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Introduction

Mothers who experience postpartum depression do so for two weeks to three months or longer after giving birth. After giving birth, the mother's body undergoes hormonal changes, which affect her mood (Sagala, 2023). The postpartum phase is characterized by significant emotional and physical changes that might cause anxiety and mood swings. The "baby blues," postpartum depression (PPD), and postpartum psychosis are the three levels of postpartum mood disorders (Aziz et al., 2016).

Nurse-Midwives' Attitudes Regarding Postpartum Depression: A Cross-Sectional Study

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ABSTRACT

Objective: Mothers who experience postpartum depression do so for two weeks to three months or longer after giving birth. After giving birth, the mother's body experiences hormonal changes that affect her mood. The postpartum phase is characterized by significant emotional and physical changes that might cause anxiety and mood swings. This study aims to assess the level of nurse-midwives' attitudes regarding postpartum depression and to determine the relationship between the level of nurse-midwives' attitudes regarding postpartum depression and their socio-demographic characteristics.

Methods and Materials: Descriptive Correlational Study Design conducted from 15th October 2024 through 1st July 2025, (153) Nurse-Midwives who were working in delivery rooms and postnatal wards included. Information was gathered through interviews using an instrument and analyzed using SPSS version 22, employing both descriptive and inferential statistics.

Findings: The results showed that a higher proportion of the studied sample (59.5%) held a positive attitude towards PPD, and those holding higher educational qualifications exhibited more favourable attitudes towards PPD. Additionally, familiarity with postpartum mental health issues was significantly associated with attitudes ($\chi^2=5.346$, $p=0.021$), with those who were familiar with these issues showing more positive attitudes.

Conclusion: Attitudes were positive, but a significant portion still holds negative or neutral views, which could impact the standard of care given to women experiencing PPD. This study recommends developing comprehensive educational programs, enhancing attitudinal awareness, and addressing stigma.

Keywords: Nurse-Midwives, Postpartum Depression, Attitude.

Within the first ten days following childbirth, a transient mood swing known as the "maternity blues" may strike. Tearfulness, worry, mood swings, impatience, irritation, and weariness are some possible symptoms (Tosto et al., 2023). The most serious psychological issue that can arise following childbirth is postpartum psychosis. A variety of symptoms, such as paranoia, hallucinations, disorientation, and losing contact with reality, are indicative of this disease (Perry et al., 2021).

Children of depressed moms are more prone to exhibit avoidance and upset behavior, as well as delayed

psychological, cognitive, neurological, and motor development (Aziz et al., 2016). Previous perinatal loss, enduring stressful life events, having a personal or family history of mood disorders, including bipolar illness, having a history of depression or anxiety during pregnancy or after giving birth, and lacking social support are the best predictors of postpartum depression. Parity, unintended pregnancies, obstetric variables, and maternal personality traits are examples of moderate predictors (Micha, 2017). In the first year following birth, PPD prevalence ranges from 10% to 15% in Western nations (Wang et al., 2021).

Since midwives are the only paramedical professionals whom pregnant women in remote locations may contact, their work is very crucial. Therefore, determining and characterizing midwives' understanding of PPD is crucial for creating public awareness campaigns for its prevention and prompt identification (Nechaeva et al., 2024). Nurses and midwives are the best people to screen for mental health issues during pregnancy and to educate women about mental health (Elimira, 2020).

Methods and Materials

Study Design and Participants

A Descriptive Correlational Study Design was conducted in teaching and general hospitals (Al-Imam Al Sadiq Teaching Hospital, Babylon Hospital for Maternity and Pediatrics, and Al Hashmia General Hospital) in Al-Hilla city, Babil Governorate, from October 15, 2024, through July 1, 2025. The non-probability (purposive sampling) method of (153) Nurse-Midwives who were working in delivery rooms and postnatal wards included in the study.

Data were collected using research instruments from December 22, 2024, to March 2, 2025. The researcher collected data during the morning and night shifts. The participants who took part in the study were interviewed face-to-face, and the researcher answered any questions asked by the participants, as well as provided explanations to facilitate their completion of the

questionnaire. It took approximately 20 to 30 minutes for each nurse-midwife to complete the questionnaire.

Instruments

A constructed questionnaire form was used; the questionnaire consists of (2) parts. **1st Part: Socio-demographic and personal data:** Contains socio-demographic data about the Nurse-Midwives and includes 12 items (age, level of education, Department / Unit: residency, Work Duration, Marital Status, and Work Shift). Additionally, it includes job-related questions. **2nd Part: Nurse _ Midwives' attitudes about postpartum depression:** Include (13) items Modified by the researcher through the use of three levels of Likert scale (agree, partially agree, disagree) for the assessment of Nurse _ Midwives' Attitudes. The rating score of the information was (3 = agree, 2= partially agree, 1= disagree)

Data Analysis

The researcher utilized both SPSS-23 and Microsoft Excel (2010) programs.

Findings and Results

In terms of age, the majority fall within the 20-29 years range (43.1%), with a mean age of 34.68 ± 10.071 years. Regarding education, most nurse-midwives are institute graduates (50.3%). The majority work in the labor room (54.9%), and a large proportion (42.5%) have more than 10 years of experience, with a mean of 10.42 ± 6.906 years. Geographically, most are urban residents (67.3%). Regarding postpartum depression (PPD) knowledge, 91.5% received information during their education, and 64.7% during post-graduate training. However, 60.1% are not involved in PPD screening, and 36.6% are unfamiliar with postpartum mental health issues. In comparison, 63.4% are aware of postpartum mental health concerns, only 30.1% have heard of the term "Baby Blues," indicating gaps in awareness despite educational exposure.

Table 1

Distribution of Nurses-midwives by their Socio-demographic Variables (SDVs)

SDVs	Classification	No.	%
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Age /years	20-29	66	43.1
	30-39	40	26.1
	40-49	25	16.3
	≥50	22	14.4
	<i>M ± SD</i>	34.68±10.071	
Education level	Secondary nursing school	24	15.7
	Midwifery school	45	29.4
	Institute graduate	77	50.3
	College & above	7	4.6
Department	Labor room	84	54.9
	Postnatal Ward	69	45.1
Years of experience	<5	37	24.2
	5-10	51	33.3
	>10	65	42.5
	<i>M ± SD</i>	10.42±6.906	
Marital status	Single	34	22.2
	Married	105	68.6
	Divorced	6	3.9
	Separated	3	2.0
	Widow	5	3.3
Residents	Urban	103	67.3
	Rural	50	32.7
Received PPD information during education	No	13	8.5
	Yes	140	91.5
Received PPD information during post-graduate studies	No	54	35.3
	Yes	99	64.7
Involved in postpartum depression screening	No	92	60.1
	Yes	61	39.9
Are you familiar with Postpartum mental health issues?	No	56	36.6
	Yes	97	63.4
Have you heard about the term "Baby Blues"	No	107	69.9
	Yes	46	30.1

No. Number; %= Percentage; M= mean; SD= Standard Deviation

Table 2 outlines the distribution of nurse-midwives' attitudes toward postpartum depression (PPD). A significant number of respondents agree that screening for PPD is necessary, with items like "I will support if there are basic protocols in my workplace" and "Provision of timely, prompt and adequate PPD screening can combat risk to public health" scoring moderate to high agreement (M.s between 2.24 and

2.34), reflecting a positive attitude toward the importance of PPD management. However, some nurse-midwives expressed concerns about the time commitment and personal responsibility involved in screening, as seen in items like "I do not have the available time to begin screening women for PPD" (M.s = 2.34) and "It is my sole responsibility to screen and identify women at risk for PPD" (M.s = 2.05).

Table 2

Distribution of Nurse-midwives' Attitudes Regarding Postpartum Depression

List	Attitudes Items	Disagree		Neutral		Agree		M.s	Ass.
		No.	%	No.	%	No.	%		
1	Since there is no standard protocol guiding the appointment of Postpartum women, I believe there is no point in screening	33	21.6	54	35.3	66	43.1	2.22	M
2	I do not have the available time to begin screening women for PPD	17	11.1	67	43.8	69	45.1	2.34	H
3	It is not so important to screen and manage women for PPD because they will get over it as time goes on	20	13.1	64	41.8	69	45.1	2.32	M
4	It is my sole responsibility to screen and identify women at risk for PPD	43	28.1	60	39.2	50	32.7	2.05	M
5	Supporting women with PPD can be so time-consuming	87	56.9	40	26.1	26	17.0	1.60	L
6	I do not really feel it is necessary to screen and manage women for PPD	61	39.9	57	37.3	35	22.9	1.83	M

7	I will support if there are basic protocols in my workplace to help women	24	15.7	67	43.8	62	40.5	2.25	M
8	Provision of timely, prompt, and adequate PPD screening and management can combat the risk to public health	19	12.4	78	51.0	56	36.6	2.24	M
9	Postpartum depression is a sign of emotional weakness	85	55.6	52	34.0	16	10.5	1.55	L
10	I think having postpartum depression is not a big deal	15	9.8	47	30.7	91	59.5	2.50	H
11	We should be patient and have empathy with the women who have postpartum depression	16	10.5	54	35.3	83	54.2	2.44	H
12	I feel it is oppressive to take care of a woman who has postpartum depression	40	26.1	42	27.5	71	46.4	2.20	M
13	Women who have postpartum depression cannot take care of their own children	78	51.0	50	32.7	25	16.3	1.65	L

Level of Responses (Low [L]=1-1.66; Moderate [M]=1.67-2.33; High [H]=2.34-3)

The overall evaluation of nurse-midwives' attitudes showed that a higher proportion (59.5%) held a positive

attitude towards PPD (27.19 ± 3.777), while 40.5% had a negative attitude.

Table 3

Overall Evaluation of Nurse-midwives' Attitudes regarding Postpartum Depression

Variables	Score	No.	%	M \pm SD	Eva.
Attitudes	Negative (<26)	62	40.5	27.19 \pm 3.777	Positive
	Positive (>26)	91	59.5		
	Total	153	100.0		

Those holding higher educational qualifications, such as a college degree or above, exhibit more favourable attitudes toward PPD. Additionally, familiarity with postpartum mental health issues was significantly

associated with attitudes ($\chi^2=5.346$, $p=0.021$), with those who were familiar with these issues showing more positive attitudes.

Table 4

Relationship between Nurse-midwives' Attitudes Regarding Postpartum Depression and their Sociodemographic Factors

Factors	Ranks			$b\chi^2$	Sig.
	Class	No.	Mean Rank		
Age	20-29	66	76.27	.438	.932
	30-39	40	76.98		
	40-49	25	74.26		
	≥ 50	22	82.34		
Education level	School nursing	24	66.27	7.766	.043
	Midwifery school	45	77.76		
	Institute graduate	77	76.13		
	College & above	7	118.50		
Department	Labor room	84	80.84	1.414	.234
	Postnatal Ward	69	72.33		
Years of experience	<5	37	74.04	1.158	.468
	5-10	51	83.21		
	>10	65	73.82		
Marital status	Single	34	76.97	.368	.985
	Married	105	76.32		
	Divorced	6	81.67		
	Separated	3	90.33		
	Widow	5	77.80		
Residents	Urban	103	76.96	.035	.851
	Rural	50	75.53		
Received PPD information during education	No	13	75.08	.027	.869
	Yes	140	77.18		
Received PPD information during post-graduate studies	No	54	79.87	.354	.552

	Yes	99	75.43		
Involved in postpartum depression screening	No	92	72.07	2.895	.089
	Yes	61	84.44		
Are you familiar with Postpartum mental health issues?	No	56	66.16	5.346	.021
	Yes	97	83.26		
Have you heard about the term "Baby Blues"	No	107	75.35	.502	.479
	Yes	46	80.85		

^b= Kruskal Wallis Test; n= number,; sig.= significant level at 0.05.

Discussion and Conclusion

Analysis of the nurse midwives' demographic characteristics indicated that the majority of the studied sample fall within the (20-29) years range (43.1%), suggesting a relatively young workforce. This could imply that the majority are in the early stages of their careers, which may influence their level of experience, training, and familiarity with various medical topics like postpartum depression.

The fact that most nurse-midwives (50.3%) are institute graduates, with only a small percentage (4.6%) having a college or higher education, indicates a certain level of foundational training and well-educated. The results of the study showed that (42.5%) of nurse-midwives have over 10 years of experience, which is promising as it suggests a significant proportion of the workforce has substantial practical experience. These findings align with a study by [Impwii et al. \(2022, 2023\)](#), which claimed that half (51%) of the participants were between the ages of 20 and 29, and the majority (60.7%) had diplomas. Approximately half (43.1%) had worked in the maternity unit for more than a year, and 51% had practiced for one to nine years. Experience and length of stay in the maternity unit are positively correlated ($r=0.303$, $p=0.05$).

In relation to postpartum mental health issues, a study by [Pepple et al. \(2024\)](#) stated that most of the respondents (86.7%) are knowledgeable about these issues, have encountered them in their practice, and can provide examples, with postpartum depression being the most commonly mentioned. Additionally, the majority of maternity care providers (53.3%) have undergone training on mental health. Moreover, most respondents are familiar with the signs of postpartum mental health issues. Only every tenth respondent said that they had advanced training in postpartum depression ([Elimira, 2020](#)).

From the perspective of nurse-midwives, the findings suggest a balanced but complex view of postpartum depression (PPD) screening. On one hand, there is clear support for the importance of screening, with many recognizing its potential to improve public health outcomes. This is reflected in positive attitudes toward structured protocols and timely screening. These respondents seem to understand the significance of early identification and intervention for PPD, highlighting a proactive approach to managing the condition. However, on the other hand, some nurse-midwives express valid concerns regarding the feasibility of implementing these screenings in their everyday practice. Concerns about time constraints and the personal responsibility associated with screening suggest a need for additional support or structural changes in the workplace to facilitate this task.

Overall, the findings reveal a nuanced perspective in which nurse-midwives are supportive of PPD screening but also mindful of the practical challenges involved. There is a clear recognition of the need for adequate time, resources, and a supportive environment to ensure effective and compassionate care for women with PPD. Findings of ([Abimbola Gbemisola et al., 2023](#)) show that (77.5%) participants indicated that they 'felt comfortable attending to PPD mother during their visit to infant welfare clinic', (86%) indicated that they 'felt there is a need to screen and manage postpartum women for PPD', (82%) participants indicated 'Yes' to "it is my sole responsibility to identify women at risk of PPD. The attitudes items "I can greatly be of help to this group of women to propagate their well- being", "Provision of timely, prompt and adequate PPD screening and management can combat the public health menace" and "I will support if there are basic protocols in my facility to help women" were indicated 'Yes' by (95%), (94%) and (96.5%) respectively.

Concerning the relationship between Nurse-midwives' Attitudes regarding Postpartum Depression and their sociodemographic characteristics, the findings

showed that those with higher educational qualifications—such as a college degree or above—demonstrate more favorable attitudes toward PPD, suggesting that formal education can foster a deeper understanding and more positive approach toward mental health challenges like PPD. Educated nurse-midwives may be more likely to view PPD as a legitimate medical concern rather than a personal weakness, which aligns with broader trends in healthcare that emphasize the importance of education in shaping compassionate, evidence-based care.

The significant association between familiarity with postpartum mental health issues and positive attitudes further underscores the importance of exposure to the realities of mental health in the postpartum period. Nurse-midwives who are familiar with the signs, risks, and impact of PPD are better equipped to approach it with empathy, and their knowledge likely helps reduce stigma, leading to more supportive interactions with women who experience PPD. The effectiveness of an educational program in improving the knowledge and attitudes of maternity nurses regarding PPD was assessed in a study by Khalil et al. (2024). The study found that the basic features of the participants influenced the overall improvements in attitudes toward PPD. The total mean change suggests that the intervention had a favorable impact on attitudes, especially within social support networks. Attending a PPD workshop, however, was the only factor that had a meaningful impact on the average attitude change. It's interesting to note that people who did not attend a PPD workshop showed more improvement in their attitudes than those who did.

A majority exhibits a positive stance, but a significant portion still holds negative or neutral views. Nurse-midwives with higher educational qualifications and specialized training exhibited a deeper understanding and more supportive attitudes toward PPD care. Demographic and professional factors had little impact; familiarity with postpartum mental health was strongly linked to improved attitudes. Nurse-midwives' attitudes directly affect early detection, intervention, and reducing stigma around mental health in the postpartum period. Consequently, the study recommended develop comprehensive educational programs, promote specialized training, enhance attitudinal awareness and integrate PPD screening into routine care.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included the fact that participation was entirely optional. The University of Babylon's College of Nursing's Scientific Research and Ethical Committee gave its approval to this work. All nurse-midwives participating in the study have the option to withdraw at any time if they are uncomfortable or dissatisfied with any of the questionnaire's items, the student investigator emphasized.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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