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Intervention Effect of Micro-class Education Combined with Midwives Psychological Nursing on Postpartum Depression Patients

Chang Sun[1], Zhangbo Xiao[2,*]

[1]Department of Health and Nursing, Qiqihar Institute of Engineering, Qiqihar, 161000, Heilongjiang, China

[2]The Second Affiliated Hospital of Qiqihar Medical University, Qiqihar, 161000, Heilongjiang, China

*Corresponding author: xzbmd@qmu.edu.cn

Abstract

Objective To study the effect of rational emotion therapy combined with micro-class education on postpartum depression. Methods A total of 80 patients with postpartum depression admitted to our hospital from January to December 2019 were selected as study subjects, and were divided into study group and control group according to random number table method. The control group (40 cases) were given routine intervention, and the study group (40 cases) was given rational emotional therapy combined with micro-class education on the basis of the control group. The scores of Edinburgh postpartum depression scale (EPDS), Chinese version of parenting competence scale(C-PSOC) and World Health Organization quality of life measurement scale (WHOQOL-BREF) between the two groups before and after intervention were compared. Results The EPDS score and C-PSOC score in the study group were significantly lower than those in the control group (P <0.05). The self-assessment scores, physiological field, psychological field, social field, environmental field and WHOQOL-BREF total score in the study group were higher than those in the control group(P <0.05). Conclusion Ratio nal emotion therapy combined with micro-class education can significantly improve the depression of postpartum depression patients, improve their maternal parenting competence and quality of life, which is worthy of clinical application.

Keywords

Rational Emotion; Micro-class education; Postpartum depression; Quality of life.

1. Introduction

Postparturm depression (PPD) is a puerperal psychiatric syndrome. Patients with mild symptoms can recover on their own in a short period of time. [1] Those who continue to progress may have various clinical symptoms such as depression, decreased child-rearing competence, fatigue and drowsiness. In severe cases, they may even commit suicide. Behavior that tends to hurt relatives and children. Due to the influence of negative emotions, PPD patients will be in a pessimistic situation for a long time, intensifying the body's inflammatory state, leading to poor recovery during the puerperium, and also causing deviations in the patients' cognitive behavior, resulting in role changes and difficulties in interpersonal communication. Rational emotional therapy can guide individuals to correctly evaluate themselves, face things around them objectively, use normal logical thinking to analyze problems, and obtain expected results through reasonable methods and effective execution.

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Micro-class education not only provides health guidance based on the patient's condition, but also pays attention to patient feedback and educational reflection, which has important value in promoting the formation of rational thinking and enhancing the individual's self-emotion adjustment. Based on this, this article aims to explore the intervention effect of rational emotional therapy combined with micro-class education on PPD patients, and to provide a theoretical basis for promoting the early recovery of parturients. It is summarized as follows.[2]

2. Materials and Methods

2.1. Baseline Data

The 80 cases of PPD patients admitted to our hospital from January 2018 to December 2019 were selected as the research objects. Inclusion criteria: ①All parturients met the criteria for the diagnosis of postpartum depression in the Chinese Classification of Mental Disorders and Diagnostic Criteria, 3rd Edition (CCMD3); ②All women who had a medical card established in our hospital, had an obstetric check-up, gave birth, and had no history of mental illness; ③Edinburgh Postpartum Depression Scale (EPDS) ≥ 10 points; ④All patients signed an informed consent form. Inclusion criteria: ①Patients with complications such as gestational hypertension, diabetes, and intracranial hemorrhage; ②Patients with respiratory failure, cardiopulmonary dysfunction, and disturbance of consciousness and communication; ③Patients with active bleeding tendency or uncontrolled acute infection. This study was reviewed and approved by the ethics committee of our hospital. According to the random number table method, they are divided into study group and control group, with 40 cases in each group. Patients in the control group were 23 to 45 years old, with an average age of (31.9±4.5) years; 19 cases of postpartum women, 21 cases of primiparas, 15 cases of cesarean section, and 25 cases of spontaneous delivery. Patients in the study group were 22-44 years old, with an average age of (31.2±4.0) years; 17 cases of postpartum women, 23 cases of primiparous women; 16 cases of cesarean section and 24 cases of spontaneous delivery. There was no statistically significant difference in general information between the two groups (P>0.05), and they were comparable.

2.2. Method

Patients in the control group were given routine intervention. (1) Medication: The selective 5-HT reuptake inhibitor sertraline hydrochloride tablets (manufacturing batch number 20180209, specification 50mg*14s), 50mg/d, 7 days after administration, adjust the dose according to the curative effect. (2) Psychological intervention: Eliminate the mother's negative emotions through listening, questioning, comfort, encouragement, etc., and then give music therapy according to the mother's depression and behavior, twice a day, 20 minutes each time. (3) Attention shift training: Given several sets of numbers and words and sentences, ask the patient to memorize a set of numbers and then a set of words and sentences within the specified time. Repeat the training 3 times, training 6 times a day for a total of 4 weeks of treatment.

Study group: On the basis of the control group, rational emotional therapy combined with micro-class education was given. (1) Rational emotional treatment: ①Analysis: comprehensively evaluate the physical, psychological and social functions of the parturient, analyze the causes of postpartum depression, and guide the cognitive behavior according to the problems and needs in the daily life and nursing of the parturient to assist them Recognize self-worth and strengths; ②Conviction: Build confidence in returning to a normal life by doing something within your power, and constantly carry out psychological hints of "I can do" and "I can" in the process to strengthen beliefs and enhance positive emotions ③Rational thinking training: Assist mothers in rationally understanding adverse events, and shift their focus to solving problems, instead of falling into a vicious circle of emotions; Emphasizing that rational thinking can promote the healthy development of emotions and spirits; ④Rational emotional

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development: Based on the existing rational thinking and beliefs, face the problem with confidence and calmness or assume responsibility, and actively seek help from others when it is unable to solve it. (2) Micro-class education: Establish a WeChat official account or WeChat group, formulate a rational emotional treatment plan after discharge based on the results of the in-hospital assessment of the parturient, and regularly publish methods for parenting, rational thinking, and social relationship training; in the first month after discharge, Communicate with the parturients twice a week on WeChat to understand the mood and behavior changes of the parturients, and give rational guidance in a timely manner; the second month outpatient review or community follow-up once to understand the recovery of the parturients, follow-up from time to time in the later period.

2.3. Observation Index and Evaluation Standard

(1) Use the Edinburgh Postpartum Depression Scale (EPDS) score to assess the patient's depression before and after intervention: including 10 items such as being happy and seeing the interesting side of things, optimistic about the future, self-blame, anxiety and worry, panic and fear, etc. Each item has a score of 0 to 3, and a total score of ≥ 10 indicates the presence of postpartum depression. The higher the score, the more severe the depression. (2) Use the Chinese version of the Parenting Competency Scale (C-PSOC) to evaluate the patient's parenting competence before and after intervention: a total of 17 items, each item from "absolutely agree" to "absolutely disagree" is recorded 1-6 in turn Points, the score range is 17-102 points, the higher the total score, the higher the sense of competence in parenting. (3) Use the WHOQOL-BREF score to assess the patient's quality of life before and after intervention: including self-assessment scores, physical, psychological, social, and environmental fields, each with 20 points and a score The higher the higher the quality of life.[3]

2.4. Statistical Processing

Use SPSS26.0 to process all data. Enumeration data is represented by [n (%)], using $\chi 2$ test, measurement data is represented by (x±s), using t test, and P<0.05 indicates that the difference is statistically significant.

3. Results

3.1. Comparison of EPDS and C-PSOC Scores before and after Intervention Between the Two Groups

Before the intervention, there was no significant difference in EPDS and C-PSOC scores between the two groups (P>0.05). After the intervention, the EPDS scores of the two groups of patients were lower than before, and the C-PSOC scores were higher than before (P <0.05), and the improvement in the scores of the study group was significantly better than that of the control group (P <0.05), as shown in Table 1.

Table 1 Comparison of EPDS and C-PSOC scores before and after intervention between the two groups

Group	Number of cases	EPDS		C-PSOC	
		Before intervention	After intervention	Before intervention	After intervention
Observation group	40	21.49±4.29	16.71±2.59*	45.82±6.31	59.35±7.61*
Control group	40	20.92±4.21	13.27±1.61*	46.61±6.27	64.21±8.31*
T value	-	0.671	7.312	0.537	2.723
P value	-	0.487	<0.001	0.591	0.009

Note: Compared with before the intervention, *P <0.05.

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3.2. Comparison of WHOQOL-BREF scores before and after intervention between the two groups

Before the intervention, there was no statistically significant difference in the self-assessment scores, physiology, psychology, social, environmental, and WHOQOL-BREF scores between the two groups of patients (P>0.05). After the intervention, the scores of self-evaluation, physiology, psychology, social, environmental, and WHOQOL-BREF scores of the two groups of patients were higher than before (P <0.05), and the scores of the patients in the study group were significantly higher Control group (P <0.05), as shown in Table 2.

Table 2. Comparison of WHOQOL-BREF scores before and after intervention between the two groups (Number of cases=50)

Group		Self-assessment	Physiological	Psychology	Society	Environment	Total
Observation group	Before intervention	11.25±1.39	12.17±1.45	11.80±1.52	12.06±1.38	12.45±1.53	59.73±7.27
	After intervention	13.18±2.26	14.30±2.49	13.97±2.31	14.15±1.87	15.68±2.67	71.28±11.60
Control group	Before intervention	11.40±1.45	12.34±1.50	11.65±1.48	11.92±1.43	12.16±1.29	59.47±7.15
	After intervention	14.62±2.58	15.83±2.94	16.22±2.75	14.65±2.32	15.93±2.74	77.25±13.33

4. Discussion

PDD is a special kind of depression. The treatment must consider the patient's postpartum metabolic changes, the effect of breast milk on the baby, and post-traumatic stress disorder. Drug therapy can adjust the functions of cardiovascular, motor, sensory and other systems, reduce the stress response caused by painful stimulation, and improve the mother-infant relationship, while psychological intervention can adjust the patient's mental state, and the shift of attention can reduce the patient's adverse events. Follow. However, PPD often reduces maternal self-evaluation, lacks confidence in parenting, and is unable to adopt rational thinking and emotions to deal with various problems in interpersonal relationships and daily life, and even seriously affect maternal physical health and family harmony. The results of this study showed that the EPDS score of the study group after intervention was significantly lower than that of the control group, and the C-PSOC score was significantly higher than that of the control group. This analysis is related to the correction of maternal cognition and control of the expression of poor emotions by the combination of rational emotion and micro-class education. [4] Rational emotional therapy is to reduce depression by regulating the mental, physiological and social functions of the parturient, establishing reasonable beliefs and ways of thinking, and at the same time continuously promote individual growth, enhance their psychological flexibility in a stressful environment, and strengthen their sense of happiness and responsibility, So as to enhance self-efficacy and promote the solution of various problems. Psychological research believes that people’s emotional and behavioral obstacles are not directly caused by stimulus events, but caused by the individual’s wrong evaluation and understanding when experiencing this event. The importance of rational education and the promotion of personal will can be achieved. Individuals have a pleasant experience in their daily activities.

Pessimists are accustomed to using stiff, self-blame, and persistent viewpoints to explain failure, and then feel helpless, depressed, and lose motivation and enthusiasm for life. Ideal emotional therapy and micro-class education not only guide patients to focus on the problem In terms of resolution and goals, more emphasis is placed on the interaction of cognition, emotion, and behavior, and it is advocated to regulate lifestyles through positive emotional responses, and to

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replace irrational beliefs with rational beliefs. The results of this study show that the WHOQOL-BREF total score and various scores of the study group after intervention are significantly higher than those of the control group. This is because ideal mood therapy and micro-class education can control depression or anxiety tendency, allowing patients to accurately observe and evaluate adverse events, to adopt realistic behaviors to achieve self-worth, improve quality of life and compliance with treatment. However, it should be noted that "irrational concepts" cannot be generalized. [5] Absolute cognition and a single way of thinking will also strengthen emotional distress. When treating patients with rational emotional treatment, they should integrate environmental, humanistic and individual factors into consideration, and avoid using them. The same standard requires different patients, and patients also need to think dialectically according to the needs of different stages, and reflect on the negative emotions caused by misconceptions. Secondly, micro-class education can guide mothers to feed their newborns in a simple, accurate and scientific way, promote mothers to change their roles and mentality, reintegrate into the family, gain parenting experience in practice, and avoid mental and emotional abnormalities .[6]

To sum up, the combination of rational emotional therapy and micro-class education can significantly reduce the degree of postpartum depression of the parturient, and improve the mother's sense of competence and quality of life in childcare. It is worthy of clinical application.

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