

مستويات الكآبة النفاسية وإكتئاب ما بعد الولادة لدى عينة من النساء في الأردن وعلاقتها ببعض المتغيرات

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الملخص

هدفت الدراسة الحالية إلى معرفة مستويات الكآبة النفاسية لدى عينة من النساء في الأردن، وشملت عينة الدراسة ٤١٥ سيدة من جميع محافظات الأردن، وتراوحت أعمارهن بين ٢٠-٤٥ سنة، وهي المرحلة الإنجابية، وتم اختيار العينة بالطريقة المتيسرة، تم تطوير مقياس لقياس مستويات الكآبة النفاسية وما بعد الولادة، وتم توزيعه إلكترونياً من خلال نموذج جوجل، وأظهرت نتائج الدراسة أن مستوى الكآبة النفاسية كان متوسط، وهناك تأثير ذو دلالة إحصائية لمتغير العمر على الكآبة النفاسية، ولا يوجد أثر ذو دلالة إحصائية لمتغير عدد الأطفال، وأن فترة أعراض تدني الحالة المزاجية بعد الولادة كانت في الأيام والأسابيع الأولى من الولادة وهذا يشير إلى المعاناة من الكآبة النفاسية وليس من إكتئاب ما بعد الولادة، وأن ٩٣,٣٪ من هؤلاء النساء لم يتلقين خدمات رعاية نفسية. وأوصت الدراسة بأهمية رفع مستوى الوعي العام حول الكآبة النفاسية وتقديم الدعم النفسي للمرأة في فترة الإنجاب.

الكلمات المفتاحية: النفاس، الكآبة النفاسية، الدعم النفسي، المرأة في الإنجاب، الأردن.

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Levels of Postpartum and Baby Blues Among a Sample of Women in Jordan and Relationship to Some Variables

Abstract

The current study aimed to know the levels of postpartum and baby blues among a sample of women in Jordan, the study sample included 415 women from all governorates of Jordan and the ages ranged between 20-45 years, it is the reproductive stage, the sample was chosen in an accessible way, a scale was developed to measure the levels of baby blues and postpartum it was distributed electronically through the google forum, the results of the study showed that the level of baby blues was medium level, and there is a statistically significant effect of the age variable on the baby blues, and there is no statistically significant effect of the variable number of children, and that the period of symptoms of low mood after birth was in the first days and weeks since birth this indicates suffering from baby blues not postpartum, and that 93.3% of these women did not receive psychological care services. The study recommended providing specialized nursing services and psychological support for women in childbearing

Key words: Postpartum, Baby blues, Psychological support, Women in childbearing, Jordan.

Introduction:

Woman goes through many important periods in their life, but the most important event in her life may be when she becomes a mother, and she remains waiting for this event with many preparations on the personal, family, and social level. The woman's feelings, thoughts, and dreams center around the nature of the experience and this

expected child. Therefore, because the experiences of women affect her psychological structure and affect her relationship with this expected child, one of the painful experiences that a woman may have after childbirth is low mood and this may amount to a form of depressive symptoms.

Pregnancy is one of the components of woman life and its continuity, and usually pregnancy extends over a period of 40 weeks and ends with birth, the stage of pregnancy includes profound changes related to lifestyle, not only in personal life, but also in the lives of the spouses and the whole family. It is a stage of physical and psychological preparation for parental roles, so the birth of a child defines the life of the woman and the family as a period full of changes and a tremendous impact on their individual and family lives. As a pregnant woman needs to adapt to the physical changes caused by childbirth, she is faced with a new being to depend on (Coutinho, da Silva, Chaves, Nelas, Parreira, Amaral & Duarte 2014)

Pregnancy with down mood are the most joyful times in a woman's life. However, some psychological symptoms may develop into psychological disorders, and symptoms of down mood may appear from 2-4 weeks after childbirth which called baby blues and may last for up to 12 months after childbirth which is called postpartum depression and this is form of mood disorder. Postpartum begins in the first year and appears in 10-15% of women after childbirth. Postpartum depression is not only a maternal problem but also affects emotional, social, and cognitive development of the child. In addition, it has negative effects on the whole family. Consequently, postpartum depression affects all societies and leads to unwanted feelings towards the family and the child ,and leads to physical problems such as delayed physical development combined with cognitive, behavioral, social, and psychological appearance (Ay, Tektaş, Mak & Aktay,2018)

Swing mood affects up to 85% of women after birth, one of seven women develops a persistent type of major depressive symptom that affects the mother after childbirth, which is called postpartum depression (PPD) and this type of disorder affects up to 10%-15% of women, PPD is associated with negative effects on the mother and the infant, and one of these effects is to stop breastfeeding early, and that mothers with depression are more

prone to behavioral problems and failure in normal development and attachment disorder in addition to cognitive delays and emotional, social and developmental problems, although the cause of postpartum depression is not clear, knowing that hormonal, biological, genetic, social and psychological predisposition are risk factors for all susceptible women, PPD has been classified by the Diagnostic and Statistical Manual of Mental disorders (DSM-5) as major depressive disorder (Goweda & Metwally, 2020)

On the other hand, there is the concept of baby blues, to which Murkoff (٢٠٢١) referred, which are also sometimes called the postpartum blues, and in it appear feelings of sadness that many women experience in the early days after giving birth. This blue mood tends to kick in on days 2 or 3 postpartum and can last for a few weeks. The medical opinion indicates that the baby blues go away without any special treatment, intervention, or medication.

To distinguish between baby blues and postpartum depression, Henry Ford Health System Staff (2019) referred to some ways to tell the difference between baby blues and postpartum depression:

1-Timeline: The baby blues occur for a few hours each day and should disappear within fourteen days after birth. Postpartum depression on the other hand can occur within four weeks to several months after childbirth and can last up to a year.

2- Symptoms: Some of the symptoms of baby blues are irritability, fatigue, and sadness. postpartum depression symptoms are often more severe and include aggression, extreme stress, and potentially feelings of detachment from the baby.

The World Health Organization (WHO) stated that depression for women of childbearing age is the main cause of health and psychological problems. It is a non-psychotic depression that occurs after childbirth and is the most common of women of childbearing age, affecting approximately 10–15 percent of women after childbirth, especially in developing countries, knowing that the prevalence of postpartum depression has doubled in the developed world. referring to the fact that postpartum depression negatively affects the mother, marital relationship, and children when postpartum depression is untreated and has a long-term harmful effect on the mother and her children.

Persistent depression in expectant mothers can also contribute to emotional, behavioral, cognitive, and personal problems. (Wubetu, Engidaw, and Gizachew, 2020)

Physical and psychological issues that may contribute to the mother's swings and lows include:

1. Hormonal system: the significant decrease in estrogen and progesterone after childbirth may play a role in the development of depressive symptoms. Other thyroid hormones may drop sharply and make women feel exhausted and depressed.
2. Lack of sleep: The newborn baby suffers from frequent crying and a lack of sleep. The mother does not get enough sleep, and when she is sleep deprived and exhausted, she may face a problem in low mood and a weak ability to solve problems.
3. Anxiety about being able to care for a newborn
4. Body-shape difference: a woman may feel less attractive and feel that she has lost control of her life. (Bruce, 2020)
5. Childbirth-related risk factors: a high-risk pregnancy, which includes an emergency cesarean section and admission to the hospital during pregnancy.
6. Social factors: such as a lack of social support or domestic violence
7. Bad lifestyle habits related to eating, sleeping, and smoking habits (Saba, Yusra, & Waquar, 2021)

Purpose of the study:

The current study aimed to determine the level of baby blues and postpartum depression by knowing the symptoms that women suffer in childbirth, the severity of these symptoms, and the period of their occurrence.

Study Importance:

The importance of the study lies in knowing the health and psychological reality of women in the stage of childbirth, which prompts the provision of specialized health and psychological care services for them, and this is reflected in a safe maternity period and is positively reflected on the physical and psychological growth of the newborn, and the mother's mental health contributes to a stable family environment.

Study Problem:

The stage of childbirth is an important stage in the lives of the woman, the child, and the family in general, and therefore it is important to study the situation of women and try to identify any difficulties in carrying out appropriate auxiliary interventions.

In order to maintain the psychological and physical health of women, it is necessary to identify all issues and topics that constitute risk factors for them, including the suffering from mood swings after childbirth. Because the experience of childbirth is an important event for the mother, father, and family, it affects the physical and psychological dimensions of the mother and plays a role in creating a happy and mature experience. The statistics of the World Health Organization also indicate that approximately 10–15 percent of women suffer from baby blues, and this indicates the possibility of developing into postpartum depression disorder in the event of increased risk factors and loss of health and social support and the negative effects that this means on the mother and the child. It is expected that the efficiency of the maternity role will decrease for a woman if she suffers from mood problems, in addition to the exacerbation of physical and health difficulties if they are associated with psychological difficulties. So, this study sought to know the degree of prevalence of baby blues among a sample of women in Jordan and its relationship to some variables because understanding the possibility of the problem arising and its consequences leads to a greater understanding of it, which facilitates early intervention strategies to prevent its exacerbation.

Through our academic work and our teaching of the special groups course, we found it useful to pay attention to identifying and understanding issues that concern women, including those related to health and psychological problems, including the baby blues.

Many researchers have been interested in studying the topic of baby blues and postpartum depression, such as the studies of Taybeh (2022) and Moyo & Djoda (2020), and some studies have also been interested in studying some related variables, such as the study by Doke et al. (2021). This confirms the importance of studying this topic, as it sheds light on an important topic with a health and psychological dimension related to women in the postpartum stage.

Study question:

1. What is the level of baby bleus among a sample of women in Jordan?
2. Are there statistically significant differences at the level ($\alpha \leq 0.05$) in the level of baby bleus among a sample of women in Jordan due to the age variable?
3. Are there statistically significant differences at the level ($\alpha \leq 0.05$) of baby blues among a sample of women in Jordan due to the variable number of children?
4. What is the time for down mood symptoms to appear in a sample of women in Jordan?
5. What is the percentage of receiving counseling and psychological treatment services obtained by a sample of women suffering from baby bleus in Jordan?

Literature:

When reviewing the theoretical literature, it found many studies and research that dealt with the issue of mood swings, and thus a review of some previous relevant studies:

A study was conducted by Taybeh, (2022), and the current study aimed to determine the risk factors associated with postpartum depression in a sample of women in Jordan during the year and a half after childbirth, which was conducted between April and June 2020, the Arabic version of the Edinburgh Scale was used to measure postpartum depression was distributed to the study sample through the internet, the number of respondents was 1,071 Jordanian women, and the results showed that 567 women suffered from postpartum depression, and that this is related to marital conflict, unwanted pregnancy, lack of social support and suffering from symptoms of postpartum depression. Depressive during pregnancy. It was found that postpartum depression among Jordanian women is higher compared to women in neighboring countries.

Hairo, Ahmad, Wee1&Abdullah (2021) finish cross-sectional study aimed to investigate the relationship between socioeconomic factors and literacy with the incidence of postpartum depression (PPD) in 350 women with an average age: 30.58 women who attended the Kuala Lumpur Health Clinic from May to October 2020. The incidence of PPD and literacy was assessed using the validated Edinburgh Scale. Data were collected using a subjective questionnaire, Chi-Square tests were also performed to determine the relationship between these factors and the incidence of postpartum depression. The results

showed that symptoms of postpartum depression were 14.29%. The relationship with lower family income and housewives were more likely to suffer from depression

The study by Doke, Vaidya, Narula, Datar, Patil, Panchanadikar & Wagh, (2021) to identify the differences in the incidence of postpartum depression between women who gave birth naturally and those who gave birth by caesarean section six weeks after delivery. In Pune District, India from July 2017 to December 2018. Data were collected from government and teaching hospitals and from cases followed up with five or more caesarean sections per month, the results showed that the women who underwent a caesarean section had an infection rate of 3.79%, while natural childbirth is 2.35%, and the risk of infection increases in women under 25 years of age, the study did not find an association between postpartum depression and income, education, or occupation.

Moyo & Djoda (2020) conducted a study aimed at understanding the relationship between postpartum blues and postpartum depression in women who had recently given birth in Cameroon. The cases were followed up at Yaoundé Gyneco-Obstetric and Pediatric Hospital (YGOPH) over a period of 6 months on a sample of 214 women. The Edinburgh Postpartum Depression Scale (EPDS) was used to identify women with postpartum depression, and the Kennerley and Gath Blues questionnaire during the first postpartum week and at the fourth and sixth weeks were used to diagnose postpartum depression. The examination was performed retrospectively. The results of the sample of 214 newly given birth women showed that 50 women (23.36%) showed postpartum depression while 164 (76.63%) did not. As many as 31 women (62%) with postpartum depression have earlier exhibited postpartum blues. After multivariate analysis of risk factors, postpartum depression emerged as one of the independent predictors of postpartum depression. It has been shown to be an independent predictor of postpartum depression, and preventing and managing postpartum depression early during childbirth may help prevent the onset of postpartum depression later.

An institution-based cross-sectional study was conducted by Abebe, Tesfaw, Mulat, Hibdy Getahun, and Yohannes (2019). The aim was to study the symptoms of postpartum depression. The study included 511 mothers coming to postpartum care services in public

health centers in Bahir Dar city, while the Edinburgh Postpartum Depression Scale (EPDS) was applied to assess women's depressive symptoms through random sampling. The prevalence of symptoms of postpartum depression among mothers and that there is a role for the occurrence of depression, such as life stress, unplanned pregnancy, and partner violence, in addition to weak empowerment in domestic decision-making. and interventions to address risk factors

A study conducted by da Silva and Margareth (2016) aimed to understand the experiences and meanings of postpartum depression in mothers and their families. The study sample consisted of women with postpartum depression who were reached through public hospitals and basic health units in the municipality of Cuiaba, Montana. The results showed the importance of family support in improving the reality of women who suffer from depression, and the support also contributes to reducing the appearance of depressive symptoms.

Commenting on previous studies:

By reviewing previous studies, we find that the risk factors for mood disorders in the postpartum period are: marital conflicts, unplanned pregnancy, marital conflicts, in addition to what women suffered from depressive symptoms during pregnancy, and this was indicated by the study of Taybeh (2022), while the study by Hairol et al (2021) indicated that risk factors are related to low family income and if the woman is a housewife, while the study Doke et al (2021) confirmed that women at the age of less than 25 years old are exposed to problems of baby blues. While Moyo & Djoda (2020) study focused on the distinction between baby blues and postpartum depression, the study by Abebe et al (2019) indicated the role of psychological stress and violence in the occurrence of this disorder, and the study of da Silva & Margareth (2016) emphasized the importance of social and family support for women in reducing the possibility of the emergence of the problem of postpartum disorder.

Features of the current study:

The current study was distinguished by the fact that it consisted of a large research sample, and from all governorates of Jordan and the sample consisted of women in the reproductive stage, the current study studied the effect of the variable number of children on the occurrence of baby blues, and the symptoms experienced by women were identified, which indicated that it was baby blues not postpartum depression, and the current study found that women in the childbirth stage do not receive psychiatric care or psychological support.

Methodology:**Procedures:**

1. Reviewing the theoretical literature that dealt with the problem of postpartum depression and baby blues
2. Determining the symptoms of postpartum depression and baby blues
3. Preparing the baby blues depression scale.
4. Extracting the validity and stability coefficients for the scale and adopting it in its final form
5. Distribution the scale to available sample of women of childbearing age through a link on Google Form from all governorates of Jordan.
6. Collect the responses of the study sample, as the number of available samples reached 415 women.
7. Conducting statistical analysis and extracting results to answer the study questions
8. Based on the results of the study, the relevant recommendations were included

Study sample:

The study sample consisted of 415 women of childbearing age, and accordingly a description of the study members, the sample was selected using the available method from all governorates of Jordan, the following is a description of the sample based on the study variables: table (1) show that:

Table (1)			
Variable	Category	Number	The ratio
Age	30 and less	139	33.5%
	31-40	170	41%
	41 and more	106	25.5%
	Total	415	100%
Number of children	1	81	19.5%
	2-3	193	46.5%
	4-5	122	29.4%
	More than 5	19	4.6%
	Total	415	100%

Study tool:

Baby Blues scale:

The scale was built after referring to the theoretical literature and review the most important scales, such as the Maternal Blues Suryani model in predicting postpartum blues, Edinburgh Postnatal Depression Scale (EPDS). the scale consists of 18 items that measure depressive symptoms which are related to the reality of women.

The validity of the internal construction:

The internal structure of the questionnaire statements is honestly meant: the consistency of the questionnaire's paragraphs with the total score, meaning that the statement measures what it was designed to measure and does not measure anything else.

Accordingly, the Pearson correlation coefficient was calculated between the degree of each statement and the total degree of the scale, table (2) shows that:

Table (2): Correlation coefficients of the scale items to the total score of the scale

Paragraph.	Correlation coefficient	Paragraph	Correlation coefficient
١	.467**	١١	.760**
٢	.779**	١٢	.684**
٣	.765**	١٣	.833**
٤	.744**	١٤	.778**
٥	.657**	١٥	.688**
٦	.646**	١٦	.407**
٧	.693**	١٧	.612**
٨	.616**	١٨	.526**
٩	.696**		
١٠	.596**		

** Statistical significance at the level (α 0.01)* Statistical significance at the level (α 0.05)

It is clear from table (1) that all the correlation coefficients of the scale items with the total score are statistically significant at the level ($\alpha \leq 0.05$), which ranged between (.219 and .833), and all these values are statistically significant, and this indicates the consistency of the internal construction of the scale, and therefore the scale It consists of (19) paragraphs in its final form.

stability:

To ensure the stability of the postpartum depression scale, the stability was calculated using the "Cronbach's alpha" coefficient, and table (3) shows these results.

Table (3): Stability coefficient by Cronbach's alpha coefficient method for scale items

Scale	Cronbach's Alpha Stability
Baby Blues Scale	0.92

It is clear from Table (2) that the Cronbach's alpha coefficient for the total score of the scale was (.92), and this indicates that the scale has a good degree of reliability that can be relied upon in the field application according to the Nani scale, which was adopted at (.70) as a minimum stability. (Nunnally & Bernstein 1994 264-265)

Scale correction key

It was considered that the scale (Likert Quadruple) used in the study should be graded according to the rules and characteristics of the scale as follows:

High degree	Medium degree	little degree	There is no level
4	3	2	1

Calculation of total scale marks: High level equals 76, medium mark equals 38. Minimum mark equals 19. Based on the foregoing, the values of the arithmetic averages were dealt with according to the following equation:

Maximum value – minimum value of the answer alternatives divided by the number of levels:

$$\frac{4-1}{3} = \frac{3}{3} = 1 \text{ This value is equal to the length of the category,}$$

low level is from 1.00 _ 2.00

Medium level is from 2.01_3.00

High level is from 3.01 - 4.00

Results:

This chapter includes a presentation of the results of an attempt to identify the level of postpartum depression and baby blues among a sample of women in Jordan. After researchers collected data through the study tool and considered the statistical treatment of the study data, the following results were reached:

First: the results related to the answer to the first question, which is:

What is the level of "baby blues" among a sample of women in Jordan?

To answer this question, the mean and standard deviation of the scores of a sample of women on the Baby Blues scale were calculated, and the level of depression was calculated.

Table 4 shows this.

Table (4): Arithmetic averages and standard deviations of baby blues scores for a sample of women in descending order

Number	Paragraph	Arithmetic averages	standard deviation	Level
1	I felt like crying so much	2.92	1.08	Medium
2	I was suffering from the accumulation of my responsibility	2.92	1.00	Medium
3	I had trouble sleeping	2.89	1.00	Medium
4	I lost interest in a lot of things	2.73	0.97	Medium
5	I suffered from constant sadness	2.52	1.05	Medium
6	I lost interest in my appearance	2.47	1.01	Medium
7	I experienced feelings of despair	2.42	1.16	Medium
8	I lost interest in social media	2.39	1.04	Medium
9	I lost interest in cleaning my house	2.33	1.02	Medium
10	I felt hopeless about the future	2.18	1.17	Medium
11	I lost interest in my relationship with my husband	2.16	1.04	Medium
12	I suffer from loss of appetite	2.04	1.02	Medium
13	I stopped communicating with friends and family	2.02	0.98	Medium
14	I lost interest in interacting with others	2.01	0.97	Medium
15	I saw life as meaningless	1.99	1.12	Low
16	I lose interest in my children	1.84	0.96	Low
17	I felt a lack of interest in the new baby	1.77	1.01	Low
18	I tried to help myself by smoking	1.23	0.69	Low
	total degree	2.21	0.65	Low

Table (3) shows that the overall average score for the baby blues scale was medium with total degree (2.21), while the arithmetic averages of the items ranged between (1.21 and 2.92), and the item that states "I felt a strong urge to cry" ranked the first came with an arithmetic average (2.92) at medium level, followed by the second rank of the paragraph that states "I was suffering from the accumulation of my responsibilities" with an arithmetic average (2.92) at medium level, and the paragraph that states "I had difficulties sleeping" came in the third rank with an arithmetic average of (2.89) at a level medium, and the paragraph that states "I felt a lack of interest in the newborn" came in the seventeenth rank with an average score of (1.77) at a low level, and the paragraph that states "I was trying to help myself through smoking" came in the eighteenth and penultimate rank with an average score of (1.23) at a low level,

Second: The results related to the answer to the second question, which is:

Are there statistically significant differences at the level ($\alpha \leq 0.05$) in baby Blues among a sample of women in Jordan due to the age variable?

To answer this question, the arithmetic averages, and standard deviations of the scores of a sample of women on the baby Blues scale were calculated according to the age variable. One Way ANOVA was used to determine the significance of the differences, the following is a presentation of these results.

Table (5): Arithmetic averages and standard deviations of scores for a sample of women on the baby blues scale according to the age variable

variable	category	number	Arithmetic mean	standard deviation
Age	30 year and less	139	2.29	٠,٥٦
	31-40 year	170	2.29	0.66
	41 year and more	106	1.98	0.71
	Total	415	2.21	0.65

Table (5) indicates that there are apparent differences between the arithmetic averages of the scores of a sample of women on the baby blues scale according to the age variable, and to determine whether the differences between the means are statistically significant at the level ($\alpha \leq 0.05$) a one-way analysis of variance (One) was applied Way ANOVA), and the results came as shown in table (6):

Table (6): Results of one-way ANOVA to find out the significance of the differences in the scores of a sample of women on the baby blues scale according to the age variable

Contrast source	sum of squares	degree of freedom	average squares	F value	Significance level
Between groups	7.485	2	3.742	٩,٠٧٥	0.000
within groups	169.900	412	0.412		
Total	177.385	414			

* Statistical significance at the level ($\alpha \leq 0.05$)

It appears in table (6) that there are statistically significant differences in the level of baby blues according to the age variable; Where the value of (F) reached (9.075) with a level of significance of (0.000), and to find out the source of the differences in the level of baby blues, Scheffe's test was conducted for dimensional comparisons ,and table (7) shows these results.

Table (7): Scheffe's test for baby blues comparisons in the level of baby blues according to the age variable			
Age		difference between averages	Indication level
I	J		
30 years or less	From 31-40 years old	0.0047	0.998
30 years or less	41 years and over	0.3105*	0.001
From 31-40 years old	41 years and over	0.3058*	0.001
* Statistical significance at the level ($\alpha \leq 0.05$)			

It appears in table (7) that there were no significant differences at the level ($\alpha \leq 0.05$) of baby blues between the age group 30 years, while statistically significant differences appeared between the age group 30 years and less, and the age group is 41 years and over, and the arithmetic average for a category of 30 years and less was higher than the arithmetic average for a category of 41 years and over.

This means that the age group most susceptible to postpartum depression is less than 30 years old, then more than 41 years old, and then the age group from 30-41, respectively.

Third: Results related to the answer to the third question, which is:

Are there statistically significant differences at the level ($\alpha \leq 0.05$) of baby blues among a sample of women in Jordan due to the variable number of children?

To answer this question, the arithmetic averages, and standard deviations of the scores of a sample of women on the Baby Blues scale were calculated according to the variable number of children, where one way ANOVA was used to determine the significance of the differences. The following is a presentation of these results.

Table (8): Arithmetic averages and standard deviations of scores for a sample of women on the baby blues scale according to the variable number of children				
variable	Category	Number	Average arithmetic	standard deviation
number of children	one child	81	2.23	0.57
	from 2-3 children	193	2.28	0.62
	From 4-5 children	122	2.10	0.73
	More than 5 children	19	2.16	0.75
	Total	415	2.21	0.65

Table (8) indicates that there are apparent differences between the arithmetic averages of the scores of a sample of women on the baby blues scale according to the variable

number of children, and to determine whether the differences between the means are statistically significant at the level ($\alpha \leq 0.05$) one-way analysis of variance was applied One Way ANOVA), and the results were as shown in table (9):

Table (9): Results of one-way ANOVA to find out the significance of the differences in the scores of a sample of women on the baby blues scale according to the variable number of children					
Contrast source	sum of squares	degree of freedom	average squares	F value	Significance level
Between groups	2.536	3	0.845	1.987	0.115
within groups	174.849	411	0.425		
Total	177.385	414			
* Statistical significance at the level ($\alpha \leq 0.05$)					

It appears in table (9) that there are no statistically significant differences in the level of baby blues according to the variable number of children; the value of (F) reached (1.987) with a significance level of (0.115), which is a non-statistically significant value.

No studies were found that investigated the variable number of children and its effect on the symptoms of baby blues, and this is what distinguishes the current study

Fourth: Results related to the answer to the fourth question, which is:

What is the time for baby blues symptoms to appear in a sample of women in Jordan?

To answer this question, the frequencies, and percentages of time periods for the onset of baby blues symptoms were calculated for a sample of women in Jordan, as shown below.

Table (10): Frequencies and percentages of Baby Blues symptoms		
Symptom's period	Number	The ratio
In the first week after birth	142	34.2%
Within weeks after birth	157	37.8%
A month after birth	75	18.1%
Those who did not show symptoms	38	9.9%

It is noted from table (10) that the number of women who had symptoms of baby blues in the first week after childbirth (142) women, at a rate of (34.2%), and the number of those who had symptoms of baby blues during the first weeks of childbirth (157) women by (37.8%), and the number of women who had symptoms of baby blues a month after giving

birth was (75) women, at a rate of (18.1%). And 38 women did not have symptoms of postpartum depression, and this number constituted 9.9% of the study sample size.

Fifth: Results related to the answer to the fifth question, which is:

What is the percentage of receiving counseling and psychological treatment services obtained by a sample of women suffering from Baby Blues in Jordan?

To answer this question, the frequencies and percentages of women diagnosed with Baby Blues in terms of accessing counseling and psychotherapy services were calculated, as shown below.

Table (11): Frequencies and percentages of women with Baby Blues in terms of accessing counseling and psychotherapy		
Receiving counseling and psychological services	Number	The ratio
Yes	28	6.7%
No	387	93.3%

It is noted from Table (11) that the number of women who received counseling or psychological treatment services is (28) with a percentage of (6.7%), while the number of those who did not receive counseling or psychological treatment services is (387) women, at a rate of (93.3%).

Discussion:

First: the results related to the answer to the first question, which is:

What is the level of baby blues among a sample of women in Jordan?

The results of the statistical analysis showed that the level of baby blues among a sample of women in Jordan was medium; in the first place, there was a paragraph that felt an intense urge to cry, which is a major indicator of a mood disorder; in the second place, I suffer from the accumulation of my responsibilities, and this result is consistent with what was stated in previous studies, such as the study of Taybeh (2022), which indicated the role of the loss of social support in baby blues. The third and fourth paragraphs indicate that you encountered difficulties sleeping and a lack of interest in the newborn, and these two paragraphs are linked to each other, which contrasts with what was indicated by the Taybeh study (2022), which indicated that one of the risk factors for baby blues is an

unplanned pregnancy, which may in turn lead to a lack of interest in the newborn. With regard to the items that got a low level, they are: I looked at life as meaningless; I decreased my interest in my children; I felt less interest in the newborn; I was trying to help myself through smoking; I took hypnotic treatments, which are items that measure an extreme case of mood disorder symptoms and the fact that women are normal. If you are not diagnosed with this disorder, this result is a logical and natural one. The result of this question shows the symptoms experienced by women indicate a medium level of baby blues; this result is similar to what was reported in the study by Moyo and Djoda (2020).

This finding is an indication of the need to pay attention to some issues specific to women, which are generally ambiguous, as understanding what women suffer from leads to appropriate intervention strategies for their care.

Second: the results related to the answer to the second question, which is:

2. Are there statistically significant differences at the level ($\alpha \leq 0.05$) in the level of Baby Blues among a sample of women in Jordan due to the age variable?

The results of the study indicated that there were statistically significant differences in the levels of baby blues according to the age variable and the age groups most likely to suffer from baby blues, a category less than 30 years old, the explanation for this is due to the feeling of women in this age period of the increased burden of the newborn and the inability to manage its needs and care appropriately, a woman's feeling of inability and incompetence to take care of the newborn, and the age group over 41 also suffers from baby blues symptoms, and this may explain that women at this stage may be burdened with many family and social burdens, this may be as a result of the woman feeling that this pregnancy and this baby are unplanned, and that she has reached a stage of ending the obligations of pregnancy and childbirth, and this new baby constituted a new and unexpected burden for her, This result is similar to what was stated in the study (Abebe et al, 2019), which indicated that one of the risk factors is an unplanned pregnancy. regarding the age group from 31-40, she did not experience symptoms of baby blues, and this may explain that this age stage is the most suitable for childbearing, and women are more prepared for the tasks of motherhood in this age. This result is like the findings of (Doke et

al, 2021) which indicates an increased likelihood of suffering from baby blues at young ages. new burden on them, and this stage may be associated with swing mood symptoms.

Third: the results related to the answer to the third question, which is:

3. Are there statistically significant differences at the level ($\alpha \leq 0.05$) in the level of baby blues among a sample of women in Jordan due to the variable number of children?

The results showed that there were no statistically significant differences in the levels of baby blues according to the number of children, this may explain that when women give birth to the first child, they may find support and care from those around them because this is the new experience, and those who have many children may take support from them by helping each other, It is also possible that the woman's repeated births constitute good experiences in caring for children and managing their affairs, and therefore she may not experience a decrease in mood as a result of the increase in the number of children. This may indicate that the number of children has no role in the occurrence of baby blues.

Note that no studies have been found that investigated the effect of the variable number of children on the occurrence of postpartum depression.

Fourth: the results related to the answer to the fourth question, which is:

What is the time for depression symptoms to appear in a sample of women in Jordan?

The results of the study indicated that depressive symptoms appeared in women in the first days and weeks of childbirth, which confirms that they suffer from baby blues and not postpartum depression. This result confirms what was stated in international research and studies that indicate that the largest percentage of women suffer from symptoms of low mood in the first days and weeks and a very small percentage of women suffer from these symptoms months after giving birth, which is what the World Health Organization indicated. s And this result is like the study by Moyo and Djoda (2020) in terms of the duration of time during which depressive symptoms occur after the birth event.

Fifth: The results related to the answer to the fifth question, which is:

What is the percentage of women receiving counseling and psychological treatment services in a sample of women suffering from baby blues in Jordan?

The results of the study showed that the number of women who received psychological treatment as a result of suffering from baby blues was 28 women, at a rate of 6.7%, while the number of women who did not receive counseling or psychological treatment services was 387 women, at a rate of 93.3%). This indicates that the suffering of women was vague, the nature of psychological suffering was not understood, and it was not dealt with in an appropriate scientific and medical manner. This may explain why postpartum women do not receive support services and psychological care due to the societal culture that looks negatively at psychological problems and seeks treatment for them.

Conclusion:

Women of childbearing age suffer from puerperal depression, and the depressive feelings of the giving woman may affect the quality of care for the newborn, and the rate of suffering from this type of depression among women in Jordan is like what women suffer from around the world. In the current study, women did not receive psychological care because they were suffering from postpartum depression.

Recommendations:

1. Providing psychological care services in obstetrics and gynecology departments for women who have given birth so that symptoms of baby blues do not develop into postpartum depression.
2. Providing nursing care services for women in the first days after childbirth, which contributes to supporting the psychological aspect of women who have given birth
3. Providing families with brochures on the appropriate role that family members should play in terms of psychological support and care for the childbearing woman
4. Conducting studies on the topic of baby blues on other samples and with other research methodologies and other variables

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