

POSTPARTUM DEPRESSION IN THE FIRST-TIME MOTHER – CASE REPORT

Claudia;¹ Dewi Kartika Sari;¹ Fredlina Rossa Balindra;¹ Novrida Ratna Dewi;¹ Aziza Matinu Karima²

Correspondence: fredlinarossaab@student.ub.ac.id

¹Midwifery Master's Degree Program, Faculty of Medicine, University of Brawijaya, Malang, Indonesia

²Department of Psychiatry, Dr. Saiful Anwar General Hospital, East Java Province, Indonesia

CASE REPORT

OPEN ACCESS

ABSTRACT

Introduction: The transition to motherhood can be challenging due to physical, psychological, and social changes, making women vulnerable to PPD. Routine screening for PPD is essential to facilitate timely intervention and support for affected mothers. This case report aimed to explore the impact of postpartum depression in first-time mothers and the effectiveness of interventions and social support in managing the condition.

Methods: This is a qualitative study with a case report method. The study utilized the Edinburgh Postnatal Depression Scale (EPDS) as a screening tool for PPD and involved interventions related to breastfeeding issues and social support.

Results: After two weeks, the EPDS test result shows improvement, and the mother also reported increased breastfeeding, with the baby achieving ideal weight and height according to the WHO growth chart. Intervention included open communication, social support, intervention for breastfeeding difficulties, and spousal involvement in childcare.

Discuss: Postpartum depression is a strong risk factor for more severe psychological disorders, such as postpartum psychosis, requiring early diagnosis to provide adequate support and prevent further complications.

Conclusion: The study highlights the importance of early PPD detection through tools like the EPDS and the crucial role of social support, particularly from the husband, in mitigating PPD risk. It concludes by emphasizing the need for ongoing research to develop effective interventions for managing postpartum depression in primiparous mothers.

Keywords: postpartum depression, primiparous, social support.

Article History:

Received: May 19, 2024
Accepted: March 02, 2025
Published: March 31, 2026

Cite this as: Claudia, Sari, DK., Balindra, F.R., Dewi, N.R., Karima, A.Z. Postpartum Depression in First-time Mother – Case Report. *Journal of Psychiatry Psychology and Behavioral Research*; 2026.7:1. p43-46.

INTRODUCTION

Postpartum depression (PPD) is a disorder that typically begins during pregnancy or within the first four weeks after childbirth and is characterized by comorbid major depressive symptoms.¹ Postpartum depression (PPD) is a common mental health condition that affects mothers after childbirth and is characterized by feelings of sadness, anxiety, and fatigue. The transition to motherhood can be challenging due to physical, psychological, and social changes, making women vulnerable to PPD.² PPD can significantly impact a mother's ability to provide optimal care for her infant, leading to potential adverse consequences for both parties. It is crucial to recognize the signs and symptoms of PPD early on to facilitate timely intervention and support for affected mothers.² Identifying at-risk populations during pregnancy and postpartum is essential

to prevent disorders and their serious consequences.¹ Routine screening for PPD should be integrated into postnatal care visits, and the Edinburgh Postnatal Depression Scale (EPDS) is commonly used as a self-report questionnaire to detect PPD early.³

The risk of PPD is 14.6% among mothers with infants aged 1-18 months.¹ Factors such as personal and family psychiatric disorders, poor communication with partners, and lack of social support can increase the risk of developing PPD. The exact etiology of PPD is not fully understood but is believed to involve hormonal changes, genetic predisposition, and psychosocial factors. Etiological factors include hormone fluctuations, neurotransmitter dysregulation, genetic vulnerability, and psychosocial stressors.² Factors associated with increased PPD risk include personal and family psychiatric disorders, poor communication with partners,

irregular partner employment status, psychiatric disorders during previous childbirth, lack of routine prenatal monitoring, and lack of assistance in infant care.¹

PPD can have adverse effects on both mothers and infants, affecting their overall well-being and quality of life. If left untreated, it can lead to long-term consequences.¹ PPD can have adverse effects on maternal caregiving behavior, infant development, emotional well-being, and mother-infant relationships.² PPD can lead to decreased maternal sensitivity, responsiveness, and engagement with the infant. Mothers with PPD may exhibit more negative parenting behaviors, such as irritability, hostility, and detachment, affecting the quality of care provided to the infant. Infants of mothers with PPD are at risk of developmental delays, cognitive impairments, and emotional disorders. PPD can hinder the formation of secure attachments between mother and infant, impacting the child's emotional regulation and social interaction. Mothers experiencing PPD often struggle with feelings of guilt, worthlessness, and incompetence, affecting their self-esteem and overall emotional well-being. PPD can exacerbate existing mental health issues and lead to long-term emotional strain if left untreated. PPD can strain the mother-infant bond, resulting in decreased maternal responsiveness, warmth, and emotional availability. Disruption of the mother-infant relationship due to PPD can contribute to attachment difficulties, behavioral problems in children, and long-term emotional consequences for both mother and infant.³

Practices to reduce the risk of PPD include routine pregnancy follow-ups for women with psychiatric histories, assessing family relationships, referring to mental health professionals when necessary, and offering postpartum family support.¹ Early detection through standard screening tools, integration into routine healthcare practices, adequate social support, and timely intervention are crucial in reducing negative PPD outcomes and promoting the well-being of mothers and infants.² Therapies typically applied are Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT), which are effective psychotherapeutic approaches for treating PPD. Therapy sessions focus on addressing negative thinking patterns, improving coping strategies, and enhancing interpersonal relationships to alleviate depressive symptoms. Antidepressant medications, such as Selective Serotonin Reuptake Inhibitors (SSRIs), may be prescribed in cases of moderate to severe PPD. Medication management should be closely monitored by healthcare providers to ensure safety and efficacy, especially for breastfeeding mothers. Participation in support groups or peer-led interventions can provide emotional support, validation, and coping strategies for women with PPD. Connecting with other mothers facing similar challenges can reduce feelings of isolation and enhance recovery. Lifestyle modifications, such as promoting self-care practices, regular physical activity, healthy eating habits, and sufficient sleep, can help improve mood and overall well-being in postpartum depression. Involving partners, family members, and friends in caregiving responsibilities can reduce stress and support the mother's recovery. A multidisciplinary approach involving healthcare providers, mental health professionals, and social support services is essential for comprehensive PPD management. Coordinated care ensures holistic support, treatment continuity, and progress monitoring to prevent relapse and promote long-term recovery.³ Based on the elaboration above, the author is interested in discussing a case report on postpartum depression.

METHOD

This case study focused on the observed and evaluated patient, a primiparous mother experiencing postpartum depression. Research data were obtained by completing forms for basic data assessment, including personal information, pregnancy history, delivery history, previous medical history, and current issues. Assessments were confirmed during appointments with a midwife who also served as a lactation counselor, and management of breastfeeding issues was provided. The instrument used was the Edinburgh Postnatal Depression Scale (EPDS) as a screening test for postnatal depression. EPDS consists of 10 multiple-choice questions in which women are asked to assess their feelings over the past 7 days. Each question is scored from 0 to 3, for a total final score of 0 to 30. Filling out the questionnaire takes about five minutes. The mother was assessed at 4 weeks postpartum. After the test results were obtained, we implemented interventions based on them. Patients would be reassessed two weeks after the initial examination, and during that time, mothers would receive interventions and support from a psychologist. The activities carried out during these 2 weeks included interventions related to breastfeeding issues and monitoring the mother's progress until the case was resolved. This research was conducted after obtaining the patient's informed consent and completing an informed consent form. Researchers will maintain the patient's confidentiality and privacy.

This case report was conducted with institutional permission obtained from the Faculty of Medicine, University of Brawijaya, through formal administrative approval procedures. Verbal informed consent was obtained from the patient, and all identifying information was anonymized.

RESULT

A 29-year-old woman gave birth to her first child after 3 years of marriage. The patient was delivered at a tertiary hospital via cesarean section. She got married at 25, earned a bachelor's degree, and works as a teacher. She comes from a relatively stable social and economic background and receives full support from her husband. Her husband has the opportunity to work from home, which helps the mother with housework and caring for the baby. The patient has a history of vaginismus diagnosed by a specialist obstetrician and gynecologist. To conceive her first child, she underwent a fertility program with an obstetrician and a gynecologist as well. The fertility program was almost at the stage of in vitro fertilization before it was canceled due to her pregnancy. The patient visited a midwife who also acts as a lactation counselor, complaining of nipple pain while breastfeeding, leading to sore nipples, and hoping for improvement after consulting with the midwife. During the examination, the husband mentioned that for the past 3 weeks, his wife has been experiencing sleep disturbances, confusion, inability to concentrate, loss of interest, mood swings, refused to hold their baby, and didn't want to breastfeed her baby. Therefore, during those 3 weeks, the baby was fed expressed breast milk from a bottle.

The EPDS test for the patient showed a score of 27, indicating a possibility of severe depression. The midwife's first intervention, in addition to addressing the breastfeeding concerns, was to provide an opportunity for the patient to talk about her current feelings, challenges, and worries. The mother worried that her baby wasn't getting enough milk because the baby continued to cry after feeding, leading her to believe that it was happening only to her. The midwife explained the

different meanings behind each baby's cry and assured the mother that she was not alone, as many mothers experienced similar issues. Additionally, the midwife asked the husband to continue helping with housework and caring for the baby so the mother could take a rest. The midwife asked the husband to monitor the mother's feelings and concerns and to always ask about them so she wouldn't feel alone.

After two weeks, the EPDS test was repeated, showing a score of 8. The husband also said that in the past week, his wife's condition has significantly improved, and she wants to breastfeed her baby again. Moreover, the mother showed improvement during breastfeeding, with the baby's weight gain ideal and in accordance with the growth chart (assessed by weight-for-age and length-for-age). The mother stated that breastfeeding had become much more comfortable, and she no longer experienced nipple pain.

DISCUSS

Psychological adaptation in postpartum mothers begins when they start caring for their baby. These new roles and responsibilities often make mothers feel insecure and experience stress.⁴ Postpartum depression is a condition where there is severe depression during the perinatal period that affects women after giving birth.⁵ The prevalence of postpartum depression varies globally, with rates ranging from 10-20% worldwide. In Indonesia, the incidence is much higher, with rates between 50-70% among postpartum mothers.⁶

The results of a case study on postpartum depressed mothers in the first trimester showed that a primiparous mother experienced severe postpartum depression after giving birth. This study used the Edinburgh Postnatal Depression Scale (EPDS) as a screening tool for postpartum depression. The EPDS test results showed a score of 27, indicating the possibility of severe depression. The cause of postpartum blues in mothers may be fluctuations in reproductive hormones, especially estrogen and allopregnanolone, which play an important role in postpartum depression (PPD).⁷ Studies have shown that changes in hormone levels during pregnancy and the postpartum period can trigger PPD in susceptible women, leading to affective dysfunction.⁸ In addition, allopregnanolone, a neurosteroid hormone, has been identified as a key determinant in the pathophysiology of PPD, with its

CONCLUSION

This case report provides an in-depth exploration of postpartum depression (PPD), a common mental health condition affecting mothers after childbirth, emphasizing its significant impact on maternal well-being, infant development, and the mother-infant relationship. The study underscores the importance of early recognition and intervention through routine screening, such as the Edinburgh Postnatal Depression Scale (EPDS), to mitigate negative outcomes. Factors contributing to PPD risk, including personal and family psychiatric disorders and lack of social support, are highlighted, along with effective management strategies such as Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT). The case report illustrates a comprehensive approach to addressing PPD, incorporating psychological support, spousal involvement, and lactation counseling. Importantly, the study underscores the

plasticity deficits potentially contributing to depressive symptoms.⁹

One of the influencing risk factors is social support, and the husband. Therefore, an intervention was carried out by giving the patient the opportunity to talk about her feelings, challenges, and concerns, and providing support to the patient and her husband. Social support from husband, family, friends, and self-efficacy are very important in reducing the incidence of postpartum depression.¹⁰ Husband support is defined as a caring attitude expressed through good cooperation and the provision of moral and emotional support. Husband's social support provides psychological assistance through motivation, attention, and acceptance. Therefore, it is important for husbands and families to provide good support to postpartum mothers to reduce stress and the risk of postpartum depression.¹¹

After two weeks, the EPDS test results showed improvement, and the mother also experienced increased breastfeeding, with an ideal baby weight and growth in accordance with the growth chart. This is in line with research conducted at the Alicia Midwife clinic in Bogor.¹² The results showed that respondents who received good support from their husbands had a lower risk of experiencing postpartum depression, and husband support was the dominant factor. In addition, research showed that there was a relationship between husband support and postpartum depression in primiparous women. In this study, husbands who received education showed better supportive behavior towards their wives during the postpartum period. The education husbands received helped them understand their new wives' conditions and how to provide appropriate emotional, informational, and instrumental support. This study also found that husband education can increase the social support perceived by primiparous women, which in turn can prevent or reduce the risk of postpartum depression.⁽¹³⁾

Postpartum depression is a strong risk factor for more severe psychological disorders, such as postpartum psychosis, requiring early diagnosis to provide adequate support and prevent further complications. Therefore, it is important to continue to conduct research and develop effective interventions to treat postpartum depression in primiparous mothers.

The role of social support, particularly from husbands, in reducing the risk of postpartum depression. Overall, the findings emphasize the necessity of ongoing research and tailored interventions to effectively manage postpartum depression in primiparous mothers, aiming to prevent further complications and promote maternal and infant well-being.

REFERENCES

1. Family Practice & Palliative Care Research Article Postpartum depresyon belirtilerinin yaygınlığı ve eşlik eden faktörler. 2022;7(2):18–23.
2. Saharoy R, Potdukhe A, Wanjari M, Taksande AB. Postpartum Depression and Maternal Care: Exploring the Complex Effects on Mothers and Infants. *Cureus*. 2023 Jul 5;
3. Dalal A, Shetty A, Shetty R, Contractor A, Dordi M. Postpartum depression: a prospective observational cross-sectional study. *Int J Reprod Contraception, Obstet Gynecol*. 2023 Feb 27;12(3):609–13.
4. Astri RFAGN. Dukungan Sosial Pada Ibu Postpartum Primipara Terhadap Kejadian Postpartum Blues. *J Kesehat Perintis (Perintis's Heal Journal)* [Internet]. 2020 [cited 2024 May 16];7(1):16–21. Available from: <https://jurnal.stikesperintis.ac.id/index.php/JKP>
5. Ningsih A, Hutasoit HBK. Depresi Pasca Melahirkan: Pencegahan dan Penatalaksanaan. *MAHESA Malahayati Heal Student J*. 2023 Mar 25;3(2):485–93.
6. Wulandari AP. The Influence of Types and Act of Childbirth on the Risks of Post Partum Depression. *J Psychiatry Psychol Behav Res* [Internet]. 2022(3):1–4. Available from: <http://jppbr.ub.ac.id/>
7. Syam A, Qasim M, Iskandar I, Kadir A. Cortisol, Prolactin, and Breastmilk Volume; A Promising Pattern for Reducing Postpartum Depression. *Open Access Maced J Med Sci*. 2022 May 22;10(B):1399–405.
8. Gunduz-Bruce H, Takahashi K, Huang MY. Development of neuroactive steroids for the treatment of postpartum depression. Vol. 34, *Journal of Neuroendocrinology*. John Wiley and Sons Inc; 2022.
9. Jacobson MH, Stein CR, Liu M, Ackerman MG, Blakemore JK, Long SE, et al. Prenatal Exposure to Bisphenols and Phthalates and Postpartum Depression: The Role of Neurosteroid Hormone Disruption. *J Clin Endocrinol Metab*. 2021 Jul 1;106(7):1887–99.
10. Mu TY, Li YH, Xu RX, Chen J, Wang YY, Shen CZ. Internet-based interventions for postpartum depression: A systematic review and meta-analysis. *Nurs Open*. 2021 May 1;8(3):1125–34.
11. Made Ari Febriyanti N, Putu Ayu Kristina Dewi N, Widiyanti K, Kebidanan J, Kesehatan Kartini Bali P, Piranha No J, et al. Hubungan Karakteristik Ibu dan Dukungan Suami Dengan Resiko Terjadinya Postpartum Blues Pada Ibu Postpartum The Relationship of Mother Characteristics and Husband Support With The Risk of Postpartum Blues In Postpartum Mothers. *PLACENTUM J Ilm Kesehat dan Apl*. 2021;9(2):2021.
12. Suhaebah S. Pengaruh Dukungan Suami dan Masalah dalam Menyusui dengan Depresi Postpartum di PMB Alicia Pamijahan Bogor Tahun 2022. *J Interprofesi Kesehat Indones*. 2023 Jun 9;2(3):319–25.
13. Abbaspoor Z, Sharifipour F, Javadnoori M, Moghadam ZB, Cheraghian B, Najafian M. Evaluation of the effectiveness of a postnatal support education program for husbands in promotion of their primiparous wives' perceived social support: a randomized controlled trial. *BMC Womens Health*. 2023 Dec 1;23(1).