



Overview of post-partum mother adaptation: A healthy lifestyle needs

Rosnani Rosnani ^{1*}

Devi Mediarti ²

¹ Department of Maternity Nursing, Nursing Major, Poltekkes Kemenkes Palembang, Palembang, Indonesia

² Department of Medical-Surgical Nursing, Nursing Major, Poltekkes Kemenkes Palembang, Palembang, Indonesia

***Correspondence:**

Rosnani Rosnani
Poltekkes Kemenkes Palembang,
Palembang, 30126, Indonesia.
Tel: +62 821 7807 0107
Email: rosnani@poltekkespalembang.ac.id

ABSTRACT

Natural transition from labour to post-partum can cause lifestyle changes that impact the mother's physiological and psychological effects. Physical changes that include changes in diet, fluids, elimination, and obesity, as well as psychological changes such as anxiety, sleep disturbances, and depression, are common during this transitional period. For this reason, we use the Healthy Lifestyle approach to provide an overview and information regarding the mother's adaptation during the post-partum period. Healthy lifestyle emphasizes that lifestyle has an important impact on health in which there is a role for individuals and others. In this case, nurses have a vital role in identifying and conducting analysis to determine the proper lifestyle and make mothers adapt easily during the transitional period from childbirth to post-partum. The main point of the intervention is to improve the well-being of the mother and baby.

Keywords: postpartum; adaptation; lifestyle

Mothers experienced the period of pregnancy, childbirth, and post-partum (the perinatal period). During the perinatal period, the mother must be healthy (physical, psycho, social, economic, cultural, and spiritual) to remain productive throughout her life. The mother's role also changed during this period. This role will be disrupted if they get sick or face difficulties. The Maternal Mortality Rate (MMR) in developing countries in 2017 was 415 deaths per 100,000 live births (WHO, 2019). In Indonesia, in 2019 and 2020, there was an increase in the MMR from 4,221 to 4,627 (Kemenkes, 2021).

The cause of maternal death is complications that occur during the perinatal period. The main complications that cause 80% of maternal deaths are bleeding, infection, and preeclampsia (WHO, 2019). In Indonesia in 2020, the most causes of maternal death are bleeding, hypertension in pregnancy, and circulatory system disorders (Kemenkes, 2021). Post-partum haemorrhage is 61%, with 78% occurring in the critical period in the first 24-48 hours (Cabero-Roura & Rushwan, 2014). Post-partum complications in Indonesia were 11.4%, including birth canal bleeding, discharge from the birth canal, swelling of the hands and face, headaches, convulsions, fever for more than two days, swollen breasts, and hypertension (Risksedas, 2018).

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Nursing and Healthcare Practices

- *Mother and children well-being should be a concern for nurses and healthcare teams.*
- *Understanding mothers need will provide information for nurses to arrange proper nursing intervention care.*
- *Nurse should have well-known the concept of healthy lifestyle.*

Post-partum mothers' physical problems can cause psychological disorders (Shahar et al., 2015). The bodily complaints of post-partum mothers vary widely, depending on the mother's ability to adapt to her physical and psychological changes. The mother's burden also influences her adaptation in carrying out her role. Mothers who experience fatigue, lack of time, feelings of stress, and low household income, and those with three children experience obstacles to a healthy lifestyle (Stevens et al., 2021). Other studies have shown that healthy lifestyle scores are associated with lower anxiety and depression in Iranian adults (Ebrahimpour-Koujan et al., 2022).

Previous study in United Kingdom mentioned that online exploring the lifestyle of post-partum mothers found that 72.3% of mothers gained weight (average 4.61 – 5.56 kg) during post-partum. The mother experienced a decrease in Basal Metabolic Index (BMI) to 46.7%. Only 2.2% of mothers followed the guidelines for physical activity, and 73.7% did not fulfil the recommended five times a day of fruit and vegetables. They consumed a high-calorie diet and missed a meal with significantly higher post-partum than before pregnancy (Stevens et al., 2021). Another study found in the Middle East region that cultural expectations cause mothers to have lower physical activity and exercise (Hung & Lu, 2014; Schulenkorf & Siefken, 2019).

This requires the role of health workers to help mothers carry out new healthy patterns post-partum. Supervision is carried out on mothers starting from the early post-partum period. Nurses need to consider maternal sociodemographic characteristics, pre-pregnancy health status, and nutritional knowledge and focus on those who experience

more barriers to healthy eating (Stevens et al., 2021).

Healthy Lifestyle of Post-partum

Needs

Healthy lifestyle is a generalized set of health-related behavioral patterns that people choose based on the possibilities that are accessible to them given their life circumstances. The actions that result from these decisions may have either favorable or unfavorable effects on a person's health, but they nonetheless form a general pattern of healthy habits that make up a lifestyle (Cockerham, 2013; Cockerham, 2005). In the postpartum settings, we tried to emerge some indicators about healthy lifestyle needs among post-partum mother namely healthy diet, healthy body weight, healthy physical activity, and healthy psychological management (Gila-Díaz et al., 2021; Moseholm et al., 2022; Teh et al., 2021) (Figure 1).

Diet quality was determined by extracting dietary patterns. Two diet patterns: healthy (fruit, vegetables, fish, and whole grains) and unhealthy (sweets, refined grains, high energy drinks, and fast food). In the relationship between dietary patterns and symptoms of depression, it was found that the results of an unhealthy diet were associated with an increase in depressive symptoms at 32 weeks of gestation (Baskin et al., 2017). Food ratings were collected using the Willett format 106-item semi-quantitative food frequency questionnaire. Food intake FFQ (Food Question) contains information on the frequency of consumption of food or side dishes and the portion sizes used. The daily value for each item is calculated based on the composition of the meal, the specific portion size, and the average reported frequency. Nutrient intake is calculated by adding up the nutritional content of all foods and dishes.

Healthy body weight to measure post-partum mother is BMI (underweights: <18 Kg/m²; Normal BMI: 18.5-22.9 Kg/m²; Overweight: 23.0-24.9 Kg/m²; Obesity: ≥25 Kg/m²) (Pawalia et al., 2015). Previous research has stated that BMI is used as an indicator to see the health status of post-partum mothers (Lacoursiere et al., 2006; Wojcicki, 2011). Mostly in the post-partum period, mothers can experience excess weight due to improper eating patterns (Faria-Schützer et al., 2018). In addition, it is also due to a lack of knowledge that during the breastfeeding phase, mothers must consume

more food (quantity preference). Not only that, but post-partum mothers with depression also show significant weight loss and have an impact on maternal and child health (Herring et al., 2008). This condition needs a concern for health workers, especially nurses in providing maternity nursing care.

Maternal physical activity was assessed by providing a physical activity rating focused on current general activity. Physical activity categories were classified into four categories: active (>3 hours/week), moderately active (1–3 hours/week), moderately inactive (<1 hour/week), and inactive (no physical activity). The amount of mother's activity was assessed based on the type and intensity of their physical activity.

Psychological distress was assessed using the General Health Questionnaire (GHQ). The GHQ-12 is a short, simple, and easy-to-fill instrument for measuring primary and current mental health that asks mothers if they have recently experienced specific symptoms of psychological distress. Each item consists of a four-point scale (less than usual, no more than usual, more than usual, or more than usual) (Stevens et al., 2021). The coping mechanism that the mother will take against the psychological pressure she is experiencing is through a nursing care approach involving the family (Rosnani, 2017; Wulandari et al., 2022).

Factors that can affect the healthy lifestyle of post-partum mothers are patriarchal culture and economic and cultural burdens. The

results showed that post-partum mothers took care of themselves by following the traditions that existed in the family (Rosnani, 2017). In a patriarchal society, women are second-class citizens in the domestic (reproductive) area and men in the public (productive) area. This condition seems to be the nature of the reality of the pattern of relations between men and women. Therefore, when a woman works or carries out activities in the public sphere to earn money, she is still obliged to do household work (household responsibilities are still a burden on women). This is the reason why mothers make fulfilling their duties and responsibilities a priority compared to maintaining healthy lifestyle.

Economic factors are one of the factors that encourage women to work. Family needs that the husband does not fulfil will, directly and indirectly, impact the wife to join in working to earn a living for her family. Many wives are also the breadwinner of the family. The results of the qualitative research show that many mothers gain weight during pregnancy and try to lose weight independently. They reported being highly motivated to achieve a healthy lifestyle during pregnancy. Mothers said that improving diet is easier to do and maintain than exercise. To obtain healthy lifestyle changes in mothers, service support is needed. Forms of support include motivation to change behaviour, social support, barriers to change (intrinsic, extrinsic, and clinically related), lifestyle, and post-partum needs (Goldstein et al., 2021).

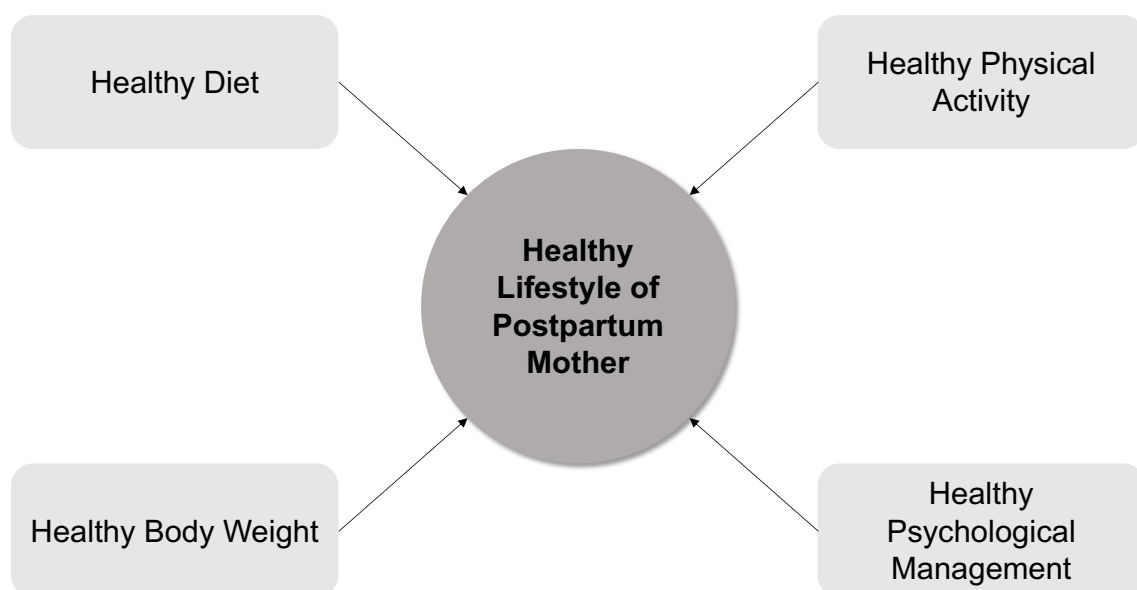


Figure 1. Healthy lifestyle needs of post-partum mothers

Declaration of Interest

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Data Availability

Not applicable

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