Review: mothers with postpartum depression had to readjust expectations, cope with loss, and find ways to meet needs


QUESTION: What are the experiences of mothers who have postpartum depression?

Data sources
Studies were identified by searching CINAHL, PsycLIT, Index Medicus, Social Sciences Citation Index, American Humanities Index, Anthropological Literature, Sociological Abstracts, and Dissertation Abstracts.

Study selection
Studies were selected if they were qualitative studies on postpartum depression.

Data extraction
Data were extracted on the key metaphors in each study and their relations with each other. Reciprocal translations were done so that the metaphors within each study could be related to those of other studies. The translations were synthesised by comparing them and determining the encompassing metaphors and themes.

Main findings
18 studies (2 unpublished) were included. Study settings were USA (6 studies), UK (8 studies), Australia (3 studies), and Canada (1 study). Study designs included phenomenology (6 studies), general descriptive design (4 studies), ethnography (2 studies), grounded theory (2 studies), and 1 case study. The themes reflected 4 perspectives related to postpartum depression. (1) Incongruity between expectations and reality of motherhood: personal and societal beliefs about how mothering leads to complete fulfillment and happiness resulted in unrealistic expectations. Women felt that no other mothers shared their negative reactions to childbirth, and they perceived themselves to be bad mothers. (2) Spiralling downward: postpartum depression led to many distressing feelings such as anxiety, being overwhelmed, obsessive thinking, anger, cognitive impairment, isolation/loneliness, guilt, and contemplation of harming herself or her infant. (3) Pervasive sense of loss: mothers experienced loss of control, including control of their thought processes and emotions; loss of autonomy and time, which contributed to a loss of physical appearance; loss of self; both of whom they are and their former selves; loss of relationships with partners, children, and family/friends; and loss of voice (from fear of what might happen if they voiced their feelings or fear of hurting others). (4) Making gains: recovery required surrendering. Mothers had to admit that they needed help and be willing to seek help even though they felt ashamed, embarrassed, and afraid of being labelled a bad mother or failure. Struggling to survive: once women admitted they needed help, they struggled to find appropriate treatment. Some women turned to spirituality. Other women attended support groups and found hope through realising that they were not alone. Reintegration and change: mothers learnt to adjust their unrealistic expectations and regain control by recognising and finding ways of meeting their own needs. Recovery involved acceptance or resolution of their conflicts, and mothers felt a sense of change after the losses they experienced with postpartum depression.

Conclusions
Mothers with postpartum depression had to readjust unrealistic expectations about becoming a mother; reconcile with losses of control, self, relationships, and voice; and find ways of reintegrating by recognising their own needs and getting those needs met.