuring early detection of worsening symptoms that may signify postpartum depression. Nurses may help moms cope effectively with their emotions, restore confidence, and have meaningful bonding experiences with their newborns by using compassionate communication, reassurance, and self-care promotion. Furthermore, family participation and social support are important in assisting moms with postpartum problems. Nurses contribute to a comprehensive postpartum recovery by educating partners and family about the postnatal blues and how they may help the mother.

Continuous monitoring, emotional support, and prompt referrals are critical for avoiding difficulties and safeguarding the mother's long-term mental health. Finally, competent nursing therapy of postnatal blues facilitates a smoother transition into motherhood, strengthens maternal-infant bonding, and lowers the likelihood of postpartum mental health problems.

**Conflict of Interest**

Not available

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Not available

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**How to Cite This Article**

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