

## **Original Research Article**

### **Islamic-based Preventive Strategies for Postpartum Blues**

**Fatemeh Ghodrati<sup>1</sup>, Tahereh Moghtariyan<sup>2</sup>, Marzieh Akbarzadeh<sup>3</sup>**

<sup>1</sup>Department of Theology, Faculty of Humanities Science College, Yasouj University, Yasouj, Iran

<sup>2</sup>Department of Midwifery, School of Nursing and Midwifery, Shiraz University of Medical Sciences

<sup>3</sup>Maternal –fetal medicine Research Center, Department of Midwifery, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran

#### **\*Corresponding author**

Fatemeh Ghodrati

Email: [akbarzadm@sums.ac.ir](mailto:akbarzadm@sums.ac.ir)

---

**Abstract:** In all societies, maternity care and attention to pregnant women is one of the most sensitive and important physical and mental health services. Due to the influence of religion on the spirituality and psycho-mental health, God's healing power and its association with health, and also its great importance in reducing pain, anxiety, depression and tensions, it seems beneficial to apply faith that is organized on the basis of psychological methods, so this study aims to offer Islamic-based preventive strategies for postpartum blues. In this review study, we used the keywords such as Islamic religious teachings, nulliparous pregnant women, postpartum blues, and mental health to study the articles. We searched through different databases such as Medline and IranMedex, Google, Pub Med ,SID and Magiran .Findings indicated the effect of the mothers' knowledge of Islamic attitudes toward pregnancy and motherhood on anxiety reduction and increase in comfort in pregnant women. These attitudes include the countless rewards to pregnancy, childbirth, and lactation; Material support of mothers by husbands and their relief in this regard; Islamic emphasis on the importance of social protection by others (especially her husband); the importance of health care providers in mental health care. Islamic religious guidance encourages patients to change their unhealthy behaviors by positive incentives. It also motivates the mothers to apply serious maternal and fetal care in both mental and physical aspects. Post-labor depression is a common disorder among women. It is categorized into two typical classes: mild depression (post-labor sadness) and severe one (post-labor depression). If not treated on time, it will have some devastating effects on both maternal and fetal health.

**Keywords:** Islam, postpartum, Blues

---

#### **INTRODUCTION**

About 30 to 85 percent of women suffer post-labor sadness; it usually begins one to four days after delivery. This disorder is more common in nulliparous women. Most of the mothers experience the symptoms of depression in the last months of pregnancy. Both the prevalence of emotional changes and the onset of symptoms suggest its association with hormonal re-balance after delivery [1]. Nostalgia or sadness is one of the common postpartum psychiatric disorders during which we experience a transient state of increase in the feelings' reactivates. This mostly occurs in the first week after delivery. Although happiness is the most common feeling after labor, this group of women will experience insomnia, emotional instability, crying out, depression, anxiety, poor concentration, irritability, and emotional instability. The symptoms disappear soon after crying for some hours. This cycle will be repeated on the following days. They have mild symptoms which will last for some hours to some days. Although the

main cause is unknown, the increase in estrogen and estradiol, besides cortisol and endorphin changes, can be effective. So, the biochemical changes are the most probable reason. These patients should be monitored for the probable emergence of depression and other severe mental disorders [2-4]. Postpartum sadness can be used as a predictor of anxiety and depression disorders in the first three months after delivery [5]. Postpartum blues occurs during the first two weeks after labor. It is hard to distinguish postpartum blues from postpartum depression. Mothers experience an initial feeling of euphoria which will turn into frustration and anxiety soon after it. These symptoms reach a peak during the first 4, 5 days after labor, but they should lessen and disappear within fourteen days after delivery. Other symptoms may include mood swings, crying for no reason at different times and continually, boredom, long sadness and isolation, irritability, bad mood, fatigue, insomnia, fear, anxiety, difficulty concentrating, feeling out of control, and loss of sexual desire. It is important

to assure the patients that it's a transient process which is mostly caused by biochemical changes in the body [6]. It is essential for health care workers to understand the factors associated with postpartum blues in order to reach the perfect solution for early interventions that result in maternal and newborn health [1]. Women who have suffered postpartum blues must be under close monitoring in the first three weeks. Early identification of those patients who are most at risk and using a holistic approach to prevent the development of anxiety are of the primary aims. Treatment should begin in the early stages of the disease [7]. We expect health providers to have early identification and preparations for mothers. Without the religious belief or faith, life is confined to physical dimensions. Therefore, every trouble can affect it easily which leads to the psychological impression. God's greatness and remembrance, the philosophy of creation, praising and thanksgiving to God and his blessings result in the soul and heart comfort. "Only remembrance of God satisfies the hearts"(al-raad 28). Making eternal bond with the origin of life leads to physical, psychological, and mental rehabilitation; this can alleviate many of discomforts, disorders, and psycho-mental disease. According to Carrel Alexis, communication with God is as essential as water and oxygen. James William announced the divine bond with the eternal power as the only source of energy and revitalization for the human's lost spiritual power [11]. The earliest study on the religious psychology started a hundred years ago, along with the raised disagreements [12]. Recently, especially in the late nineteenth century, religion has been accepted as the main title for various fields such as social science and psychology [13]. A meta-analysis which was conducted on religion and mental health found that in 47% of the studies there was a positive relationship between religion and mental health, in 23% there was a negative association and 30% showed no significant relationship [14]. The high prevalence of postpartum blues among pregnant women (85%, - 15.3%) [2] Shows the necessity of intensive care during this period. Since spirituality and religion can influence the psycho-mental health, we designed and conducted the present study to declare the religious strategies which are stated in the holy Quran verses [15].

## METHOD

In this review study, we used the keywords such as Islamic religious teachings, nulliparous pregnant women, postpartum blues, and mental health to study the articles. We searched through different databases such as Medline and Iran Medex, Google, pub med, SID and Magiran .

## RESULTS

In this study, we examined the influence of important factors including the promotion of awareness, importance of positive attitude into religious

instructions during pregnancy, importance of economic support in mothers, importance of family structure and relationship, importance of others' (her husband, his mother and parent) support, and her physical care on postpartum depression and sadness.

## Knowledge of religious teachings about the importance of pregnancy

Knowledge of religious teachings about the importance of pregnancy and delivery in Islam is a type of relaxation which leads to the person's sense of well-being [16]. There is an extraordinary power in faith to God, which empowers him with spirituality. Moreover, it helps him to stand life's difficulties and lessen the risk of stress and anxiety while there is a high financial competence in people's life. So divine religions meet all their material, spiritual, physical and mental needs and deliver them a sense of comfort, confidence, hope, joy and empowerment. Candler *et al.* [17] state that according to the importance of women's role in the family, her maternal function and her maternal role is of a profound value in Islam. It will be announced as the most important factor in the child training process. Thus, according to the Islamic teachings during Prophet Mohammad era, pregnant women were considered equal to permanent prayer, permanent fasting and permanent Islamic Jihad (struggle): "When a woman gets pregnant, its equal with a faster who arises for doing pray and struggles hard with their wealth and their lives in the way of Allah" [18]. Prophet Mohammad (peace upon him) said that "Every time a woman becomes pregnant, during the whole period of pregnancy she has the status of one who fasts, one who worships during the night, and one who fights for Allah with her life and possessions. And when she is giving birth, Allah grants her so much reward that nobody knows its limit because of its greatness. And when she is milking her child, for every suck of the child, Allah gives her the reward of freeing a slave from the children of Ismā'īl, and when the period of breastfeeding the child is finished, one of the great angels of Allah taps her side and says: "Start your deeds afresh, for Allah has forgiven all your minor sins" [19].

The Prophet (Peace be upon him) said: "The reward of a woman, from the time of pregnancy until birth and breastfeeding, is the same as the reward of one on the path of Allah, and if a woman leaves this world during that time because of the hardship and pains of birth, she has the reward of a martyr" [20]. Mothers' knowledge of Islamic attitudes about pregnancy and motherhood can evoke them into serious physical and psychological care due to its numerous rewards. They switch and reinforce their lifestyle choices into a non-stressful and optimal care functioning one. Studies have shown that religious guidelines have established a positive incentive in people. Therefore, not only they didn't show any resistant reaction against health

interventions, but also they were encouraged to address their unhealthy behaviors [21].

Akbarzadeh and colleagues also found that religious education can increase the religious knowledge and attitudes in addition to alleviation of post-partum blues in the pregnant women. It may seem possible to generalize this result to different levels of knowledge and attitude (high, moderate and low) [15].

#### **Attention to Physical and material needs for pregnant women**

Physical and material cares are material supports for mothers with alimony. Alimony is very important in the Islamic Verses and according to verse 233 of Baqarah Surah [22]:

*“Mothers shall suckle their children for two years completely, for whoever desires to fulfill the suckling. It is for the father to provide for them and clothe them with kindness. No soul is charged except to its capacity. A mother shall not be harmed for her child, neither a father for his child. And upon the heir is like that. If both desire to wean by mutual consent and consultation, then no guilt shall be on them. And if you desire a wet nurse for your children, then no guilt shall be on you if you hand over what you have given with kindness. and fear allah, and know that allah is the seer of what you do. [23]”*

The responsibility for humanization and civilization, love, and kindness developing among generations, creating an atmosphere of love in the family are placed on poor young women. Therefore, according to Islamic jurisprudence and the Civil Code of the Republic Iran, husbands are responsible for their wife's financial concerns (food, clothing, feeding). This is a policy to cause psychological peace in mothers. The economic welfare of pregnant women is so important that Quran states:

*“Lodge them in your home according to your means. Do not harass them so as to (make life) difficult for them. if they are with child, spend upon them until they deliver their burden; and if they suckle give them their wage and consult together honorably. But if you both make difficulties, let another woman suckle for him. [6]”*

The above verse implies the necessity of the pregnant divorced woman's alimony. Therefore, it is a preferable obligation to address the needs of the wife [22]. On the other hand, mothers' awareness about how to feed in pregnancy, making Halal (lawful) food, having multiple feed and drinks, praying and self-improving, remembering Allah to calm the spirit, having a proper marital relationship framework both before and after the conception, and obligatory emphasis on breastfeeding and infant colostrum feeding

leads to a better and proper care with less anxiety [23]. Imam Ja'far as-Sadiq (A.S.) said that the effect of haram (not permissible) income will be revealed in children (24). According to verses, Satan partnership in human children is when the conception is blended with the unlawful money. According to Imam Mohammad Bagher about Satan partnership in 64 verses of Israa Surah: the unlawful matter is the devil in partner... “When a man calls his wife to his bed, the devil will accompany him and their conception will be blended with Satan if they have unlawful money” [25].

#### **Family and social support strategies**

The results of Forman [26] Cha Do [27], Boyd, Pearson and spring [28] and Lommel and sleeves' [29] studies indicate that social support is very important both during and after pregnancy. Others' support (especially husband) can be defined as the live dreams and hopes, so they devote more time to relaxation and compare their experiences with other women. These supports can attract the mother's attention toward positive aspects of giving birth. It can also alleviate the impact of hormonal and biological changes on the mothers' mental status. Those mothers who received more social and emotional support soon after birth were more satisfied and confident in their maternal role functioning [30]. Recently, however, a number of authors have emphasized the importance of religion and spirituality in mental health [33-31]. They studied the positive effects of spirituality and religious behaviors on mental health problem occurrence. It's easy for most men to get along with pregnancy results if they put their expectations and new role functions in share with their spouse beside having a prepared plan compared with those who don't [34]. Therefore, it is so important to involve the husband in women's health care education during pregnancy and labor to improve their paternal roles, emotions, and communications. It leads to more affectionate interest between father and baby with less anxiety in women [34]. With regard to having a good behavior with wife, Imam Sadiq (AS) has been quoted: "God blesses the men who treat their wife with kindness because God placed man over the woman's guardian". The Prophet (PBUH) has been quoted: "The best amongst you are those who are best to their wives and I am the best for women ."He said in another verse that "the best amongst you is the best for his family, and I am your best for your family" [35].

#### **Importance of health providers' role**

The importance of health providers' role in mothers' mental health: healthcare providers have an important role in preventing psychological complications and women's mental health development by their different educational and supportive functions [36]. They are successful in the prevention of mothers' anxiety and depression progress by means of their educational role. Furthermore, their interventional role

leads to symptoms' reduction [37]. Some studies suspected about the effectiveness and usefulness of religious beliefs on patients care, but these findings were in the minority and dated back to the last century in decades 30 to 60 [38]. According to studies after the 80's, religious beliefs are actually in the service of mental health and research evidence increasingly supports this thread [39]. Therefore, it is important to increase the medical health team's information in this regard [40]. About 91% of physicians believe that the patients' attitude can affect their health and 75% believe in the curative role of praying. On the other hand, 73% of patients expect their physicians to give them the signs of spiritual issues in their health care. However, most physicians announce their poor knowledge about how and to what extent they are allowed to talk about the religious beliefs and spirituality with their patient. In a study which was conducted in America, it was found that only 20 percent of doctors are trained about how frequently and to what extent they must consider the religion and spiritual issues in their care [41] Quranic pray is of a great importance in traditional and Islamic medicine. According to the study which was conducted on 200 family physicians in the United States, about 58% of patients asked their physicians to pray for them [42]. In Islamic countries such as Iran, patients' appeal to apply for better health condition roots in religious beliefs, the Koran and Islamic religious and traditional medicine. The growing interest of medical scientists in the effects of religious teachings on medical treatments may imply the incurable state of some diseases in the context of modern medicine. On the other hand, it represents the importance of traditional and complementary medicine (such as praying) on the disease remedy. Even in the Western scientific community who has fewer religious beliefs, some recent articles state not to be indifferent toward religious beliefs in treatment [43].

#### CONCLUSION

As health or hygiene is one of the most important problems in the world, it's important to improve the mental health. There is a positive link between religion and symptoms' reduction along with the increase of mental health. Therefore, it seems necessary to base our educational protocols on the religious standards in the preventive and treatment issues. Recently, pregnancy care is limited to physical care while the other aspects are neglected [44]. It is suggested that the health guidance which was primarily used by religious pioneers should be applied in all the educational and curative fields (especially women and obstetric ones). It includes the meticulous science related points which are in accordance with all scientific and health-related regulations.

#### ACKNOWLEDGEMENTS

The authors would like to thank Shiraz University of Medical Sciences, Shiraz, Iran and also Center for

Development of Clinical Research of Nemazee Hospital and Dr. Nasrin Shokrpour for editorial assistance.

#### REFERENCES

1. Janati Y, khaki N; Psychiatry in midwifery, Tehran, Iran. 2<sup>th</sup> ed. Publications Jameenegar, 2011; (17):180.
2. Cunningham FG, Kenneth JL, Steven LB, John CH, Dwight JR, Catherine YS; Williams obstetrics, Parkland Hospital 23<sup>rd</sup> edition, 2010.
3. Glangeaud-Freudenthal N, Crost M, Kaminski M; Severe Post-delivery blues: Associated factors. Archives of Women's Mental Health, 1999; 2: 37-44.
4. Marzieh A, Farkhondeh SF, Najaf Z, Ghodrati F; Prevalence of Symptoms Post-Partum Anxiety and Baby Blues and Factors Effective Upon it in Women With High Risk Pregnancies. Journal of Family Research, 2009; 5(17):57-71.
5. Reck C, Stehle E, Reinig K, Mundt C; Maternity blues as a predictor of DSM-IV depression and anxiety disorders in the first three months postpartum. Department of General Psychiatry, University of Heidelberg, Heidelberg, Germany, 2009; 113(1-2):77-87.
6. Nagata M, Nagai Y, Sobajima H, Ando T, Nishide Y, Honjo S; maternity blues and attachment to children in mothers of full-term normal infant . Acta Psychiatr Scand., 2000; 101(3):209-217.
7. Ik Park J, N Pyo Hong J, Park S, Je Cho M; The Relationship between Religion and Mental Disorders in a Korean Population -Published online, 2012; 9(1): 29-35.
8. Manjunath NG, Rajanna GV; Postpartum Blue is Common in Socially and Economically Insecure Mothers. Indian J Community Med., 2011; 36(3): 231-233.
9. Vaezi S; Islam and Mental Health. Tehran, Iran. Publications Office maaref, 2003; 23.
10. Dawson J; God is Healing the Weary hearts. Publications nasl Noandishe, 2005; 42.
11. Kamali A, Kalantari E, Rezaee Esfehiani MA, Behjatpoor A, Rajabi AA; Interpretation of Holy Quran. Tehran Iran. Publishing Office of Maaref, 2007; 172.
12. Bahrami Ehsan H, Tashk A; The relationship between Religious orientation and mental health and Religious Orientation Scale Evaluation. Journal of Psychology and Educational Sciences, 2004; 34(2):41-63.
13. Sharifi T, Merabizade honarmand M, Shokr kon H; Religious attitude and general health and patience in Student at Islamic Azad University. Journal of Andishe and Raftar, 2006; 11(1):89-99.
14. Payne IR, Bergin AG, Bielmea KA, Jenkins PH; Review of religion and mental health: prevention and the enhancement of psychosocial functioning .prevention in human service, 1991; 9: 11-40.

15. Akbarzadeh M, Mokhtaryan T, Amooee S, Moshfeghy Z, Zare N; Investigation of the effect of religious doctrines on religious knowledge and attitude and postpartum blues in primiparous women. *Iran J Nurs Midwifery Res.*, 2015; 20(5):570-6
16. Azhar MZ, Varma SL; Religious psychotherapy as management of bereavement. *Acta Psychiatr Scand.*, 1995; 91(4): 233-5.
17. Kendler KS, Liu XQ, Gardner CO, McCullough ME, Larson D, Prescott CA; Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders. *Am J Psychiatry*, 2003; 160:496-503.
18. Al-Hurr Al-'Amili M; (1409 AH), *Wasael ush-Shia*, volume 29, Qom: Institute for al-Bayt (PBUH).
19. Majlesi MB; *Bihar ul Anwar*, Third Edition, Institute Al vafa , Beirut, 1403 AH, volum 101: 107.
20. Sheikh Saduq A, *Man la yahduru al-Faqih*; Introduction and correction Ali Akbar Ghaffari, Qom, al Society of Seminary Teachers of Qom Publishing Institute, 3:561.
21. Albar AD; Preventive medicine in Islam and application of Islamic teaching in relation to the control of some communicable disease. *Bull Islamic Med.* 1997; 3: 70-5.
22. Gomshai A; The Holy Quran, surah 2 versa 233 & surah 65 versa 6.
23. Ahmari Tehran H, Seidi M, Abedini Z; Assessment of the knowledge and attitude of the pregnant women who referred to Iran University of Medical Sciences in 2005 toward Islams hygienic instructions during their pregnancy and breast feeding periods. *J Shahrekord Univ Med Sci.*, 2007; 9 (1):29-37.
24. Al-Kulaynī M, Al Kafi; edited by Ali Akbar Ghaffari, *Daralktb Islamiyah*, Tehran. volum 8:124.
25. Majlesi MB; *Bihar ul Anwar*, Third Edition, Institute Al vafa, Beirut, 1403 AH, volum 101: 136.
26. Forman ND; Postpartum depression: identification of women at risk. Department of obstetrics and Gynecology, Aarhus, University hospital, Denmark, 2001; 108(7): 714-5.
27. Kruckman L. Introduction to postpartum illness: What is postpartum illness 2003. [www. Yahoo.com](http://www.Yahoo.com). Postpartum. Net.
28. Boyd RCP, Blehar MC; Prevention and treatment of depression in pregnancy and postpartum period-summery of a maternal depression roundtable: *Ob & Gyn.*, 2002; (4:) 79-82.
29. Lumley J, Austin MP; what intervention may reduce postpartum depression *Gurropin Ob & Gyn.*, 2001; 13(6): 605-11.
30. Mcveigh CA; Satisfaction with social support and functional status after child birth. *MCN* 2000; 25(1): 25-30.
31. Edelman CL, Mandel CL; *Health promotion, throughout the lifespan.* 1<sup>st</sup> ed. New York: Mosby; 2002.
32. Ahmari Tehran H , Heidari A, kachooee A, Maghise M, irani A; The correlation between depression and religious attitude - Qom University of Medical Sciences (iran), 2008;3(3):51-56.
33. Khodayari Fard M, Fagihi A, Ghobari Bonab B; Standardization of the Revised Religious Scale (Research Report). Tehran: Tehran University; 2006.
34. Latifses V, Estroff DB, Field T, Bush JP; Fathers massaging and relaxing their pregnant wives lowered anxiety and facilitated marital adjustment. *Journal of Bodywork and Movement Therapies*, 2005; 9(4): 277-282.
35. Sheikh Saduq, A. *Man la yahduru al-Faqih*; Introduction and correction Ali Akbar Ghaffari, Qom, al Society of Seminary Teachers of Qom Publishing Institute. volum 3: 281.
36. Taghizade Z, Shirmohamadi M, Mirmohamadali M, Arbabi M, Haghani H; The Effect of Counseling Premenstrual Syndrom Related Symptom. *J hayat*, 2010; 15(4):23-34.
37. Karacam Z, Ancel G; Depression Anxiety and Influencing Factor in Pregnancy: A Study in Turkish Population Midwifery, 2007; 3(6):1-13.
38. Motamedi A, Aegeai J, Azad Falah P, Kiamanesh A; The relationship between Religiosity and successful aging. *Journal of Research shahed University*, 2005; 12(10):43-56.
39. Bahrami Ehsan H, Tashk A; The relationship between Religious orientation and mental health and Religious Orientation Scale Evaluation. *Journal of Psychology and Educational Sciences*, 2004; 34(2):41-63.
40. Allameh Tabatabaee MH –Iranian Translation, interpretation *Almyzan*, 2010; (16): 187.
41. Coruhu BS, Angel H, Pugh M, Mulligan T; Does Religious Activity Health Outcomes? A Critical Review of the Recent Literatuer *Explorer*, 2005; 1(3):186-191.
42. Tracy MF, Lindquist R, Savik K, Watanuki S, Sendelbach S, Kreitzer MJ, Berman B; Use of complementary and alternative therapies: a national survey of critical care nurses. *American Journal of Critical Care*, 2005; 14(5):404-15.
43. Peach HG; Religion, spirituality and health: how should Australia's medical professionals respond? *Med J Aust.*, 2003; 178(2):86-8.
44. Froozande N, Delaram M, doris F; Mental health in pregnancy and Factors in women kord city. *J Reproduction and Infertility*, 2003; 4(2)146-155.