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Impact of Partner Support on Postpartum Blues: A Systematic Review

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ABSTRACT

Background: Postpartum women face numerous challenges in the early postpartum period, particularly when lacking adequate social support. Effective postpartum education programs are crucial for enhancing the mental health and overall well-being of these women. This systematic review aims to examine the relationship between husband support and the incidence of postpartum blues among new mothers. **Methods:** The study adhered to the guidelines set forth by the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) 2020 to ensure methodological rigor and currency. **Result:** The study conducted a comprehensive review of over 3,000 publications sourced from reputable databases, including ScienceDirect, SagePub, and PubMed. Following an initial screening, six publications were identified as warranting more in-depth analysis. Consequently, a thorough review of these selected studies was performed to ensure a detailed and rigorous evaluation. **Conclusion:** The review highlights a significant association between husband support and reduced instances of postpartum blues. Increased involvement of husbands in prenatal care appears to mitigate the incidence of postpartum blues and potentially enhance couple intimacy. It is recommended that midwives integrate husband support into prenatal care strategies to improve maternal mental health outcomes.

Keyword: postpartum woman, postpartum blues, husband

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INTRODUCTION

Motherhood is widely recognized as a period of significant stress due to the substantial physical and psychological changes it entails, coupled with societal expectations concerning maternal roles and responsibilities. When this stress is not properly managed, the postpartum period becomes a critical time for the development of postpartum depression (PPD). Studies indicate that between 10% and 15% of pregnant and new mothers experience depression, which adversely affects not only the mother's quality of life but also the health of the infant, the mother-infant bond, the child's cognitive and social-emotional development, and overall family dynamics.[1,2]

The involvement of husbands in prenatal and postpartum care is increasingly recognized as crucial to achieving global development goals, including the empowerment of women and the enhancement of maternal health. Engaging husbands in prenatal care can potentially strengthen marital relationships and increase the utilization of postpartum care services. Evidence suggests that active participation by the husband during pregnancy may help mitigate the risk of postpartum depression in mothers. Postpartum blues, a condition affecting 50-80% of women worldwide, manifests as a range of psychological and psychosomatic symptoms shortly after childbirth. Although typically mild and self-limiting, postpartum blues can increase the risk of more severe conditions such as anxiety and postpartum depression. Early intervention is essential to manage and alleviate symptoms, underscoring the need for increased awareness and proactive measures.[3]

In Indonesia, the "SIAGA campaign," launched by the Ministry of Health in 1999, aims to educate husbands about the importance of providing comprehensive support during pregnancy, labor, and the postpartum period. This initiative has led to a higher proportion of Indonesian husbands accompanying their wives to antenatal care (ANC) appointments compared to other middle- and low-income countries. The SIAGA acronym—"Siap" (ready), "Antar" (accompany), and "Jaga" (guard)—emphasizes the need for husbands to be prepared for potential

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issues, provide transportation, and offer continuous support. These principles advocate for active and holistic involvement by men during this critical transitional period.[4]

The transition from pregnancy to the postpartum period often brings about intimate relationship challenges due to family adjustments and changes. Intimacy, a fundamental emotional need in relationships, contributes to marital satisfaction and personal fulfillment.[5] However, several studies have shown that intimacy may decline after childbirth due to lifestyle changes, body image concerns, and fatigue. By participating in prenatal care, husbands can become more adept, informed, and motivated, thereby enhancing their ability to support their wives effectively. Despite the traditionally limited role of men during pregnancy, involving husbands in care activities presents a viable strategy to improve maternal and child health outcomes and address the complexities of modern family dynamics.[6-8]

METHODS

Protocol

The investigation was conducted with strict adherence to the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) 2020 guidelines, ensuring thorough compliance with established methodological standards. By rigorously following these criteria, the study sought to enhance the clarity, replicability, and systematic rigor of the review process. Comprehensive methodologies were employed for literature searching, data extraction, and synthesis of findings. This meticulous approach was designed to minimize biases and strengthen the validity and reliability of the conclusions drawn from the research..

Criteria for Eligibility

This study offers a comprehensive review of research conducted over the past decade on the role of husband support in preventing postpartum blues. By systematically analyzing and integrating data from various studies, the research

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seeks to uncover patterns and provide insights that can enhance patient care strategies for those affected by postpartum blues.

The main goal of this investigation is to extract and emphasize key findings from a wide range of scholarly sources, thereby deepening our understanding of postpartum blues and its complexities. To ensure the review's accuracy and thoroughness, strict criteria were applied: only peer-reviewed articles published in English between 2014 and 2024 with a valid DOI were included, thereby affirming their credibility. Non-research materials, including reviews, editorials, and duplicate publications, were excluded to preserve the focus and integrity of the analysis.

The systematic and rigorous methodology employed in this study guarantees that the included data is both relevant and trustworthy. This approach lays a solid foundation for deriving significant insights and advancing clinical practices aimed at leveraging husband support to mitigate postpartum blues.

Search Strategy

We used "postpartum bluew OR postpartum depression OR postpartum problem" as keywords. The search for studies to be included in the systematic review was carried out using the PubMed, SagePub, and Sciencedirect databases.

Data retrieval

The authors initiated the process with a detailed preliminary review of each article, evaluating its abstract and title to assess relevance before proceeding to a more thorough analysis. Only studies that aligned with the research objectives and fulfilled the established inclusion criteria were selected for further examination. This method ensured the identification of consistent patterns and trends within the research.

To maintain consistency, the review was confined to full-text articles published in English. A rigorous screening process was implemented to ensure that only content directly pertinent to the study's focus and meeting the inclusion criteria

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was included. Articles failing to meet these criteria were systematically excluded from the final evaluation.

The evaluation encompassed a comprehensive review of various elements such as study design, titles, authors, publication dates, research locations, and methodologies. This meticulous approach ensured that the content analyzed was of the highest relevance and quality, thereby enhancing the robustness and validity of the study's conclusions.

Quality Assessment and Data Synthesis

The authors performed a thorough initial review of each article's abstract and title to assess its relevance for further investigation. Following this initial screening, the selected articles underwent a comprehensive evaluation process. This meticulous approach ensured that only the most relevant studies advanced to detailed analysis. By refining the selection process in this manner, the authors were able to conduct a more in-depth and nuanced assessment of the research, thereby improving the overall clarity and depth of the review.

Table 1. Search Strategy

Database	**Search Strategy**	***Hits***
Pubmed	*("postpartum blues" AND "postpartum depression" OR "postpartum problem")*	98
Science Direct	*("postpartum blues" OR "postpartum depression" AND "postpartum problem")*	33
Sagepub	*("postpartum blues" OR "postpartum depression" AND "postpartum problem")*	90

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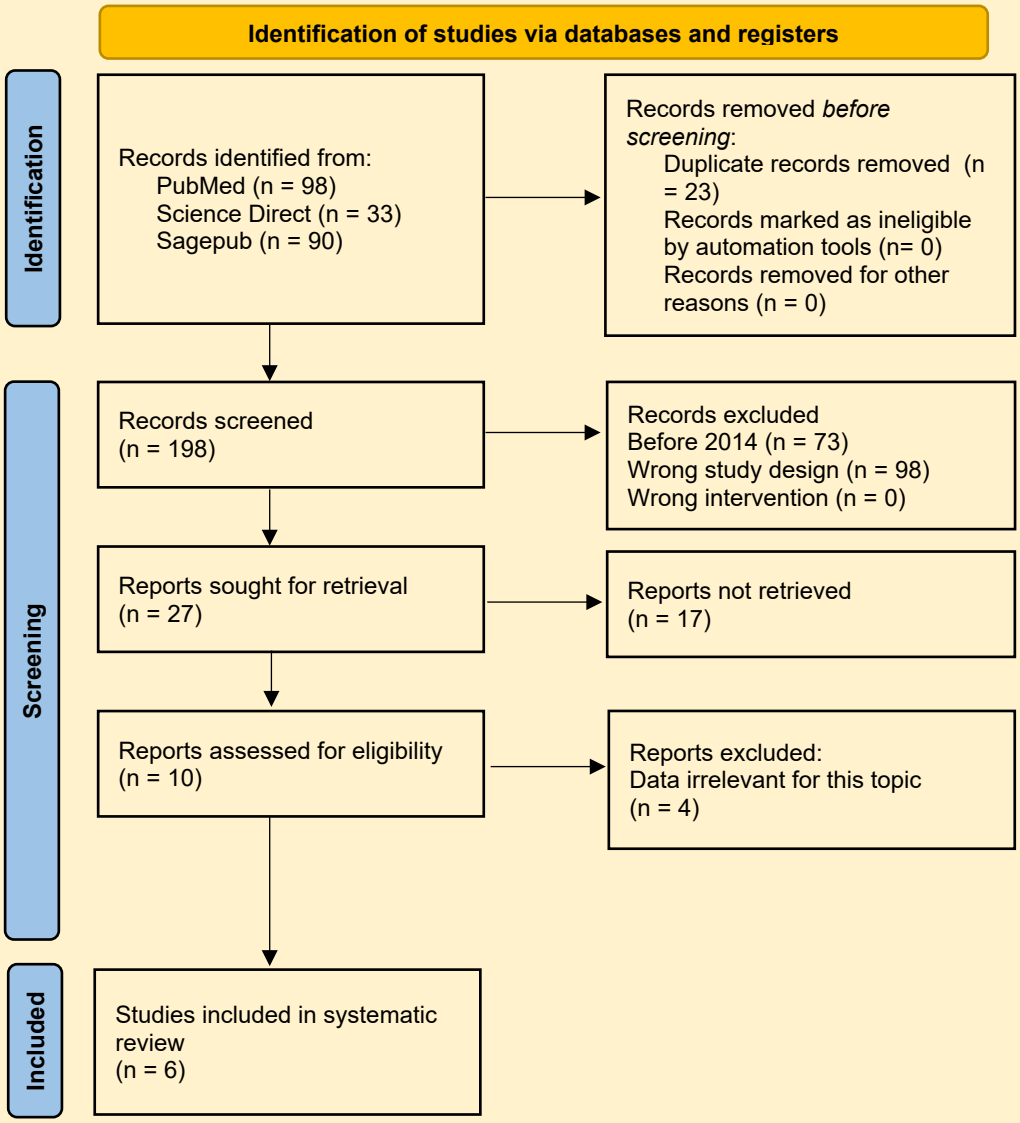


Figure 1. Article search flow chart

Table 2. Critical appraisal of Study

Parameters	(Sanati et al., 2018)	(Anchan et al., 2020)	(Pebryatie et al., 2022)	(Abbaspoor et al., 2023)	(Mekuria et al., 2023)	(Widyastuti et al., 2023)
1. Bias related to temporal precedence						
Is it clear in the study what is the "cause" and what is the "effect" (ie, there is no confusion about which variable comes first)?	Yes	Yes	Yes	Yes	Yes	Yes
2. Bias related to selection and						

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allocation Was there a control group?	Yes	Yes	No	Yes	No	No
3. Bias related to confounding factors Were participants included in any comparisons similar?	No	No	No	No	No	No
4. Bias related to administration of intervention/exposure Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Yes.	Yes.	No.	Yes.	No.	No.
5. Bias related to assessment, detection, and measurement of the outcome Were there multiple measurements of the outcome, both pre and post the intervention/exposure?	Yes	Yes	No	Yes	No	No
Were the outcomes of participants included in any comparisons measured in the same way?	Yes	Yes	No	Yes	No	No
Were outcomes measured in a reliable way?	Yes	Yes	No	Yes	No	No
6. Bias related to participant retention Was follow-up complete and, if not, were differences between groups in terms of their follow-up adequately described and analyzed?	Yes	Yes	No	Yes	No	No
7. Statistical conclusion validity Was appropriate statistical analysis used?	Yes	Yes	Yes	Yes	Yes	Yes

RESULT

Our investigation commenced with an extensive gathering of research articles from reputable databases such as Science Direct, PubMed, and SagePub. Using a meticulous multi-step screening process, we identified six pivotal studies that were highly relevant to our systematic review. Each of these selected papers underwent a rigorous analysis, and specific aspects were chosen for detailed examination. To provide a clearer overview of our findings, we have compiled a summary of the key information in Table 3.

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Table 3. The literature included in this study

Author	Origin	Method	Sample	Result
Sanaati et al,[9] (2018)	Iran	RCT	189 participants	The study involved a lifestyle-based instruction program for wives and husbands, with women in the second group receiving only the instruction. Participants completed the Spielberger State-Trait Anxiety Inventory and the Edinburgh Postnatal Depression Scale before and six weeks after giving birth. The intervention group showed significant decreases in PPD, state anxiety, and trait anxiety scores compared to the control group, and notable decreases in these levels in the dyad group.
Anchan et al,[10] (2020)	India	RCT	21 participants	A three-session Brief Psychoeducation Program (BPP) was developed for a specific audience, and a quasi-experimental study was conducted to assess its efficacy. The study involved 21 participants, and the Community Attitude towards Mentally Ill Scale (CAMI) was used to measure attitudes. The results showed significant changes in attitudes from pre-intervention to post-intervention, providing valuable insights for mental health practitioners in both nonclinical and clinical settings.
Pebryatie et al,[4] (2022)	Indonesia	Cross sectional study	336 participants	The study suggests that a husband's engagement during pregnancy, labor, and postpartum can be influenced by the quality of the marital connection, leading to improved

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				maternal health behavior and reduced postpartum depression symptoms.
Abbaspoor et al,[11] (2023)	Iran	RCT	373 participants	The intervention group showed significant differences in perceived social support, maternal self-efficacy, and perceived stress scores compared to the control group, both immediately and one month later.
Mekuria et al,[12] (2023)	Ethiopia	Cross sectional study	556 participants	Factors such as unplanned pregnancy, low maternal social support, assisted delivery, no antenatal care or postnatal care follow-up, low household income, and no antenatal depression independently predict prenatal depression in urban settings.
Widyastuti et al,[13] (2023)	Indonesia	Cross sectional study	210 participants	The data indicates that 38.1% of participants used PPFP, with factors like gender equality, home visits, postnatal visits, husband support, and education impacting use, while other factors like parity, age, occupation, income, and number of children were unaffected.

DISCUSSION

This systematic review analyzed data from 1,685 postpartum women to investigate the impact of husband support on preventing postpartum blues. The findings emphasize that primiparous women face significant challenges during the early postpartum period without adequate social support, underscoring the need for postpartum education programs to bolster mental health. The primary objective of

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this study was to evaluate the effect of postnatal supportive education programs for husbands on their primiparous spouses' perceived social support, with secondary outcomes including stress and maternal self-efficacy.[14]

Abbaspoor et al. demonstrated that a supportive educational program for male partners positively impacted stress levels, maternal self-efficacy, and perceived social support among primiparous women. The study highlighted the importance of involving husbands in postpartum care and suggested that policymakers should develop initiatives to enhance husbands' roles in promoting maternal and neonatal health. Notably, the intervention group showed significantly improved outcomes compared to the control group, with notable increases in perceived social support and maternal self-efficacy and reductions in perceived stress immediately after and one month following the intervention.[11]

Another study by Sanaati et al. involving 189 pregnant women and a six-week postpartum follow-up found that a lifestyle education program for both partners (dyad group) significantly reduced postpartum depression (PPD), state anxiety, and trait anxiety compared to a women-only group. These results underscore the effectiveness of involving both partners in educational programs, suggesting that such interventions can enhance mental health outcomes for postpartum women and their partners.[9]

Research by Anchan et al. in India revealed that husbands have traditionally not been involved in addressing perinatal psychiatric issues, despite the potential benefits. Their study found that the majority of participants were aged 31 to 40, with a significant portion of women with postpartum depression (WWPPD) in the 20 to 30 age range. Educational levels varied, with many participants having completed up to the seventh grade or having education ranging from the tenth to twelfth grades.[10]

In Ethiopia, Mekuria et al. identified key factors predicting postpartum depression (PPD), including unplanned pregnancy, low maternal social support, and lack of antenatal and postnatal care. The study found that PPD prevalence was higher in rural areas compared to urban settings. These findings highlight the

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importance of comprehensive care and support systems in reducing PPD and improving maternal health outcomes.[12]

In Indonesia, Widyastuti et al. investigated postpartum family planning (PPFP) and found that husband involvement significantly impacted postpartum contraception use, influenced by factors such as education, gender equality, and spouse support. This study emphasizes the role of husband participation in enhancing maternal health practices.[13] Similarly, Pebryatie et al. found that the quality of the marital relationship influenced husbands' involvement, which in turn improved maternal health behaviors and reduced postpartum depression symptoms.[4]

CONCLUSION

Postpartum support is crucial for preventing postpartum blues and improving maternal health. Research shows that involving husbands in postpartum care can significantly improve stress levels, maternal self-efficacy, and perceived social support. Studies have shown that a lifestyle education program for both partners can significantly reduce postpartum blues, state anxiety, and trait anxiety. The importance of comprehensive care and support systems in reducing postpartum blues is underscored.

DISCLOSURE STATEMENT

Disclosure Statement: The authors have no conflicts of Interest to declare.

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